

# CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

|                                       |                                                   |                             |                                                                                   |                                                                                                                                                                              |            |      |
|---------------------------------------|---------------------------------------------------|-----------------------------|-----------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------|
| 1 Filer ID (Ethics Commission Filers) |                                                   | 2 Total pages filed:<br>149 |                                                                                   | OFFICE USE ONLY<br>Date Received<br><b>AUG 20 2026</b><br>Date Hand-delivered or Date Postmarked<br>Receipt #<br>Date-Hand-delivered Amount<br>Date Processed<br>Date Imaged |            |      |
| 3 CANDIDATE/<br>OFFICEHOLDER<br>NAME  | MS/MRS/MR                                         | FIRST                       | MI                                                                                |                                                                                                                                                                              |            |      |
|                                       |                                                   | Dexter Lorange-Navario      |                                                                                   |                                                                                                                                                                              |            |      |
|                                       | NICKNAME                                          | LAST                        | SUFFIX                                                                            |                                                                                                                                                                              |            |      |
|                                       |                                                   | McCoy                       |                                                                                   |                                                                                                                                                                              |            |      |
| 4 ORIGINAL<br>REPORT TYPE             | <input type="checkbox"/> January 15               |                             | <input type="checkbox"/> Runoff                                                   |                                                                                                                                                                              |            |      |
|                                       | <input checked="" type="checkbox"/> July 15       |                             | <input type="checkbox"/> Exceeded modified reporting limit                        |                                                                                                                                                                              |            |      |
|                                       | <input type="checkbox"/> 30th day before election |                             | <input type="checkbox"/> 15th day after treasurer appointment (officeholder only) |                                                                                                                                                                              |            |      |
|                                       | <input type="checkbox"/> 8th day before election  |                             | <input type="checkbox"/> Final report                                             |                                                                                                                                                                              |            |      |
| 5 ORIGINAL<br>PERIOD<br>COVERED       | Month                                             | Day                         | Year                                                                              | Month                                                                                                                                                                        | Day        | Year |
|                                       |                                                   | 01/01/2025                  | THROUGH                                                                           |                                                                                                                                                                              | 06/30/2025 |      |

6 EXPLANATION OF CORRECTION

Amended expenditure total to include the \$323.00 unitemized total

Woolpert, Inc PAC- Amended to indicate out-of-state PAC donation, included FEC PAC #

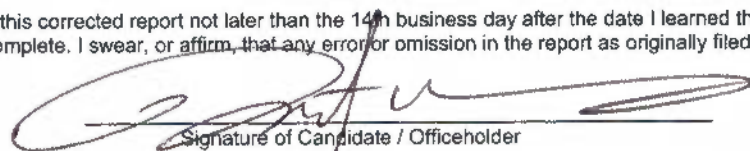
Amended to more fully describe the purpose of political expenditures, including appropriately identifying the category of expenditures.

7 SIGNATURE I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

☒ Semiannual reports: I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

☐ Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

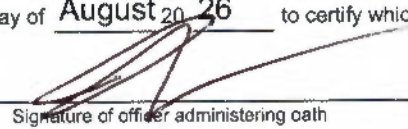
  
Signature of Candidate / Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP

Sworn to and subscribed before me by said Dexter L. McCoy this the 20 day of August 20 26 to certify which, witness my hand and seal of office.

 James Cardona Notary Public  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_

My address is \_\_\_\_\_ (street) \_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip code) \_\_\_\_\_ (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_ (month) (year)

\_\_\_\_\_  
Signature of Candidate/Officeholder (Declarant)

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

|                                                                       |                                                             |                                                                                                                                                                                                                                                                                                                                                                                         |                                                  |                                          |                                        |                             |                                      |  |
|-----------------------------------------------------------------------|-------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|------------------------------------------|----------------------------------------|-----------------------------|--------------------------------------|--|
| The C/OH Instruction Guide explains how to complete this form.        |                                                             |                                                                                                                                                                                                                                                                                                                                                                                         |                                                  | 1 Filer ID<br>(Ethics Commission Filers) |                                        | 2 Total pages filed:<br>149 |                                      |  |
| 3                                                                     | CANDIDATE/<br>OFFICEHOLDER<br>NAME                          | MS/MRS/MR<br>NICKNAME                                                                                                                                                                                                                                                                                                                                                                   | FIRST<br>Dexter Lorange-Navario<br>LAST<br>McCoy | MI<br>SUFFIX                             | OFFICE USE ONLY                        |                             |                                      |  |
|                                                                       |                                                             |                                                                                                                                                                                                                                                                                                                                                                                         |                                                  |                                          |                                        |                             |                                      |  |
| 4                                                                     | CANDIDATE /<br>OFFICEHOLDER<br>MAILING<br>ADDRESS           | ADDRESS /PO BOX: APT/SUITE # CITY STATE: ZIP CODE<br>P.O. Box 1398 Richmond TX 77406                                                                                                                                                                                                                                                                                                    |                                                  |                                          |                                        |                             |                                      |  |
|                                                                       | <input type="checkbox"/> Change of Address                  |                                                                                                                                                                                                                                                                                                                                                                                         |                                                  |                                          |                                        |                             |                                      |  |
| 5                                                                     | CANDIDATE /<br>OFFICEHOLDER<br>PHONE                        | AREA CODE PHONE NUMBER EXTENSION                                                                                                                                                                                                                                                                                                                                                        |                                                  |                                          |                                        | Date Received               |                                      |  |
| 6                                                                     | CAMPAIGN<br>TREASURER<br>NAME                               | MS/MRS/MR<br>NICKNAME                                                                                                                                                                                                                                                                                                                                                                   | FIRST<br>Joseph<br>LAST<br>Killebrew             | MI<br>SUFFIX                             | Date Hand-delivered or Date Postmarked |                             |                                      |  |
| 7                                                                     | CAMPAIGN<br>TREASURER<br>ADDRESS<br>(Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE): APT/SUITE # CITY STATE: ZIP CODE<br>8835 Arch Rock Dr. Cypress TX 77433                                                                                                                                                                                                                                                                              |                                                  |                                          |                                        | Receipt # Amount \$         |                                      |  |
| 8                                                                     | CAMPAIGN<br>TREASURER<br>PHONE                              | AREA CODE PHONE NUMBER EXTENSION<br>(407) 376-0352                                                                                                                                                                                                                                                                                                                                      |                                                  |                                          |                                        | Date Processed              |                                      |  |
| 9                                                                     | REPORT TYPE                                                 |                                                                                                                                                                                                                                                                                                                                                                                         |                                                  |                                          |                                        |                             |                                      |  |
| 10                                                                    | PERIOD COVERED                                              |                                                                                                                                                                                                                                                                                                                                                                                         |                                                  |                                          |                                        |                             |                                      |  |
| 11                                                                    | ELECTION                                                    |                                                                                                                                                                                                                                                                                                                                                                                         |                                                  |                                          |                                        |                             |                                      |  |
| 12                                                                    | OFFICE                                                      |                                                                                                                                                                                                                                                                                                                                                                                         |                                                  |                                          | 13 OFFICE SOUGHT (if known)            |                             |                                      |  |
| 14                                                                    | NOTICE FROM POLITICAL COMMITTEE(S)                          |                                                                                                                                                                                                                                                                                                                                                                                         |                                                  |                                          |                                        |                             |                                      |  |
| <input type="checkbox"/> Additional Pages                             |                                                             | THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. |                                                  |                                          |                                        |                             |                                      |  |
| <input type="checkbox"/> GENERAL<br><input type="checkbox"/> SPECIFIC |                                                             | COMMITTEE TYPE                                                                                                                                                                                                                                                                                                                                                                          |                                                  |                                          |                                        |                             | COMMITTEE NAME                       |  |
|                                                                       |                                                             |                                                                                                                                                                                                                                                                                                                                                                                         |                                                  |                                          |                                        |                             | COMMITTEE ADDRESS                    |  |
|                                                                       |                                                             |                                                                                                                                                                                                                                                                                                                                                                                         |                                                  |                                          |                                        |                             | COMMITTEE CAMPAIGN TREASURER NAME    |  |
|                                                                       |                                                             |                                                                                                                                                                                                                                                                                                                                                                                         |                                                  |                                          |                                        |                             | COMMITTEE CAMPAIGN TREASURER ADDRESS |  |
| GO TO PAGE 2                                                          |                                                             |                                                                                                                                                                                                                                                                                                                                                                                         |                                                  |                                          |                                        |                             |                                      |  |

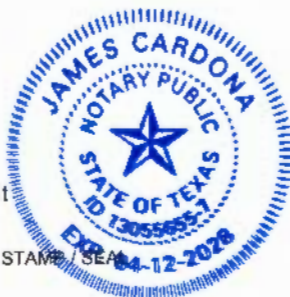
# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

|                         |                              |                                                                                                                                   |                                        |
|-------------------------|------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| 15 C/OH NAME            | Dexter Lorange-Navario McCoy |                                                                                                                                   | 16 Filer ID (Ethics Commission Filers) |
| 17 CONTRIBUTION TOTALS  | 1                            | TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$0.00                                 |
|                         | 2                            | TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)                                                 | \$323,165.00                           |
| EXPENDITURE TOTALS      | 3                            | TOTAL UNITEMIZED POLITICAL EXPENDITURES                                                                                           | \$323.00                               |
|                         | 4                            | TOTAL POLITICAL EXPENDITURES                                                                                                      | \$51,308.73                            |
| CONTRIBUTION BALANCE    | 5                            | TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD                                                   | \$855,872.29                           |
| OUTSTANDING LOAN TOTALS | 6                            | TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD                                        | \$0.00                                 |

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*[Signature]*  
Signature of Candidate or Officeholder



Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Dexter L. McCoy this the 20 day of August 2026 to certify which, witness my hand and seal of office.

Signature of officer administering oath

James Cardona  
Printed name of officer administering oath

Notary Public  
Title of officer administering oath

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_

My address is \_\_\_\_\_ (street) \_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip code) \_\_\_\_\_ (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_ (month) (year)

Signature of Candidate/Officeholder (Declarant)

**SUBTOTALS - COH****FORM C/OH  
COVER SHEET PG 3**

|                                                                                       |  |                                               |
|---------------------------------------------------------------------------------------|--|-----------------------------------------------|
| <b>19 FILER NAME</b><br>Dexter Lorraine-Navarro McCoy                                 |  | <b>20 Filer ID (Ethics Commission Filers)</b> |
| <b>21 SCHEDULE SUBTOTALS</b>                                                          |  | <b>SUBTOTAL AMOUNT</b>                        |
| <b>NAME OF SCHEDULE</b>                                                               |  |                                               |
| 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 CONTRIBUTIONS              |  | \$50,985.73                                   |
| 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS                                           |  | \$0.00                                        |
| 7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS             |  | \$0.00                                        |
| 8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                      |  | \$0.00                                        |
| 9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS                        |  | \$0.00                                        |
| 10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH       |  | \$0.00                                        |
| 11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS          |  | \$0.00                                        |
| 12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS AND CONTRIBUTIONS RETURNED TO FILER |  | \$132.44                                      |



# 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:<br>not available                   |
| 2 FILER NAME<br>Dexter Lorraine-Navario McCoy                     |                                                                                                                                                                                               | 3 Filer ID (Ethics Commission Filers)                         |
| 4 Date<br>06/30/2025                                              | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____<br>Deilah Agho-Otoghile<br>6 Contributor address; City; State; Zip Code<br>11615 Radford Ln Houston, TX 77099-4640 | 7 Amount of contribution (\$)<br>\$500.00                     |
| 8 Principal occupation / Job title (See Instructions)             |                                                                                                                                                                                               | 9 Employer (See Instructions)                                 |
| 4 Date<br>01/09/2025                                              | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____<br>AIA Engineers PAC<br>6 Contributor address; City; State; Zip Code<br>153110 PARK Row Houston, TX 77064          | 7 Amount of contribution (\$)<br>\$2,500.00                   |
| 8 Principal occupation / Job title (See Instructions)             |                                                                                                                                                                                               | 9 Employer (See Instructions)                                 |
| 4 Date<br>04/02/2025                                              | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____<br>AIA Engineers PAC<br>6 Contributor address; City; State; Zip Code<br>153110 PARK Row Houston, TX 77064          | 7 Amount of contribution (\$)<br>\$5,000.00                   |
| 8 Principal occupation / Job title (See Instructions)             |                                                                                                                                                                                               | 9 Employer (See Instructions)                                 |
| 4 Date<br>04/26/2025                                              | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____<br>Nick Alanis<br>6 Contributor address; City; State; Zip Code<br>8519 Woods Hollow Trl Richmond, TX 77406-2536    | 7 Amount of contribution (\$)<br>\$7,500.00                   |
| 8 Principal occupation / Job title (See Instructions)<br>Chairman |                                                                                                                                                                                               | 9 Employer (See Instructions)<br>Entech Civil Engineers, Inc. |
| 4 Date<br>06/30/2025                                              | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____<br>Ovidio Alanis<br>6 Contributor address; City; State; Zip Code<br>8519 Woods Hollow Trl Richmond, TX 77406-2536  | 7 Amount of contribution (\$)<br>\$2,500.00                   |
| 8 Principal occupation / Job title (See Instructions)<br>Ex. VP   |                                                                                                                                                                                               | 9 Employer (See Instructions)<br>Entech                       |

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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:<br>not available     |
| 2 FILER NAME<br>Dexter Lorange-Navario McCoy                 |                                                                                                                                                                                                | 3 Filer ID (Ethics Commission Filers)           |
| 4 Date<br>04/26/2025                                         | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC<br>Nina Anderson<br>6 Contributor address; City; State; Zip Code<br>4410 Millstone Canyon Ln Sugar Land, TX 77479-3558    | 7 Amount of contribution (\$)<br>\$70.00        |
| 8 Principal occupation / Job title (See Instructions)        |                                                                                                                                                                                                | 9 Employer (See Instructions)                   |
| 4 Date<br>04/26/2025                                         | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC<br>Stephanie Anderson<br>6 Contributor address; City; State; Zip Code<br>19 Cowboy Way Richmond, TX 77406-9247            | 7 Amount of contribution (\$)<br>\$50.00        |
| 8 Principal occupation / Job title (See Instructions)        |                                                                                                                                                                                                | 9 Employer (See Instructions)                   |
| 4 Date<br>04/02/2025                                         | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC<br>Cherita Andrews<br>6 Contributor address; City; State; Zip Code<br>9023 Covent Garden St Houston, TX 77031-3015        | 7 Amount of contribution (\$)<br>\$550.00       |
| 8 Principal occupation / Job title (See Instructions)<br>CXO |                                                                                                                                                                                                | 9 Employer (See Instructions)<br>MV Engineering |
| 4 Date<br>06/30/2025                                         | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC<br>Cherita Andrews<br>6 Contributor address; City; State; Zip Code<br>9023 Covent Garden St Houston, TX 77031-3015        | 7 Amount of contribution (\$)<br>\$100.00       |
| 8 Principal occupation / Job title (See Instructions)<br>CXO |                                                                                                                                                                                                | 9 Employer (See Instructions)<br>MV Engineering |
| 4 Date<br>04/02/2025                                         | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC<br>Ardurra Group PAC<br>6 Contributor address; City; State; Zip Code<br>5851 San Felipe St Ste 425 Houston, TX 77057-8018 | 7 Amount of contribution (\$)<br>\$2,500.00     |
| 8 Principal occupation / Job title (See Instructions)        |                                                                                                                                                                                                | 9 Employer (See Instructions)                   |

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# 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:<br>not available                   |
| 2 FILER NAME<br>Dexter Lorange-Navario McCoy                            |                                                                                                                                                                                                | 3 Filer ID (Ethics Commission Filers)                         |
| 4 Date<br>03/24/2025                                                    | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC<br>Manuela Arroyos<br>6 Contributor address; City; State; Zip Code<br>5515 Cunningham Ln Rosenberg, TX 77471-2664         | 7 Amount of contribution (\$)<br>\$50.00                      |
| 8 Principal occupation / Job title (See Instructions)                   |                                                                                                                                                                                                | 9 Employer (See Instructions)                                 |
| 4 Date<br>04/26/2025                                                    | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC<br>ASAP Bail Bonds Ft. Bond<br>6 Contributor address; City; State; Zip Code<br>307 S 2nd St Ste B Richmond, TX 77469-5883 | 7 Amount of contribution (\$)<br>\$250.00                     |
| 8 Principal occupation / Job title (See Instructions)                   |                                                                                                                                                                                                | 9 Employer (See Instructions)                                 |
| 4 Date<br>06/30/2025                                                    | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC<br>Leslie Bacon<br>6 Contributor address; City; State; Zip Code<br>4 Chelsea Blvd Apt 303 Houston, TX 77006-6266          | 7 Amount of contribution (\$)<br>\$750.00                     |
| 8 Principal occupation / Job title (See Instructions)<br>Attorney       |                                                                                                                                                                                                | 9 Employer (See Instructions)<br>Norton Rose Fulbright US LLP |
| 4 Date<br>04/01/2025                                                    | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC<br>Mohan Ballagere<br>6 Contributor address; City; State; Zip Code<br>10306 Logan Bridge Ln Sugar Land, TX 77498-4078     | 7 Amount of contribution (\$)<br>\$1,550.00                   |
| 8 Principal occupation / Job title (See Instructions)<br>Vice President |                                                                                                                                                                                                | 9 Employer (See Instructions)<br>Geotest Engineering, Inc.    |
| 4 Date<br>04/26/2025                                                    | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC<br>David Balmos<br>6 Contributor address; City; State; Zip Code<br>20710 Via Giulia Ct Cypress, TX 77433-3787             | 7 Amount of contribution (\$)<br>\$2,500.00                   |
| 8 Principal occupation / Job title (See Instructions)<br>Engineer       |                                                                                                                                                                                                | 9 Employer (See Instructions)<br>WSB                          |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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# 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:<br>not available                                 |
| 2 FILER NAME<br>Dexter Lorraine-Navario McCoy                                    |                                                                                                                                                                                                 | 3 Filer ID (Ethics Commission Filers)                                       |
| 4 Date<br>04/26/2025                                                             | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC<br>Raj Basavaraju<br>6 Contributor address; City; State; Zip Code<br>13518 Fawn Lily Dr Ste 900 Cypress, TX 77429-5419     | 7 Amount of contribution (\$)<br>\$500.00                                   |
| 8 Principal occupation / Job title (See Instructions)<br>Transportation Engineer |                                                                                                                                                                                                 | 9 Employer (See Instructions)<br>HNTB                                       |
| 4 Date<br>06/30/2025                                                             | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC<br>Marcus Baskin<br>6 Contributor address; City; State; Zip Code<br>9622 Paintbrush Ledge Ln Houston, TX 77089-2706        | 7 Amount of contribution (\$)<br>\$100.00                                   |
| 8 Principal occupation / Job title (See Instructions)                            |                                                                                                                                                                                                 | 9 Employer (See Instructions)                                               |
| 4 Date<br>06/30/2025                                                             | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC<br>Michele Beard<br>6 Contributor address; City; State; Zip Code<br>8711 Saratoga Dr None Sugar Land, TX 77479-6364        | 7 Amount of contribution (\$)<br>\$25.00                                    |
| 8 Principal occupation / Job title (See Instructions)                            |                                                                                                                                                                                                 | 9 Employer (See Instructions)                                               |
| 4 Date<br>02/24/2025                                                             | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC<br>Levi Benton<br>6 Contributor address; City; State; Zip Code<br>3417 Milam St Houston, TX 77002-9531                     | 7 Amount of contribution (\$)<br>\$1,000.00                                 |
| 8 Principal occupation / Job title (See Instructions)<br>Lawyer                  |                                                                                                                                                                                                 | 9 Employer (See Instructions)<br>Levi Benton & Associates PLLC - Houston TX |
| 4 Date<br>04/26/2025                                                             | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC<br>William Bobrick<br>6 Contributor address; City; State; Zip Code<br>2440 Texas Pkwy Ste 240 Missouri City, TX 77489-4085 | 7 Amount of contribution (\$)<br>\$25.00                                    |
| 8 Principal occupation / Job title (See Instructions)                            |                                                                                                                                                                                                 | 9 Employer (See Instructions)                                               |

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



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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:<br>not available |
| 2 FILER NAME<br>Dexter Lorange-Navario McCoy                      |                                                                                                                                                                                                 | 3 Filer ID (Ethics Commission Filers)       |
| 4 Date<br>06/30/2025                                              | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC<br>William Bobrick<br>6 Contributor address; City; State; Zip Code<br>2440 Texas Pkwy Ste 240 Missouri City, TX 77489-4085 | 7 Amount of contribution (\$)<br>\$25.00    |
| 8 Principal occupation / Job title (See Instructions)             |                                                                                                                                                                                                 | 9 Employer (See Instructions)               |
| 4 Date<br>04/26/2025                                              | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC<br>Randolph Brown<br>6 Contributor address; City; State; Zip Code<br>3134 Fern Brook Ln Rosenberg, TX 77471-9279           | 7 Amount of contribution (\$)<br>\$25.00    |
| 8 Principal occupation / Job title (See Instructions)             |                                                                                                                                                                                                 | 9 Employer (See Instructions)               |
| 4 Date<br>06/30/2025                                              | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC<br>John Calhoun<br>6 Contributor address; City; State; Zip Code<br>126 E Amite St Jackson, MS 39201-2101                   | 7 Amount of contribution (\$)<br>\$6,500.00 |
| 8 Principal occupation / Job title (See Instructions)<br>CEO      |                                                                                                                                                                                                 | 9 Employer (See Instructions)<br>IMS        |
| 4 Date<br>01/15/2025                                              | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC<br>Jeff Cannon<br>6 Contributor address; City; State; Zip Code<br>4315 Whickham Dr Fulshear, TX 77441-4058                 | 7 Amount of contribution (\$)<br>\$5,000.00 |
| 8 Principal occupation / Job title (See Instructions)<br>Engineer |                                                                                                                                                                                                 | 9 Employer (See Instructions)<br>LJA        |
| 4 Date<br>05/23/2025                                              | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC<br>Jeff Cannon<br>6 Contributor address; City; State; Zip Code<br>4315 Whickham Dr Fulshear, TX 77441-4058                 | 7 Amount of contribution (\$)<br>\$4,000.00 |
| 8 Principal occupation / Job title (See Instructions)<br>Engineer |                                                                                                                                                                                                 | 9 Employer (See Instructions)<br>LJA        |

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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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| The Instruction Guide explains how to complete this form.          |                                                                                                                                                                                                 | 1 Total pages Schedule A1:<br>not available           |
| 2 FILER NAME<br>Dexter Lorange-Navario McCoy                       |                                                                                                                                                                                                 | 3 Filer ID (Ethics Commission Filers)                 |
| 4 Date<br>04/26/2025                                               | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC<br>Santiago Castaneda<br>6 Contributor address; City; State; Zip Code<br>2426 Mills Creek Dr Kingwood, TX 77339-3095       | 7 Amount of contribution (\$)<br>\$10,000.00          |
| 8 Principal occupation / Job title (See Instructions)<br>President |                                                                                                                                                                                                 | 9 Employer (See Instructions)<br>OMEGA ENGINEERS INC. |
| 4 Date<br>04/02/2025                                               | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC<br>Cobb Fendley PAC<br>6 Contributor address; City; State; Zip Code<br>13430 Northwest Fwy Ste 1100 Houston, TX 77040-6153 | 7 Amount of contribution (\$)<br>\$5,000.00           |
| 8 Principal occupation / Job title (See Instructions)              |                                                                                                                                                                                                 | 9 Employer (See Instructions)                         |
| 4 Date<br>05/08/2025                                               | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC<br>Tony Council<br>6 Contributor address; City; State; Zip Code<br>10902 Cranbrook Rd Houston, TX 77042-1326               | 7 Amount of contribution (\$)<br>\$2,500.00           |
| 8 Principal occupation / Job title (See Instructions)<br>Engineer  |                                                                                                                                                                                                 | 9 Employer (See Instructions)<br>TLC Engineering      |
| 4 Date<br>04/26/2025                                               | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC<br>Torrian Crawford<br>6 Contributor address; City; State; Zip Code<br>2944 Royal Ave Simi Valley, CA 93065-5217           | 7 Amount of contribution (\$)<br>\$25.00              |
| 8 Principal occupation / Job title (See Instructions)              |                                                                                                                                                                                                 | 9 Employer (See Instructions)                         |
| 4 Date<br>04/25/2025                                               | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC<br>Brock Crenek<br>6 Contributor address; City; State; Zip Code<br>797 Marlin St Hitchcock, TX 77563-2611                  | 7 Amount of contribution (\$)<br>\$50.00              |
| 8 Principal occupation / Job title (See Instructions)              |                                                                                                                                                                                                 | 9 Employer (See Instructions)                         |

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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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| The Instruction Guide explains how to complete this form. |                                                                                                                                                                                        | 1 Total pages Schedule A1:<br>not available |
| 2 FILER NAME<br>Dexter Lorange-Navario McCoy              |                                                                                                                                                                                        | 3 Filer ID (Ethics Commission Filers)       |
| 4 Date<br>03/18/2025                                      | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC<br>Jill Curtis<br>6 Contributor address; City; State; Zip Code<br>3119 Silent Spring Dr Sugar Land, TX 77479-2411 | 7 Amount of contribution (\$)<br>\$25.00    |
| 8 Principal occupation / Job title (See Instructions)     |                                                                                                                                                                                        | 9 Employer (See Instructions)               |
| 4 Date<br>06/30/2025                                      | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC<br>Mary Dawkins<br>6 Contributor address; City; State; Zip Code<br>6831 River Bluff Dr Houston, TX 77085-1313     | 7 Amount of contribution (\$)<br>\$50.00    |
| 8 Principal occupation / Job title (See Instructions)     |                                                                                                                                                                                        | 9 Employer (See Instructions)               |
| 4 Date<br>04/14/2025                                      | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC<br>Maxine Dawkins<br>6 Contributor address; City; State; Zip Code<br>6831 River Bluff Dr Houston, TX 77085-1313   | 7 Amount of contribution (\$)<br>\$75.00    |
| 8 Principal occupation / Job title (See Instructions)     |                                                                                                                                                                                        | 9 Employer (See Instructions)               |
| 4 Date<br>04/26/2025                                      | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC<br>Maxine Dawkins<br>6 Contributor address; City; State; Zip Code<br>6831 River Bluff Dr Houston, TX 77085-1313   | 7 Amount of contribution (\$)<br>\$100.00   |
| 8 Principal occupation / Job title (See Instructions)     |                                                                                                                                                                                        | 9 Employer (See Instructions)               |
| 4 Date<br>06/30/2025                                      | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC<br>Maxine Dawkins<br>6 Contributor address; City; State; Zip Code<br>6831 River Bluff Dr Houston, TX 77085-1313   | 7 Amount of contribution (\$)<br>\$50.00    |
| 8 Principal occupation / Job title (See Instructions)     |                                                                                                                                                                                        | 9 Employer (See Instructions)               |

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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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| The Instruction Guide explains how to complete this form.                    |                                                                                                                                                                                              | 1 Total pages Schedule A1:<br>not available                    |
| 2 FILER NAME<br>Dexter Lorange-Navario McCoy                                 |                                                                                                                                                                                              | 3 Filer ID (Ethics Commission Filers)                          |
| 4 Date<br>04/27/2025                                                         | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC<br>Janet Dawson<br>6 Contributor address; City; State; Zip Code<br>431 Mistflower Dr Richmond, TX 77469-1587            | 7 Amount of contribution (\$)<br>\$50.00                       |
| 8 Principal occupation / Job title (See Instructions)                        |                                                                                                                                                                                              | 9 Employer (See Instructions)                                  |
| 4 Date<br>06/30/2025                                                         | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC<br>Susan DuQuesnay Bankston<br>6 Contributor address; City; State; Zip Code<br>1703 Magnolia Ln Richmond, TX 77469-4849 | 7 Amount of contribution (\$)<br>\$100.00                      |
| 8 Principal occupation / Job title (See Instructions)                        |                                                                                                                                                                                              | 9 Employer (See Instructions)                                  |
| 4 Date<br>03/18/2025                                                         | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC<br>David Eastwood<br>6 Contributor address; City; State; Zip Code<br>17407 Highway 59 N Humble, TX 77396-3008           | 7 Amount of contribution (\$)<br>\$500.00                      |
| 8 Principal occupation / Job title (See Instructions)<br>Engineer            |                                                                                                                                                                                              | 9 Employer (See Instructions)<br>Geotech Engineering & Testing |
| 4 Date<br>04/26/2025                                                         | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC<br>EHRA Engineering PAC<br>6 Contributor address; City; State; Zip Code<br>10011 Meadowglen Ln Houston, TX 77042-3760   | 7 Amount of contribution (\$)<br>\$5,000.00                    |
| 8 Principal occupation / Job title (See Instructions)                        |                                                                                                                                                                                              | 9 Employer (See Instructions)                                  |
| 4 Date<br>04/15/2025                                                         | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC<br>john english<br>6 Contributor address; City; State; Zip Code<br>7676 Hillmont St Houston, TX 77040-6400              | 7 Amount of contribution (\$)<br>\$1,000.00                    |
| 8 Principal occupation / Job title (See Instructions)<br>Civil & land survey |                                                                                                                                                                                              | 9 Employer (See Instructions)<br>REKHA Engineering Inc         |

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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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| The Instruction Guide explains how to complete this form.            |                                                                                                                                                                                        | 1 Total pages Schedule A1:<br>not available                    |
| 2 FILER NAME<br>Dexter Lorraine-Navario McCoy                        |                                                                                                                                                                                        | 3 Filer ID (Ethics Commission Filers)                          |
| 4 Date<br>06/30/2025                                                 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC<br>Lois Essells<br>6 Contributor address; City; State; Zip Code<br>902 Chateau Pl Richmond, TX 77469-5108         | 7 Amount of contribution (\$)<br>\$25.00                       |
| 8 Principal occupation / Job title (See Instructions)                |                                                                                                                                                                                        | 9 Employer (See Instructions)                                  |
| 4 Date<br>06/30/2025                                                 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC<br>Jess Geevarghese<br>6 Contributor address; City; State; Zip Code<br>414 Kyle St Sugar Land, TX 77478-3215      | 7 Amount of contribution (\$)<br>\$50.00                       |
| 8 Principal occupation / Job title (See Instructions)                |                                                                                                                                                                                        | 9 Employer (See Instructions)                                  |
| 4 Date<br>04/26/2025                                                 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC<br>Mark Gehringer<br>6 Contributor address; City; State; Zip Code<br>5714 Ashley Spring Ct Katy, TX 77494-2213    | 7 Amount of contribution (\$)<br>\$2,500.00                    |
| 8 Principal occupation / Job title (See Instructions)<br>President   |                                                                                                                                                                                        | 9 Employer (See Instructions)<br>R.G. Miller                   |
| 4 Date<br>03/05/2025                                                 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC<br>Costas Georgiou<br>6 Contributor address; City; State; Zip Code<br>12335 Meadow Lake Dr Houston, TX 77077-5935 | 7 Amount of contribution (\$)<br>\$2,500.00                    |
| 8 Principal occupation / Job title (See Instructions)<br>Engineer    |                                                                                                                                                                                        | 9 Employer (See Instructions)<br>PGAL Inc.                     |
| 4 Date<br>04/26/2025                                                 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC<br>Lance C. Gilliam<br>6 Contributor address; City; State; Zip Code<br>3115 Reba Dr Houston, TX 77019-6209        | 7 Amount of contribution (\$)<br>\$250.00                      |
| 8 Principal occupation / Job title (See Instructions)<br>Real Estate |                                                                                                                                                                                        | 9 Employer (See Instructions)<br>Concentric Community Advisors |

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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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| The Instruction Guide explains how to complete this form.            |                                                                                                                                                                                                             | 1 Total pages Schedule A1:<br>not available                    |
| 2 FILER NAME<br>Dexter Lorange-Navario McCoy                         |                                                                                                                                                                                                             | 3 Filer ID (Ethics Commission Filers)                          |
| 4 Date<br>06/30/2025                                                 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC<br>Lance C. Gilliam<br>6 Contributor address; City; State; Zip Code<br>3115 Reba Dr Houston, TX 77019-6209                             | 7 Amount of contribution (\$)<br>\$2,500.00                    |
| 8 Principal occupation / Job title (See Instructions)<br>Real Estate |                                                                                                                                                                                                             | 9 Employer (See Instructions)<br>Concentric Community Advisors |
| 4 Date<br>04/26/2025                                                 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC<br>Leslie Gracia<br>6 Contributor address; City; State; Zip Code<br>5610 Maxon Ct Rosenberg, TX 77471-1894                             | 7 Amount of contribution (\$)<br>\$60.00                       |
| 8 Principal occupation / Job title (See Instructions)                |                                                                                                                                                                                                             | 9 Employer (See Instructions)                                  |
| 4 Date<br>04/26/2025                                                 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC<br>Glenn Graham<br>6 Contributor address; City; State; Zip Code<br>15706 Blanco Trails Ln Cypress, TX 77429-4618                       | 7 Amount of contribution (\$)<br>\$1,000.00                    |
| 8 Principal occupation / Job title (See Instructions)<br>Engineer    |                                                                                                                                                                                                             | 9 Employer (See Instructions)<br>KCI                           |
| 4 Date<br>04/15/2025                                                 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC<br>Greater Houston Builders Assoc.<br>6 Contributor address; City; State; Zip Code<br>9511 W Sam Houston Pkwy N Houston, TX 77064-5398 | 7 Amount of contribution (\$)<br>\$1,500.00                    |
| 8 Principal occupation / Job title (See Instructions)                |                                                                                                                                                                                                             | 9 Employer (See Instructions)                                  |
| 4 Date<br>04/25/2025                                                 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC<br>Suzanne Haboush<br>6 Contributor address; City; State; Zip Code<br>23310 Roberts Cemetery Rd Hockley, TX 77447-9586                 | 7 Amount of contribution (\$)<br>\$50.00                       |
| 8 Principal occupation / Job title (See Instructions)                |                                                                                                                                                                                                             | 9 Employer (See Instructions)                                  |

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# MONETARY POLITICAL CONTRIBUTIONS

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| 2 FILER NAME<br>Dexter Lorange-Navario McCoy                                |                                                                                                                                                                                                  | 3 Filer ID (Ethics Commission Filers)       |
| 4 Date<br>06/30/2025                                                        | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC<br>Shah Haleem<br>6 Contributor address; City; State; Zip Code<br>7514 San Clemente Point Ct Katy, TX 77494-2502            | 7 Amount of contribution (\$)<br>\$100.00   |
| 8 Principal occupation / Job title (See Instructions)                       |                                                                                                                                                                                                  | 9 Employer (See Instructions)               |
| 4 Date<br>04/26/2025                                                        | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC<br>Halff Associates-State PAC<br>6 Contributor address; City; State; Zip Code<br>1201 N Bowser Rd Richardson, TX 75081-2220 | 7 Amount of contribution (\$)<br>\$2,500.00 |
| 8 Principal occupation / Job title (See Instructions)                       |                                                                                                                                                                                                  | 9 Employer (See Instructions)               |
| 4 Date<br>04/26/2025                                                        | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC<br>David Hamilton<br>6 Contributor address; City; State; Zip Code<br>12315 Woodthorpe Ln Houston, TX 77024-4108             | 7 Amount of contribution (\$)<br>\$500.00   |
| 8 Principal occupation / Job title (See Instructions)<br>Ex. Vice President |                                                                                                                                                                                                  | 9 Employer (See Instructions)<br>DCCM       |
| 4 Date<br>04/26/2025                                                        | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC<br>Lewis Harrison<br>6 Contributor address; City; State; Zip Code<br>24514 Carlton Springs Ln Katy, TX 77494-3188           | 7 Amount of contribution (\$)<br>\$500.00   |
| 8 Principal occupation / Job title (See Instructions)                       |                                                                                                                                                                                                  | 9 Employer (See Instructions)               |
| 4 Date<br>03/02/2025                                                        | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC<br>Kevin Hattery<br>6 Contributor address; City; State; Zip Code<br>3819 Villanova St Houston, TX 77005-3639                | 7 Amount of contribution (\$)<br>\$100.00   |
| 8 Principal occupation / Job title (See Instructions)                       |                                                                                                                                                                                                  | 9 Employer (See Instructions)               |

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# MONETARY POLITICAL CONTRIBUTIONS

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| 4 Date<br>04/14/2025                                               | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC<br>Mark Heidaker<br>6 Contributor address; City; State; Zip Code<br>7703 Breezeway Bend Ln Katy, TX 77494-1124             | 7 Amount of contribution (\$)<br>\$2,500.00                        |
| 8 Principal occupation / Job title (See Instructions)<br>Developer |                                                                                                                                                                                                 | 9 Employer (See Instructions)<br>Property Acquisition Services Inc |
| 4 Date<br>03/18/2025                                               | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC<br>Vickie Henkel<br>6 Contributor address; City; State; Zip Code<br>8630 Wyndham Village Dr Jersey Village, TX 77040-1142  | 7 Amount of contribution (\$)<br>\$2,500.00                        |
| 8 Principal occupation / Job title (See Instructions)<br>Principal |                                                                                                                                                                                                 | 9 Employer (See Instructions)<br>Bowman Consulting Group           |
| 4 Date<br>06/30/2025                                               | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC<br>Rod L. Hill<br>6 Contributor address; City; State; Zip Code<br>209 E 27th St Houston, TX 77008-2129                     | 7 Amount of contribution (\$)<br>\$6,500.00                        |
| 8 Principal occupation / Job title (See Instructions)<br>President |                                                                                                                                                                                                 | 9 Employer (See Instructions)<br>IMS Engineers                     |
| 4 Date<br>04/21/2025                                               | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC<br>Jubair Hossain<br>6 Contributor address; City; State; Zip Code<br>15627 Sand Bluestem Dr Cypress, TX 77433-1883         | 7 Amount of contribution (\$)<br>\$2,500.00                        |
| 8 Principal occupation / Job title (See Instructions)<br>President |                                                                                                                                                                                                 | 9 Employer (See Instructions)<br>HTS Inc Consultants               |
| 4 Date<br>04/02/2025                                               | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC<br>HR Green Texas PAC<br>6 Contributor address; City; State; Zip Code<br>11011 Richmond Ave Ste 200 Houston, TX 77042-6601 | 7 Amount of contribution (\$)<br>\$2,500.00                        |
| 8 Principal occupation / Job title (See Instructions)              |                                                                                                                                                                                                 | 9 Employer (See Instructions)                                      |

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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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| 4 Date<br>04/23/2025                                                           | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC<br>HR Green Texas PAC<br>6 Contributor address; City; State; Zip Code<br>11011 Richmond Ave Ste 200 Houston, TX 77042-6601          | 7 Amount of contribution (\$)<br>\$2,500.00                     |
| 8 Principal occupation / Job title (See Instructions)                          |                                                                                                                                                                                                          | 9 Employer (See Instructions)                                   |
| 4 Date<br>04/09/2025                                                           | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC<br>Shou Ting Hu<br>6 Contributor address; City; State; Zip Code<br>105 Pamellia Dr Bellaire, TX 77401-3711                          | 7 Amount of contribution (\$)<br>\$1,500.00                     |
| 8 Principal occupation / Job title (See Instructions)<br>Geotechnical Engineer |                                                                                                                                                                                                          | 9 Employer (See Instructions)<br>Aviles Engineering Corporation |
| 4 Date<br>03/18/2025                                                           | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC<br>Huit-Zollars, Inc. Texas PAC<br>6 Contributor address; City; State; Zip Code<br>1717 McKinney Ave Ste 1400 Dallas, TX 75202-1239 | 7 Amount of contribution (\$)<br>\$1,500.00                     |
| 8 Principal occupation / Job title (See Instructions)                          |                                                                                                                                                                                                          | 9 Employer (See Instructions)                                   |
| 4 Date<br>04/03/2025                                                           | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC<br>John Hull<br>6 Contributor address; City; State; Zip Code<br>7811 Dashwood Dr Houston, TX 77036-4939                             | 7 Amount of contribution (\$)<br>\$525.00                       |
| 8 Principal occupation / Job title (See Instructions)<br>Airport Developer     |                                                                                                                                                                                                          | 9 Employer (See Instructions)<br>John Hull                      |
| 4 Date<br>02/03/2025                                                           | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC<br>IEA PAC<br>6 Contributor address; City; State; Zip Code<br>18383 Preston Rd Ste 500 Dallas, TX 75252-5490                        | 7 Amount of contribution (\$)<br>\$1,500.00                     |
| 8 Principal occupation / Job title (See Instructions)                          |                                                                                                                                                                                                          | 9 Employer (See Instructions)                                   |

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# MONETARY POLITICAL CONTRIBUTIONS

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| 4 Date<br>04/02/2025                                                              | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC<br>IEA PAC<br>6 Contributor address; City; State; Zip Code<br>18383 Preston Rd Ste 500 Dallas, TX 75252-5490      | 7 Amount of contribution (\$)<br>\$2,500.00               |
| 8 Principal occupation / Job title (See Instructions)                             |                                                                                                                                                                                        | 9 Employer (See Instructions)                             |
| 4 Date<br>03/30/2025                                                              | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC<br>Bryan Jackson<br>6 Contributor address; City; State; Zip Code<br>8810 Black Cherry Xing Katy, TX 77494-0474    | 7 Amount of contribution (\$)<br>\$1,500.00               |
| 8 Principal occupation / Job title (See Instructions)<br>Engineer                 |                                                                                                                                                                                        | 9 Employer (See Instructions)<br>BJackson Enterprises LLC |
| 4 Date<br>04/14/2025                                                              | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC<br>Harish JaJoo<br>6 Contributor address; City; State; Zip Code<br>62 Bradford Cir Sugar Land, TX 77479-2976      | 7 Amount of contribution (\$)<br>\$10,000.00              |
| 8 Principal occupation / Job title (See Instructions)<br>Engineer                 |                                                                                                                                                                                        | 9 Employer (See Instructions)<br>HJ Consulting            |
| 4 Date<br>05/08/2025                                                              | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC<br>Larry Janak<br>6 Contributor address; City; State; Zip Code<br>19215 Cohen Green Ln Lan Houston, TX 77094-4127 | 7 Amount of contribution (\$)<br>\$2,500.00               |
| 8 Principal occupation / Job title (See Instructions)<br>Executive Vice President |                                                                                                                                                                                        | 9 Employer (See Instructions)<br>IDCUS, Inc.              |
| 4 Date<br>04/24/2025                                                              | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC<br>Abraham Javed<br>6 Contributor address; City; State; Zip Code<br>2295 Avalon St Beaumont, TX 77707-4703        | 7 Amount of contribution (\$)<br>\$25.00                  |
| 8 Principal occupation / Job title (See Instructions)<br>Co-Founder & COO         |                                                                                                                                                                                        | 9 Employer (See Instructions)<br>CharityStack             |

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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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| The Instruction Guide explains how to complete this form.          |                                                                                                                                                                                                | 1 Total pages Schedule A1:<br>not available          |
| 2 FILER NAME<br>Dexter Lorraine-Navario McCoy                      |                                                                                                                                                                                                | 3 Filer ID (Ethics Commission Filers)                |
| 4 Date<br>06/30/2025                                               | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____<br>Tahir Javed<br>6 Contributor address; City; State; Zip Code<br>2295 Avalon St Beaumont, TX 77707-4703            | 7 Amount of contribution (\$)<br>\$1,500.00          |
| 8 Principal occupation / Job title (See Instructions)<br>President |                                                                                                                                                                                                | 9 Employer (See Instructions)<br>Riceland Healthcare |
| 4 Date<br>04/25/2025                                               | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____<br>Telfryn John<br>6 Contributor address; City; State; Zip Code<br>15430 Woodland Orchard Ln Cypress, TX 77433-5802 | 7 Amount of contribution (\$)<br>\$2,500.00          |
| 8 Principal occupation / Job title (See Instructions)<br>President |                                                                                                                                                                                                | 9 Employer (See Instructions)<br>Geoscience          |
| 4 Date<br>05/06/2025                                               | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____<br>Gabriel Johnson<br>6 Contributor address; City; State; Zip Code<br>9407 Reston Grove Ln Houston, TX 77095-2258   | 7 Amount of contribution (\$)<br>\$2,500.00          |
| 8 Principal occupation / Job title (See Instructions)<br>Engineer  |                                                                                                                                                                                                | 9 Employer (See Instructions)<br>AIG Tech            |
| 4 Date<br>04/25/2025                                               | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____<br>Claire A Jones<br>6 Contributor address; City; State; Zip Code<br>715 Weeks Rd Rosenberg, TX 77471-9837          | 7 Amount of contribution (\$)<br>\$60.00             |
| 8 Principal occupation / Job title (See Instructions)              |                                                                                                                                                                                                | 9 Employer (See Instructions)                        |
| 4 Date<br>06/30/2025                                               | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____<br>Edna Jones-Webb<br>6 Contributor address; City; State; Zip Code<br>8714 Petersburg Ln Houston, TX 77083-7212     | 7 Amount of contribution (\$)<br>\$25.00             |
| 8 Principal occupation / Job title (See Instructions)              |                                                                                                                                                                                                | 9 Employer (See Instructions)                        |

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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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| The Instruction Guide explains how to complete this form.               |                                                                                                                                                                                                         | 1 Total pages Schedule A1:<br>not available                    |
| 2 FILER NAME<br>Dexter Lorange-Navario McCoy                            |                                                                                                                                                                                                         | 3 Filer ID (Ethics Commission Filers)                          |
| 4 Date<br>04/23/2025                                                    | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____<br>Nathan Junius<br>6 Contributor address; City; State; Zip Code<br>4 Thrush St New Orleans, LA 70124-4117                   | 7 Amount of contribution (\$)<br><br>\$2,500.00                |
| 8 Principal occupation / Job title (See Instructions)<br>Civil Engineer |                                                                                                                                                                                                         | 9 Employer (See Instructions)<br>Linfield Hunter & Junius Inc. |
| 4 Date<br>02/23/2025                                                    | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____<br>Velia Kavalewitz<br>6 Contributor address; City; State; Zip Code<br>514 Saguaro Way Richmond, TX 77469-2116               | 7 Amount of contribution (\$)<br><br>\$25.00                   |
| 8 Principal occupation / Job title (See Instructions)                   |                                                                                                                                                                                                         | 9 Employer (See Instructions)                                  |
| 4 Date<br>06/30/2025                                                    | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____<br>Velia Kavalewitz<br>6 Contributor address; City; State; Zip Code<br>514 Saguaro Way Richmond, TX 77469-2116               | 7 Amount of contribution (\$)<br><br>\$50.00                   |
| 8 Principal occupation / Job title (See Instructions)                   |                                                                                                                                                                                                         | 9 Employer (See Instructions)                                  |
| 4 Date<br>04/26/2025                                                    | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____<br>KCI Texas PAC<br>6 Contributor address; City; State; Zip Code<br>11550 W Interstate 10 Ste 395 San Antonio, TX 78230-1037 | 7 Amount of contribution (\$)<br><br>\$3,000.00                |
| 8 Principal occupation / Job title (See Instructions)                   |                                                                                                                                                                                                         | 9 Employer (See Instructions)                                  |
| 4 Date<br>02/24/2025                                                    | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____<br>Keep Al Green in Congress<br>6 Contributor address; City; State; Zip Code<br>3003 S Loop W Ste 321 Houston, TX 77054-1373 | 7 Amount of contribution (\$)<br><br>\$1,000.00                |
| 8 Principal occupation / Job title (See Instructions)                   |                                                                                                                                                                                                         | 9 Employer (See Instructions)                                  |

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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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| 2 FILER NAME<br>Dexter Lorange-Navario McCoy                       |                                                                                                                                                                                        | 3 Filer ID (Ethics Commission Filers)                      |
| 4 Date<br>05/23/2025                                               | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC<br>Jason Kelly<br>6 Contributor address; City; State; Zip Code<br>29734 Egret View Ln Richmond, TX 77406-3045     | 7 Amount of contribution (\$)<br>\$3,000.00                |
| 8 Principal occupation / Job title (See Instructions)<br>Engineer  |                                                                                                                                                                                        | 9 Employer (See Instructions)<br>LJA                       |
| 4 Date<br>04/02/2025                                               | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC<br>Paul Kwan<br>6 Contributor address; City; State; Zip Code<br>13423 Amber Queen Ln Houston, TX 77041-5550       | 7 Amount of contribution (\$)<br>\$2,500.00                |
| 8 Principal occupation / Job title (See Instructions)<br>Engineer  |                                                                                                                                                                                        | 9 Employer (See Instructions)<br>Landtech Consultants, Inc |
| 4 Date<br>04/22/2025                                               | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC<br>Kathleen Laura<br>6 Contributor address; City; State; Zip Code<br>3326 Grand Cane Ln Rosenberg, TX 77471-4879  | 7 Amount of contribution (\$)<br>\$50.00                   |
| 8 Principal occupation / Job title (See Instructions)              |                                                                                                                                                                                        | 9 Employer (See Instructions)                              |
| 4 Date<br>04/15/2025                                               | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC<br>Chaochiung Lee<br>6 Contributor address; City; State; Zip Code<br>6001 Savoy Dr Ste 100 Houston, TX 77036-3322 | 7 Amount of contribution (\$)<br>\$5,000.00                |
| 8 Principal occupation / Job title (See Instructions)<br>Architect |                                                                                                                                                                                        | 9 Employer (See Instructions)<br>STOA Architects           |
| 4 Date<br>04/26/2025                                               | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC<br>Chung Lee<br>6 Contributor address; City; State; Zip Code<br>23430 Fairbranch Dr Katy, TX 77494-7507           | 7 Amount of contribution (\$)<br>\$85.00                   |
| 8 Principal occupation / Job title (See Instructions)              |                                                                                                                                                                                        | 9 Employer (See Instructions)                              |

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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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| 2 FILER NAME<br>Dexter Lorraine-Navario McCoy                          |                                                                                                                                                                                                      | 3 Filer ID (Ethics Commission Filers)       |
| 4 Date<br>06/30/2025                                                   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC<br>Avi Levy<br>6 Contributor address; City; State; Zip Code<br>4016 Rutland St Houston, TX 77018-6631                           | 7 Amount of contribution (\$)<br>\$25.00    |
| 8 Principal occupation / Job title (See Instructions)                  |                                                                                                                                                                                                      | 9 Employer (See Instructions)               |
| 4 Date<br>04/26/2025                                                   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC<br>Linebarger Goggin Blair & Sampson, LLP<br>6 Contributor address; City; State; Zip Code<br>PO Box 17428 Austin, TX 78760-7428 | 7 Amount of contribution (\$)<br>\$1,500.00 |
| 8 Principal occupation / Job title (See Instructions)                  |                                                                                                                                                                                                      | 9 Employer (See Instructions)               |
| 4 Date<br>02/25/2025                                                   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC<br>Victor Lofinmakin<br>6 Contributor address; City; State; Zip Code<br>3819 Preston Cove Ct Katy, TX 77494-3780                | 7 Amount of contribution (\$)<br>\$500.00   |
| 8 Principal occupation / Job title (See Instructions)                  |                                                                                                                                                                                                      | 9 Employer (See Instructions)               |
| 4 Date<br>04/24/2025                                                   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC<br>Lee Luper<br>6 Contributor address; City; State; Zip Code<br>16906 E Caramel Apple Trl Cypress, TX 77433-4166                | 7 Amount of contribution (\$)<br>\$1,500.00 |
| 8 Principal occupation / Job title (See Instructions)<br>Land surveyor |                                                                                                                                                                                                      | 9 Employer (See Instructions)<br>TNP        |
| 4 Date<br>04/17/2025                                                   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC<br>Michel Maksoud<br>6 Contributor address; City; State; Zip Code<br>7510 Holly Court Est Houston, TX 77095-3587                | 7 Amount of contribution (\$)<br>\$500.00   |
| 8 Principal occupation / Job title (See Instructions)                  |                                                                                                                                                                                                      | 9 Employer (See Instructions)               |

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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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| The Instruction Guide explains how to complete this form.                         |                                                                                                                                                                                            | 1 Total pages Schedule A1:<br>not available               |
| 2 FILER NAME<br>Dexter Lorraine-Navario McCoy                                     |                                                                                                                                                                                            | 3 Filer ID (Ethics Commission Filers)                     |
| 4 Date<br>06/30/2025                                                              | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC<br>Kathleen Malcolmson<br>8 Contributor address; City; State; Zip Code<br>19558 Cedar Cove Ct Richmond, TX 77407-1573 | 7 Amount of contribution (\$)<br>\$50.00                  |
| 8 Principal occupation / Job title (See Instructions)                             |                                                                                                                                                                                            | 9 Employer (See Instructions)                             |
| 4 Date<br>03/18/2025                                                              | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC<br>Kevin Matocha<br>6 Contributor address; City; State; Zip Code<br>5725 Bayou Glen Rd Houston, TX 77057-1401         | 7 Amount of contribution (\$)<br>\$5,000.00               |
| 8 Principal occupation / Job title (See Instructions)<br>Real Estate Development  |                                                                                                                                                                                            | 9 Employer (See Instructions)<br>Stonehenge Companies LLC |
| 4 Date<br>04/24/2025                                                              | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC<br>Frank Mbachu<br>6 Contributor address; City; State; Zip Code<br>4419 April Meadow Way Sugar Land, TX 77479-3119    | 7 Amount of contribution (\$)<br>\$5,000.00               |
| 8 Principal occupation / Job title (See Instructions)<br>Engineer                 |                                                                                                                                                                                            | 9 Employer (See Instructions)<br>FCM Engineers PC         |
| 4 Date<br>06/26/2025                                                              | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC<br>Gary McGuire<br>6 Contributor address; City; State; Zip Code<br>13201 Northwest Fwy Houston, TX 77040-6008         | 7 Amount of contribution (\$)<br>\$50.00                  |
| 8 Principal occupation / Job title (See Instructions)                             |                                                                                                                                                                                            | 9 Employer (See Instructions)                             |
| 4 Date<br>06/24/2025                                                              | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC<br>Malia Mekala<br>6 Contributor address; City; State; Zip Code<br>3310 Oak Tree Ct Sugar Land, TX 77479-2494         | 7 Amount of contribution (\$)<br>\$15,000.00              |
| 8 Principal occupation / Job title (See Instructions)<br>President and Co-Founder |                                                                                                                                                                                            | 9 Employer (See Instructions)<br>Infodat International    |

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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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| 4 Date<br>06/30/2025                                              | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC<br>Coretta Middleton<br>6 Contributor address; City; State; Zip Code<br>9315 Gauguin Ln Missouri City, TX 77459-6919 | 7 Amount of contribution (\$)<br>\$50.00                     |
| 8 Principal occupation / Job title (See Instructions)             |                                                                                                                                                                                           | 9 Employer (See Instructions)                                |
| 4 Date<br>06/30/2025                                              | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC<br>Dimitri Millas<br>6 Contributor address; City; State; Zip Code<br>735 E 12th St Houston, TX 77008-7123            | 7 Amount of contribution (\$)<br>\$1,750.00                  |
| 8 Principal occupation / Job title (See Instructions)<br>Attorney |                                                                                                                                                                                           | 9 Employer (See Instructions)<br>Norton Rose Fulbright       |
| 4 Date<br>03/19/2025                                              | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC<br>Erik Miller<br>6 Contributor address; City; State; Zip Code<br>5454 Jackwood St Houston, TX 77096-1236            | 7 Amount of contribution (\$)<br>\$1,500.00                  |
| 8 Principal occupation / Job title (See Instructions)<br>Engineer |                                                                                                                                                                                           | 9 Employer (See Instructions)<br>Sander Engineering Corp     |
| 4 Date<br>04/26/2025                                              | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC<br>Jack Miller<br>6 Contributor address; City; State; Zip Code<br>1146 Gardencrest Ln Ste 200 Houston, TX 77077-1968 | 7 Amount of contribution (\$)<br>\$2,500.00                  |
| 8 Principal occupation / Job title (See Instructions)<br>Engineer |                                                                                                                                                                                           | 9 Employer (See Instructions)<br>R.G. Miller Engineers, Inc. |
| 4 Date<br>03/17/2025                                              | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC<br>Rahmet Mohamed<br>6 Contributor address; City; State; Zip Code<br>2219 Hermina Radler Dr Richmond, TX 77469-5180  | 7 Amount of contribution (\$)<br>\$5,000.00                  |
| 8 Principal occupation / Job title (See Instructions)<br>Director |                                                                                                                                                                                           | 9 Employer (See Instructions)<br>United Engineers Inc.       |

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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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| 4 Date<br>03/18/2025                                                    | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC<br>Michael Morgan<br>6 Contributor address; City; State; Zip Code<br>1966 S La Salle Ave Los Angeles, CA 90018-1623          | 7 Amount of contribution (\$)<br>\$100.00             |
| 8 Principal occupation / Job title (See Instructions)                   |                                                                                                                                                                                                   | 9 Employer (See Instructions)                         |
| 4 Date<br>04/25/2025                                                    | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC<br>Bonnie Moss<br>6 Contributor address; City; State; Zip Code<br>1505 Highway 6 S Houston, TX 77077-1700                    | 7 Amount of contribution (\$)<br>\$1,025.00           |
| 8 Principal occupation / Job title (See Instructions)<br>Business Owner |                                                                                                                                                                                                   | 9 Employer (See Instructions)<br>MBCO Engineering LLC |
| 4 Date<br>06/30/2025                                                    | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC<br>Bonnie Moss<br>6 Contributor address; City; State; Zip Code<br>1505 Highway 6 S Houston, TX 77077-1700                    | 7 Amount of contribution (\$)<br>\$1,000.00           |
| 8 Principal occupation / Job title (See Instructions)<br>Business Owner |                                                                                                                                                                                                   | 9 Employer (See Instructions)<br>MBCO Engineering LLC |
| 4 Date<br>03/18/2025                                                    | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC<br>Lindsay Munoz<br>6 Contributor address; City; State; Zip Code<br>1045 Rosepoint St Houston, TX 77018-5224                 | 7 Amount of contribution (\$)<br>\$1,500.00           |
| 8 Principal occupation / Job title (See Instructions)<br>Consulting     |                                                                                                                                                                                                   | 9 Employer (See Instructions)<br>Whitmire & Munoz LLC |
| 4 Date<br>04/25/2025                                                    | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC<br>Nguyen Thao Nguyen<br>6 Contributor address; City; State; Zip Code<br>5726 Fulshear Plantation Dr Fulshear, TX 77441-2073 | 7 Amount of contribution (\$)<br>\$25.00              |
| 8 Principal occupation / Job title (See Instructions)                   |                                                                                                                                                                                                   | 9 Employer (See Instructions)                         |

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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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| 4 Date<br>06/30/2025                                                    | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC<br>Charles A. Othon<br>6 Contributor address; City; State; Zip Code<br>5906 Laguna Falls Ct Houston, TX 77041-6058          | 7 Amount of contribution (\$)<br>\$13,500.00                |
| 8 Principal occupation / Job title (See Instructions)<br>President      |                                                                                                                                                                                                  | 9 Employer (See Instructions)<br>OTHON Inc.                 |
| 4 Date<br>04/26/2025                                                    | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC<br>Pape-Dawson Engineers PAC<br>6 Contributor address; City; State; Zip Code<br>2000 NW Loop 410 San Antonio, TX 78213-2251 | 7 Amount of contribution (\$)<br>\$5,000.00                 |
| 8 Principal occupation / Job title (See Instructions)                   |                                                                                                                                                                                                  | 9 Employer (See Instructions)                               |
| 4 Date<br>04/25/2025                                                    | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC<br>Aaron Patterson<br>6 Contributor address; City; State; Zip Code<br>4823 S Kenwood Ave Chicago, IL 60615-2015             | 7 Amount of contribution (\$)<br>\$1,500.00                 |
| 8 Principal occupation / Job title (See Instructions)<br>Civil Engineer |                                                                                                                                                                                                  | 9 Employer (See Instructions)<br>Infrastructure Engineering |
| 4 Date<br>04/03/2025                                                    | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC<br>Hilda Pena<br>6 Contributor address; City; State; Zip Code<br>471 Emory Peak Dr Richmond, TX 77469-2155                  | 7 Amount of contribution (\$)<br>\$25.00                    |
| 8 Principal occupation / Job title (See Instructions)                   |                                                                                                                                                                                                  | 9 Employer (See Instructions)                               |
| 4 Date<br>04/01/2025                                                    | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC<br>Sheltric Peterson<br>6 Contributor address; City; State; Zip Code<br>1807 Eli Fenn Dr Richmond, TX 77469-3374            | 7 Amount of contribution (\$)<br>\$50.00                    |
| 8 Principal occupation / Job title (See Instructions)                   |                                                                                                                                                                                                  | 9 Employer (See Instructions)                               |

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| 4 Date<br>04/26/2025                                               | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC<br>Satya Pilla<br>6 Contributor address; City; State; Zip Code<br>4103 Oak Blossom Ct Houston, TX 77059-3265        | 7 Amount of contribution (\$)<br><br>\$10,000.00    |
| 8 Principal occupation / Job title (See Instructions)<br>Principal |                                                                                                                                                                                          | 9 Employer (See Instructions)<br>IGET Services, LLC |
| 4 Date<br>03/18/2025                                               | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC<br>Quiddity PAC<br>6 Contributor address; City; State; Zip Code<br>6330 West Loop S Ste 150 Bellaire, TX 77401-2920 | 7 Amount of contribution (\$)<br><br>\$1,500.00     |
| 8 Principal occupation / Job title (See Instructions)              |                                                                                                                                                                                          | 9 Employer (See Instructions)                       |
| 4 Date<br>04/26/2025                                               | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC<br>Patrick Quincy<br>6 Contributor address; City; State; Zip Code<br>1111 Mysterium Ln Rosenberg, TX 77469-2059     | 7 Amount of contribution (\$)<br><br>\$100.00       |
| 8 Principal occupation / Job title (See Instructions)              |                                                                                                                                                                                          | 9 Employer (See Instructions)                       |
| 4 Date<br>05/12/2025                                               | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC<br>Raba-Kistner PAC<br>6 Contributor address; City; State; Zip Code<br>PO Box 690287 San Antonio, TX 78269-0287     | 7 Amount of contribution (\$)<br><br>\$2,500.00     |
| 8 Principal occupation / Job title (See Instructions)              |                                                                                                                                                                                          | 9 Employer (See Instructions)                       |
| 4 Date<br>06/30/2025                                               | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC<br>Paul Raffoul<br>6 Contributor address; City; State; Zip Code<br>20643 Garden Ridge Cyn Richmond, TX 77407-4135   | 7 Amount of contribution (\$)<br><br>\$50.00        |
| 8 Principal occupation / Job title (See Instructions)              |                                                                                                                                                                                          | 9 Employer (See Instructions)                       |

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# MONETARY POLITICAL CONTRIBUTIONS

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| 2 FILER NAME<br>Dexter Lorraine-Navario McCoy                      |                                                                                                                                                                                                | 3 Filer ID (Ethics Commission Filers)                            |
| 4 Date<br>04/25/2025                                               | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC<br>Sanjay Ramabhadran<br>6 Contributor address; City; State; Zip Code<br>13718 Bayou Parkway Ct Houston, TX 77077-1129    | 7 Amount of contribution (\$)<br>\$2,500.00                      |
| 8 Principal occupation / Job title (See Instructions)<br>Engineer  |                                                                                                                                                                                                | 9 Employer (See Instructions)<br>VERSA / Consor                  |
| 4 Date<br>04/15/2025                                               | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC<br>Randy Randermann<br>6 Contributor address; City; State; Zip Code<br>903 Windsor Woods Ln Katy, TX 77494-5000           | 7 Amount of contribution (\$)<br>\$1,500.00                      |
| 8 Principal occupation / Job title (See Instructions)<br>Engineer  |                                                                                                                                                                                                | 9 Employer (See Instructions)<br>BGE                             |
| 4 Date<br>05/13/2025                                               | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC<br>Vijaya Rapolu<br>6 Contributor address; City; State; Zip Code<br>27822 Acacia Glen Ln Katy, TX 77494-3234              | 7 Amount of contribution (\$)<br>\$2,500.00                      |
| 8 Principal occupation / Job title (See Instructions)<br>Engineer  |                                                                                                                                                                                                | 9 Employer (See Instructions)<br>Kavi Consulting Inc.            |
| 4 Date<br>04/05/2025                                               | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC<br>James Rice<br>6 Contributor address; City; State; Zip Code<br>7204 Town Center Blvd Apt 1232 Rosenberg, TX 77471-6213  | 7 Amount of contribution (\$)<br>\$500.00                        |
| 8 Principal occupation / Job title (See Instructions)<br>President |                                                                                                                                                                                                | 9 Employer (See Instructions)<br>Rice & Gardner Consultants Inc. |
| 4 Date<br>06/30/2025                                               | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC<br>Kevin Riles<br>6 Contributor address; City; State; Zip Code<br>4501 Cartwright Rd Ste 204 Missouri City, TX 77459-3538 | 7 Amount of contribution (\$)<br>\$250.00                        |
| 8 Principal occupation / Job title (See Instructions)              |                                                                                                                                                                                                | 9 Employer (See Instructions)                                    |

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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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| The Instruction Guide explains how to complete this form.                     |                                                                                                                                                                                              | 1 Total pages Schedule A1:<br>not available             |
| 2 FILER NAME<br>Dexter Lorange-Navario McCoy                                  |                                                                                                                                                                                              | 3 Filer ID (Ethics Commission Filers)                   |
| 4 Date<br>04/09/2025                                                          | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC<br>Jamie Robbins<br>6 Contributor address; City; State; Zip Code<br>565 E Hillaboro Blvd Deerfield Beach, FL 33441-3543 | 7 Amount of contribution (\$)<br>\$2,500.00             |
| 8 Principal occupation / Job title (See Instructions)<br>Emergency Management |                                                                                                                                                                                              | 9 Employer (See Instructions)<br>AshBritt               |
| 4 Date<br>04/26/2025                                                          | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC<br>Nicole Roberts<br>6 Contributor address; City; State; Zip Code<br>4522 Eagle Mountain Ct Richmond, TX 77406-7930     | 7 Amount of contribution (\$)<br>\$35.00                |
| 8 Principal occupation / Job title (See Instructions)                         |                                                                                                                                                                                              | 9 Employer (See Instructions)                           |
| 4 Date<br>01/06/2025                                                          | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC<br>Mahendra Rodrigo<br>6 Contributor address; City; State; Zip Code<br>2505 S Park Ave Ste A Pearland, TX 77581-4265    | 7 Amount of contribution (\$)<br>\$2,500.00             |
| 8 Principal occupation / Job title (See Instructions)<br>Engineer             |                                                                                                                                                                                              | 9 Employer (See Instructions)<br>GC Engineering, Inc.   |
| 4 Date<br>04/23/2025                                                          | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC<br>Ali Roshanfekar<br>6 Contributor address; City; State; Zip Code<br>15915 Katy Fwy Ste 260 Houston, TX 77094-1713     | 7 Amount of contribution (\$)<br>\$2,500.00             |
| 8 Principal occupation / Job title (See Instructions)<br>Engineer             |                                                                                                                                                                                              | 9 Employer (See Instructions)<br>Cascade Civil Services |
| 4 Date<br>04/02/2025                                                          | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC<br>Constance Rossiter<br>6 Contributor address; City; State; Zip Code<br>1123 Catalpa Dr Richmond, TX 77469-2008        | 7 Amount of contribution (\$)<br>\$25.00                |
| 8 Principal occupation / Job title (See Instructions)                         |                                                                                                                                                                                              | 9 Employer (See Instructions)                           |

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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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| The Instruction Guide explains how to complete this form.          |                                                                                                                                                                                                | 1 Total pages Schedule A1:<br>not available                      |
| 2 FILER NAME<br>Dexter Lorange-Navario McCoy                       |                                                                                                                                                                                                | 3 Filer ID (Ethics Commission Filers)                            |
| 4 Date<br>06/30/2025                                               | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____<br>Judy Rowland<br>6 Contributor address; City; State; Zip Code<br>1825 Laurel Oaks Dr Richmond, TX 77469-4836      | 7 Amount of contribution (\$)<br><br>\$10.00                     |
| 8 Principal occupation / Job title (See Instructions)              |                                                                                                                                                                                                | 9 Employer (See Instructions)                                    |
| 4 Date<br>03/18/2025                                               | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____<br>Lina Sabouni<br>6 Contributor address; City; State; Zip Code<br>23 Palm Blvd Missouri City, TX 77459-4499        | 7 Amount of contribution (\$)<br><br>\$10,000.00                 |
| 8 Principal occupation / Job title (See Instructions)<br>Principal |                                                                                                                                                                                                | 9 Employer (See Instructions)<br>AUTOTECH Architects             |
| 4 Date<br>04/16/2025                                               | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____<br>Walt Sass<br>6 Contributor address; City; State; Zip Code<br>2707 Autumn Lake Dr Katy, TX 77450-5781             | 7 Amount of contribution (\$)<br><br>\$1,500.00                  |
| 8 Principal occupation / Job title (See Instructions)<br>Principal |                                                                                                                                                                                                | 9 Employer (See Instructions)<br>Weisser Engineering & Surveying |
| 4 Date<br>04/02/2025                                               | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____<br>Andrew Schatte<br>6 Contributor address; City; State; Zip Code<br>5330 Montrose Blvd Houston, TX 77005-1831      | 7 Amount of contribution (\$)<br><br>\$5,000.00                  |
| 8 Principal occupation / Job title (See Instructions)<br>CEO       |                                                                                                                                                                                                | 9 Employer (See Instructions)<br>America's Holding, Ltd.         |
| 4 Date<br>06/30/2025                                               | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____<br>Juanita Shihadeh<br>6 Contributor address; City; State; Zip Code<br>11907 Arcadia Bend Ln Houston, TX 77041-6219 | 7 Amount of contribution (\$)<br><br>\$5,000.00                  |
| 8 Principal occupation / Job title (See Instructions)<br>Owner     |                                                                                                                                                                                                | 9 Employer (See Instructions)<br>Earth Engineering               |

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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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| The Instruction Guide explains how to complete this form.             |                                                                                                                                                                                                 | 1 Total pages Schedule A1:<br>not available                               |
| 2 FILER NAME<br>Dexter Lorraine-Navario McCoy                         |                                                                                                                                                                                                 | 3 Filer ID (Ethics Commission Filers)                                     |
| 4 Date<br>04/24/2025                                                  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC<br>Robert Siegfried<br>6 Contributor address; City; State; Zip Code<br>10238 Wildwood Park Ln # 100 Houston, TX 77070-3457 | 7 Amount of contribution (\$)<br>\$10,000.00                              |
| 8 Principal occupation / Job title (See Instructions)<br>Engineer     |                                                                                                                                                                                                 | 9 Employer (See Instructions)<br>Siegfried Engineering & Construction LLC |
| 4 Date<br>04/14/2025                                                  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC<br>Daniel Signorelli<br>6 Contributor address; City; State; Zip Code<br>1401 Woodlands Pkwy The Woodlands, TX 77380-1122   | 7 Amount of contribution (\$)<br>\$2,500.00                               |
| 8 Principal occupation / Job title (See Instructions)<br>CEO          |                                                                                                                                                                                                 | 9 Employer (See Instructions)<br>The Signorelli Company                   |
| 4 Date<br>05/08/2025                                                  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC<br>Bobby Singh<br>6 Contributor address; City; State; Zip Code<br>10448 Westoffice Dr Houston, TX 77042-5309               | 7 Amount of contribution (\$)<br>\$10,000.00                              |
| 8 Principal occupation / Job title (See Instructions)<br>Consultant   |                                                                                                                                                                                                 | 9 Employer (See Instructions)<br>Isani Consultants LP                     |
| 4 Date<br>05/28/2025                                                  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC<br>Brian Smith<br>6 Contributor address; City; State; Zip Code<br>1802 Calumet St Houston, TX 77004-7212                   | 7 Amount of contribution (\$)<br>\$1,000.00                               |
| 8 Principal occupation / Job title (See Instructions)<br>Construction |                                                                                                                                                                                                 | 9 Employer (See Instructions)<br>BSCI                                     |
| 4 Date<br>04/26/2025                                                  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC<br>Bridgette Smith<br>6 Contributor address; City; State; Zip Code<br>22126 Emerald Run Ln Richmond, TX 77469-6355         | 7 Amount of contribution (\$)<br>\$80.00                                  |
| 8 Principal occupation / Job title (See Instructions)                 |                                                                                                                                                                                                 | 9 Employer (See Instructions)                                             |

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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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| The Instruction Guide explains how to complete this form.         |                                                                                                                                                                                                       | 1 Total pages Schedule A1:<br>not available |
| 2 FILER NAME<br>Dexter Lorange-Navario McCoy                      |                                                                                                                                                                                                       | 3 Filer ID (Ethics Commission Filers)       |
| 4 Date<br>04/26/2025                                              | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____<br>Dedre Smith<br>6 Contributor address; City; State; Zip Code<br>1020 Brand Ln Stafford, TX 77477-5757                    | 7 Amount of contribution (\$)<br>\$45.00    |
| 8 Principal occupation / Job title (See Instructions)             |                                                                                                                                                                                                       | 9 Employer (See Instructions)               |
| 4 Date<br>04/25/2025                                              | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____<br>Keisha Smith<br>6 Contributor address; City; State; Zip Code<br>9315 Hodges Bend Dr Houston, TX 77083-6563              | 7 Amount of contribution (\$)<br>\$75.00    |
| 8 Principal occupation / Job title (See Instructions)             |                                                                                                                                                                                                       | 9 Employer (See Instructions)               |
| 4 Date<br>06/30/2025                                              | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____<br>Lenora Sorola-Pohlman<br>6 Contributor address; City; State; Zip Code<br>2314 Tannehill Dr Houston, TX 77008-3049       | 7 Amount of contribution (\$)<br>\$25.00    |
| 8 Principal occupation / Job title (See Instructions)             |                                                                                                                                                                                                       | 9 Employer (See Instructions)               |
| 4 Date<br>04/23/2025                                              | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____<br>Jerry Sowell's CCM<br>6 Contributor address; City; State; Zip Code<br>18022 Blue Ridge Shores Dr Cypress, TX 77433-7056 | 7 Amount of contribution (\$)<br>\$1,500.00 |
| 8 Principal occupation / Job title (See Instructions)<br>Engineer |                                                                                                                                                                                                       | 9 Employer (See Instructions)<br>SBC        |
| 4 Date<br>04/26/2025                                              | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____<br>Donald Stockburger<br>6 Contributor address; City; State; Zip Code<br>112 Sleepy Hollow Dr Fate, TX 75189-4700          | 7 Amount of contribution (\$)<br>\$500.00   |
| 8 Principal occupation / Job title (See Instructions)             |                                                                                                                                                                                                       | 9 Employer (See Instructions)               |

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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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| The Instruction Guide explains how to complete this form.         |                                                                                                                                                                                                                          | 1 Total pages Schedule A1:<br>not available      |
| 2 FILER NAME<br>Dexter Lorange-Navario McCoy                      |                                                                                                                                                                                                                          | 3 Filer ID (Ethics Commission Filers)            |
| 4 Date<br>04/22/2025                                              | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____<br>Matthew Stoops<br>6 Contributor address; City; State; Zip Code<br>1310 Dominion Dr Katy, TX 77450-4310                                     | 7 Amount of contribution (\$)<br><br>\$3,000.00  |
| 8 Principal occupation / Job title (See Instructions)<br>Planner  |                                                                                                                                                                                                                          | 9 Employer (See Instructions)<br>LJA Engineering |
| 4 Date<br>04/18/2025                                              | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____<br>Avery Taylor<br>6 Contributor address; City; State; Zip Code<br>1307 Juliet Ct Richmond, TX 77469-2390                                     | 7 Amount of contribution (\$)<br><br>\$50.00     |
| 8 Principal occupation / Job title (See Instructions)             |                                                                                                                                                                                                                          | 9 Employer (See Instructions)                    |
| 4 Date<br>04/26/2025                                              | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____<br>Avery Taylor<br>6 Contributor address; City; State; Zip Code<br>1307 Juliet Ct Richmond, TX 77469-2390                                     | 7 Amount of contribution (\$)<br><br>\$25.00     |
| 8 Principal occupation / Job title (See Instructions)             |                                                                                                                                                                                                                          | 9 Employer (See Instructions)                    |
| 4 Date<br>04/26/2025                                              | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____<br>Teague Nall and Perkins (TNP) PAC<br>6 Contributor address; City; State; Zip Code<br>5237 N Riverside Dr Ste 100 Fort Worth, TX 76137-2409 | 7 Amount of contribution (\$)<br><br>\$2,500.00  |
| 8 Principal occupation / Job title (See Instructions)             |                                                                                                                                                                                                                          | 9 Employer (See Instructions)                    |
| 4 Date<br>04/23/2025                                              | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____<br>Haddis Tewolde<br>6 Contributor address; City; State; Zip Code<br>2415 Calling Bird Ct Missouri City, TX 77459-1955                        | 7 Amount of contribution (\$)<br><br>\$1,500.00  |
| 8 Principal occupation / Job title (See Instructions)<br>Engineer |                                                                                                                                                                                                                          | 9 Employer (See Instructions)<br>All-Terra       |

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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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| The Instruction Guide explains how to complete this form.                      |                                                                                                                                                                                                                                                 | 1 Total pages Schedule A1:<br>not available            |
| 2 FILER NAME<br>Dexter Lorange-Navario McCoy                                   |                                                                                                                                                                                                                                                 | 3 Filer ID (Ethics Commission Filers)                  |
| 4 Date<br>06/26/2025                                                           | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC<br>TREPAC/Texas Association of Realtors Political Action Committee<br>6 Contributor address; City; State; Zip Code<br>PO Box 2246 Austin, TX 78768-2246                    | 7 Amount of contribution (\$)<br>\$5,000.00            |
| 8 Principal occupation / Job title (See Instructions)                          |                                                                                                                                                                                                                                                 | 9 Employer (See Instructions)                          |
| 4 Date<br>03/18/2025                                                           | 5 Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC C00457863<br>TSVC, Inc. Political Action Committee (Terracon PAC)<br>6 Contributor address; City; State; Zip Code<br>10841 S Ridgeview Rd Olathe, KS 66061-6456 | 7 Amount of contribution (\$)<br>\$2,500.00            |
| 8 Principal occupation / Job title (See Instructions)                          |                                                                                                                                                                                                                                                 | 9 Employer (See Instructions)                          |
| 4 Date<br>02/21/2025                                                           | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC<br>Asim Tufail<br>6 Contributor address; City; State; Zip Code<br>5447 Larkin St Houston, TX 77007-1803                                                                    | 7 Amount of contribution (\$)<br>\$1,500.00            |
| 8 Principal occupation / Job title (See Instructions)<br>Engineer              |                                                                                                                                                                                                                                                 | 9 Employer (See Instructions)<br>Blackline Engineering |
| 4 Date<br>04/23/2025                                                           | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC<br>Asim Tufail<br>6 Contributor address; City; State; Zip Code<br>5447 Larkin St Houston, TX 77007-1803                                                                    | 7 Amount of contribution (\$)<br>\$1,000.00            |
| 8 Principal occupation / Job title (See Instructions)<br>Engineer              |                                                                                                                                                                                                                                                 | 9 Employer (See Instructions)<br>Blackline Engineering |
| 4 Date<br>02/22/2025                                                           | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC<br>LLARANCE TURNER<br>6 Contributor address; City; State; Zip Code<br>1311 Lodge Ct Missouri City, TX 77489-1615                                                           | 7 Amount of contribution (\$)<br>\$2,500.00            |
| 8 Principal occupation / Job title (See Instructions)<br>SUEVING & ENGINEERING |                                                                                                                                                                                                                                                 | 9 Employer (See Instructions)<br>KALUZA INC            |

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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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| 2 FILER NAME<br>Dexter Lorange-Navario McCoy                               |                                                                                                                                                                                             | 3 Filer ID (Ethics Commission Filers)                     |
| 4 Date<br>05/19/2025                                                       | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____<br>Ahmed Valdez<br>6 Contributor address; City; State; Zip Code<br>15310 Skyhill Dr Cypress, TX 77433-4073       | 7 Amount of contribution (\$)<br>\$2,500.00               |
| 8 Principal occupation / Job title (See Instructions)<br>Civil Engineering |                                                                                                                                                                                             | 9 Employer (See Instructions)<br>AKV Consulting Engineers |
| 4 Date<br>06/30/2025                                                       | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____<br>Alia Vinson<br>6 Contributor address; City; State; Zip Code<br>2420 Locke Ln Houston, TX 77019-6323           | 7 Amount of contribution (\$)<br>\$500.00                 |
| 8 Principal occupation / Job title (See Instructions)                      |                                                                                                                                                                                             | 9 Employer (See Instructions)                             |
| 4 Date<br>04/26/2025                                                       | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____<br>Melanie Walter<br>6 Contributor address; City; State; Zip Code<br>1250 County Road 58 Rosharon, TX 77583-2818 | 7 Amount of contribution (\$)<br>\$125.00                 |
| 8 Principal occupation / Job title (See Instructions)                      |                                                                                                                                                                                             | 9 Employer (See Instructions)                             |
| 4 Date<br>04/25/2025                                                       | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____<br>Eric Weary<br>6 Contributor address; City; State; Zip Code<br>8518 Lone Maple Dr Houston, TX 77083-5327       | 7 Amount of contribution (\$)<br>\$25.00                  |
| 8 Principal occupation / Job title (See Instructions)                      |                                                                                                                                                                                             | 9 Employer (See Instructions)                             |
| 4 Date<br>04/03/2025                                                       | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____<br>Matthew Webster<br>6 Contributor address; City; State; Zip Code<br>21114 Idle Wind Dr Richmond, TX 77406-7161 | 7 Amount of contribution (\$)<br>\$100.00                 |
| 8 Principal occupation / Job title (See Instructions)                      |                                                                                                                                                                                             | 9 Employer (See Instructions)                             |

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# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form.                |                                                                                                                                                                                                                     | 1 Total pages Schedule A1:<br>not available                                 |
| 2 FILER NAME<br>Dexter Lorraine-Navario McCoy                            |                                                                                                                                                                                                                     | 3 Filer ID (Ethics Commission Filers)                                       |
| 4 Date<br>06/30/2025                                                     | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC<br>Carol Wetterauer<br>6 Contributor address; City; State; Zip Code<br>3010 Fair Dawn Ct Katy, TX 77450-8638                                   | 7 Amount of contribution (\$)<br>\$10.00                                    |
| 8 Principal occupation / Job title (See Instructions)                    |                                                                                                                                                                                                                     | 9 Employer (See Instructions)                                               |
| 4 Date<br>04/26/2025                                                     | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC<br>Joseph Williams<br>6 Contributor address; City; State; Zip Code<br>9302 Longstaff Dr Houston, TX 77031-2712                                 | 7 Amount of contribution (\$)<br>\$35.00                                    |
| 8 Principal occupation / Job title (See Instructions)                    |                                                                                                                                                                                                                     | 9 Employer (See Instructions)                                               |
| 4 Date<br>04/25/2025                                                     | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC<br>Gerald Wilson<br>6 Contributor address; City; State; Zip Code<br>4611 Biggam Dr Fresno, TX 77545-2172                                       | 7 Amount of contribution (\$)<br>\$1,000.00                                 |
| 8 Principal occupation / Job title (See Instructions)<br>Engineer        |                                                                                                                                                                                                                     | 9 Employer (See Instructions)<br>Wilson Engineering & Construction Services |
| 4 Date<br>06/30/2025                                                     | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC<br>Gerald Womack<br>6 Contributor address; City; State; Zip Code<br>4412 Almeda Rd Houston, TX 77004-4902                                      | 7 Amount of contribution (\$)<br>\$1,000.00                                 |
| 8 Principal occupation / Job title (See Instructions)<br>Owner/President |                                                                                                                                                                                                                     | 9 Employer (See Instructions)<br>Womack Development & Investment Realtors   |
| 4 Date<br>05/16/2025                                                     | 5 Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC C00479899<br>Woolpert, Inc. PAC<br>6 Contributor address; City; State; Zip Code<br>4454 Idea Center Blvd Beavercreek, OH 45430-1500 | 7 Amount of contribution (\$)<br>\$2,500.00                                 |
| 8 Principal occupation / Job title (See Instructions)                    |                                                                                                                                                                                                                     | 9 Employer (See Instructions)                                               |

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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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| 4 Date<br>06/30/2025                                                    | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____<br>Robin Wrice<br>6 Contributor address; City; State; Zip Code<br>1239 Vine House Dr Richmond, TX 77406-3094        | 7 Amount of contribution (\$)<br><br>\$100.00                        |
| 8 Principal occupation / Job title (See Instructions)                   |                                                                                                                                                                                                | 9 Employer (See Instructions)                                        |
| 4 Date<br>06/30/2025                                                    | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____<br>Alison Young<br>6 Contributor address; City; State; Zip Code<br>43 Heights Creek Dr Missouri City, TX 77459-2166 | 7 Amount of contribution (\$)<br><br>\$250.00                        |
| 8 Principal occupation / Job title (See Instructions)                   |                                                                                                                                                                                                | 9 Employer (See Instructions)                                        |
| 4 Date<br>02/28/2025                                                    | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____<br>Anwar Zahid<br>6 Contributor address; City; State; Zip Code<br>19 Lake Como Dr Missouri City, TX 77459-1484      | 7 Amount of contribution (\$)<br><br>\$5,000.00                      |
| 8 Principal occupation / Job title (See Instructions)<br>Engineer       |                                                                                                                                                                                                | 9 Employer (See Instructions)<br>infraTECH                           |
| 4 Date<br>04/07/2025                                                    | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____<br>Giti Zarinkelk<br>6 Contributor address; City; State; Zip Code<br>18 Berry Blossom Dr Spring, TX 77380-3388      | 7 Amount of contribution (\$)<br><br>\$1,500.00                      |
| 8 Principal occupation / Job title (See Instructions)<br>Engineer/owner |                                                                                                                                                                                                | 9 Employer (See Instructions)<br>Zarinkelk Engineering Services Inc. |
| 4 Date<br>06/26/2025                                                    | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____<br>Matt Zeis<br>6 Contributor address; City; State; Zip Code<br>4418 Elser St Houston, TX 77009-2828                | 7 Amount of contribution (\$)<br><br>\$2,500.00                      |
| 8 Principal occupation / Job title (See Instructions)<br>Partner        |                                                                                                                                                                                                | 9 Employer (See Instructions)<br>Concentric Community Advisors       |

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# 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:<br>not available |
| 2 FILER NAME<br>Dexter Loranco-Navario McCoy              |                                                                                                                                                                                    | 3 Filer ID (Ethics Commission Filers)       |
| 4 Date<br>04/26/2025                                      | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC<br>Xiaohang Zhao<br>6 Contributor address; City; State; Zip Code<br>10314 Justin Ridge Rd Katy, TX 77494-1876 | 7 Amount of contribution (\$)<br>\$25.00    |
| 8 Principal occupation / Job title (See Instructions)     |                                                                                                                                                                                    | 9 Employer (See Instructions)               |

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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

|                                                       |                                                                                                                                                               |                                       |
|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| 1 Total pages Schedule F1:<br>not available           | 2 FILER NAME<br>Dexter Lorange-Navario McCoy                                                                                                                  | 3 Filer ID (Ethics Commission Filers) |
| 4 Date<br>02/21/2025                                  | 5 Payee name<br>ActBlue                                                                                                                                       |                                       |
| 6 Amount (\$)<br>\$59.25                              | 7 Payee address; City: State: Zip Code<br>366 Summer St Somerville, MA 02144-3132                                                                             |                                       |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Fees                                                                                      | (b) Description<br>Service Fee        |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held             |
| 4 Date<br>02/22/2025                                  | 5 Payee name<br>ActBlue                                                                                                                                       |                                       |
| 6 Amount (\$)<br>\$98.75                              | 7 Payee address; City: State: Zip Code<br>366 Summer St Somerville, MA 02144-3132                                                                             |                                       |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Fees                                                                                      | (b) Description<br>Service Fee        |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held             |

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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 Expense |
| Consulting Expense                         | Food/Beverage Expense                                     | Polling Expense               | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense                             | Printing Expense              | Travel Out of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                                            | Salaries/Wages/Contract Labor | Other (enter a category not listed above)  |
| Credit Card Payment                        | The Instruction Guide explains how to complete this form. |                               |                                            |

|                                                       |                                                                                                                                                               |                                       |
|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| 1 Total pages Schedule F1:<br>not available           | 2 FILER NAME<br>Dexter Lorange-Navario McCoy                                                                                                                  | 3 Filer ID (Ethics Commission Filers) |
| 4 Date<br>02/23/2025                                  | 5 Payee name<br>ActBlue                                                                                                                                       |                                       |
| 6 Amount (\$)<br>\$0.99                               | 7 Payee address; City: State: Zip Code<br>366 Summer St Somerville, MA 02144-3132                                                                             |                                       |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Fees                                                                                      | (b) Description<br>Service Fee        |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held             |
| 4 Date<br>02/24/2025                                  | 5 Payee name<br>ActBlue                                                                                                                                       |                                       |
| 6 Amount (\$)<br>\$39.50                              | 7 Payee address; City: State: Zip Code<br>366 Summer St Somerville, MA 02144-3132                                                                             |                                       |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Fees                                                                                      | (b) Description<br>Service Fee        |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held             |

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 Expense |
| Consulting Expense                         | Food/Beverage Expense                                     | Polling Expense               | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense                             | Printing Expense              | Travel Out of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                                            | Salaries/Wages/Contract Labor | Other (enter a category not listed above)  |
| Credit Card Payment                        | The Instruction Guide explains how to complete this form. |                               |                                            |

|                                                       |                                                                                                                                                               |                                       |
|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| 1 Total pages Schedule F1:<br>not available           | 2 FILER NAME<br>Dexter Lorange-Navario McCoy                                                                                                                  | 3 Filer ID (Ethics Commission Filers) |
| 4 Date<br>02/25/2025                                  | 5 Payee name<br>ActBlue                                                                                                                                       |                                       |
| 6 Amount (\$)<br>\$19.75                              | 7 Payee address; City: State: Zip Code<br>366 Summer St Somerville, MA 02144-3132                                                                             |                                       |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Fees                                                                                      | (b) Description<br>Service Fee        |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held             |
| 4 Date<br>02/28/2025                                  | 5 Payee name<br>ActBlue                                                                                                                                       |                                       |
| 6 Amount (\$)<br>\$197.50                             | 7 Payee address; City: State: Zip Code<br>366 Summer St Somerville, MA 02144-3132                                                                             |                                       |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Fees                                                                                      | (b) Description<br>Service Fee        |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held             |

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

The Instruction Guide explains how to complete this form.

|                                                       |                                                                                                                                                               |                                       |
|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| 1 Total pages Schedule F1:<br>not available           | 2 FILER NAME<br>Dexter Lorange-Navario McCoy                                                                                                                  | 3 Filer ID (Ethics Commission Filers) |
| 4 Date<br>03/02/2025                                  | 5 Payee name<br>ActBlue                                                                                                                                       |                                       |
| 6 Amount (\$)<br>\$3.95                               | 7 Payee address; City: State: Zip Code<br>366 Summer St Somerville, MA 02144-3132                                                                             |                                       |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Fees                                                                                      | (b) Description<br>Service Fee        |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held             |
| 4 Date<br>03/05/2025                                  | 5 Payee name<br>ActBlue                                                                                                                                       |                                       |
| 6 Amount (\$)<br>\$98.75                              | 7 Payee address; City: State: Zip Code<br>366 Summer St Somerville, MA 02144-3132                                                                             |                                       |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Fees                                                                                      | (b) Description<br>Service Fee        |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held             |

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

The instruction Guide explains how to complete this form.

|                                                       |  |                                                                                                                                                               |  |                                       |  |
|-------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------|--|
| 1 Total pages Schedule F1:<br>not available           |  | 2 FILER NAME<br>Dexter Lorange-Navario McCoy                                                                                                                  |  | 3 Filer ID (Ethics Commission Filers) |  |
| 4 Date<br>03/17/2025                                  |  | 5 Payee name<br>ActBlue                                                                                                                                       |  |                                       |  |
| 6 Amount (\$)<br>\$197.50                             |  | 7 Payee address; City: State: Zip Code<br>366 Summer St Somerville, MA 02144-3132                                                                             |  |                                       |  |
| 8 PURPOSE OF EXPENDITURE                              |  | (a) Category (See categories listed at the top of this schedule)<br>Fees                                                                                      |  | (b) Description<br>Service Fee        |  |
|                                                       |  | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |                                       |  |
| 9 Complete ONLY if direct expenditure to benefit C/OH |  | Candidate / Officeholder name Office sought Office held                                                                                                       |  |                                       |  |
| 4 Date<br>03/18/2025                                  |  | 5 Payee name<br>ActBlue                                                                                                                                       |  |                                       |  |
| 6 Amount (\$)<br>\$0.99                               |  | 7 Payee address; City: State: Zip Code<br>366 Summer St Somerville, MA 02144-3132                                                                             |  |                                       |  |
| 8 PURPOSE OF EXPENDITURE                              |  | (a) Category (See categories listed at the top of this schedule)<br>Fees                                                                                      |  | (b) Description<br>Service Fee        |  |
|                                                       |  | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |                                       |  |
| 9 Complete ONLY if direct expenditure to benefit C/OH |  | Candidate / Officeholder name Office sought Office held                                                                                                       |  |                                       |  |

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

The Instruction Guide explains how to complete this form.

|                                                       |                                                                                                                                                               |                                       |
|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| 1 Total pages Schedule F1:<br>not available           | 2 FILER NAME<br>Dexter Lorraine-Navario McCoy                                                                                                                 | 3 Filer ID (Ethics Commission Filers) |
| 4 Date<br>03/18/2025                                  | 5 Payee name<br>ActBlue                                                                                                                                       |                                       |
| 6 Amount (\$)<br>\$3.95                               | 7 Payee address; City: State: Zip Code<br>366 Summer St Somerville, MA 02144-3132                                                                             |                                       |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Fees                                                                                      | (b) Description<br>Service Fee        |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held             |
| 4 Date<br>03/18/2025                                  | 5 Payee name<br>ActBlue                                                                                                                                       |                                       |
| 6 Amount (\$)<br>\$59.25                              | 7 Payee address; City: State: Zip Code<br>366 Summer St Somerville, MA 02144-3132                                                                             |                                       |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Fees                                                                                      | (b) Description<br>Service Fee        |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held             |

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 | 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:<br>not available           | 2 FILER NAME<br>Dexter Lorance-Navario McCoy                                                                                                                  | 3 Filer ID (Ethics Commission Filers) |
| 4 Date<br>03/18/2025                                  | 5 Payee name<br>ActBlue                                                                                                                                       |                                       |
| 6 Amount (\$)<br>\$197.50                             | 7 Payee address; City: State: Zip Code<br>366 Summer St Somerville, MA 02144-3132                                                                             |                                       |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Fees                                                                                      | (b) Description<br>Service Fee        |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held             |
| 4 Date<br>03/19/2025                                  | 5 Payee name<br>ActBlue                                                                                                                                       |                                       |
| 6 Amount (\$)<br>\$59.25                              | 7 Payee address; City: State: Zip Code<br>366 Summer St Somerville, MA 02144-3132                                                                             |                                       |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Fees                                                                                      | (b) Description<br>Service Fee        |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held             |

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

The Instruction Guide explains how to complete this form.

|                                                       |                                                                                                                                                               |                                       |
|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| 1 Total pages Schedule F1:<br>not available           | 2 FILER NAME<br>Dexter Lorange-Navario McCoy                                                                                                                  | 3 Filer ID (Ethics Commission Filers) |
| 4 Date<br>03/24/2025                                  | 5 Payee name<br>ActBlue                                                                                                                                       |                                       |
| 6 Amount (\$)<br>\$1.98                               | 7 Payee address; City: State: Zip Code<br>366 Summer St Somerville, MA 02144-3132                                                                             |                                       |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Fees                                                                                      | (b) Description<br>Service Fee        |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held             |
| 4 Date<br>03/30/2025                                  | 5 Payee name<br>ActBlue                                                                                                                                       |                                       |
| 6 Amount (\$)<br>\$59.25                              | 7 Payee address; City: State: Zip Code<br>366 Summer St Somerville, MA 02144-3132                                                                             |                                       |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Fees                                                                                      | (b) Description<br>Service Fee        |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held             |

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

The Instruction Guide explains how to complete this form.

|                                                       |  |                                                                                                                                                               |  |                                       |  |
|-------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------|--|
| 1 Total pages Schedule F1:<br>not available           |  | 2 FILER NAME<br>Dexter Lorange-Navario McCoy                                                                                                                  |  | 3 Filer ID (Ethics Commission Filers) |  |
| 4 Date<br>04/01/2025                                  |  | 5 Payee name<br>ActBlue                                                                                                                                       |  |                                       |  |
| 6 Amount (\$)<br>\$1.98                               |  | 7 Payee address; City: State: Zip Code<br>366 Summer St Somerville, MA 02144-3132                                                                             |  |                                       |  |
| 8 PURPOSE OF EXPENDITURE                              |  | (a) Category (See categories listed at the top of this schedule)<br>Fees                                                                                      |  | (b) Description<br>Service Fee        |  |
|                                                       |  | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |                                       |  |
| 9 Complete ONLY if direct expenditure to benefit C/OH |  | Candidate / Officeholder name Office sought Office held                                                                                                       |  |                                       |  |
| 4 Date<br>04/02/2025                                  |  | 5 Payee name<br>ActBlue                                                                                                                                       |  |                                       |  |
| 6 Amount (\$)<br>\$0.99                               |  | 7 Payee address; City: State: Zip Code<br>366 Summer St Somerville, MA 02144-3132                                                                             |  |                                       |  |
| 8 PURPOSE OF EXPENDITURE                              |  | (a) Category (See categories listed at the top of this schedule)<br>Fees                                                                                      |  | (b) Description<br>Service Fee        |  |
|                                                       |  | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |                                       |  |
| 9 Complete ONLY if direct expenditure to benefit C/OH |  | Candidate / Officeholder name Office sought Office held                                                                                                       |  |                                       |  |

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

The Instruction Guide explains how to complete this form.

|                                                       |                                                                                                                                                               |                                       |
|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| 1 Total pages Schedule F1:<br>not available           | 2 FILER NAME<br>Dexter Lorange-Navario McCoy                                                                                                                  | 3 Filer ID (Ethics Commission Filers) |
| 4 Date<br>04/02/2025                                  | 5 Payee name<br>ActBlue                                                                                                                                       |                                       |
| 6 Amount (\$)<br>\$21.73                              | 7 Payee address; City: State: Zip Code<br>366 Summer St Somerville, MA 02144-3132                                                                             |                                       |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Fees                                                                                      | (b) Description<br>Service Fee        |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held             |
| 4 Date<br>04/03/2025                                  | 5 Payee name<br>ActBlue                                                                                                                                       |                                       |
| 6 Amount (\$)<br>\$0.99                               | 7 Payee address; City: State: Zip Code<br>366 Summer St Somerville, MA 02144-3132                                                                             |                                       |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Fees                                                                                      | (b) Description<br>Service Fee        |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held             |

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

The instruction Guide explains how to complete this form.

|                                                       |                                                                                                                                                               |                                       |
|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| 1 Total pages Schedule F1:<br>not available           | 2 FILER NAME<br>Dexter Lorange-Navario McCoy                                                                                                                  | 3 Filer ID (Ethics Commission Filers) |
| 4 Date<br>04/03/2025                                  | 5 Payee name<br>ActBlue                                                                                                                                       |                                       |
| 6 Amount (\$)<br>\$3.95                               | 7 Payee address; City: State: Zip Code<br>366 Summer St Somerville, MA 02144-3132                                                                             |                                       |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Fees                                                                                      | (b) Description<br>Service Fee        |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held             |
| 4 Date<br>04/03/2025                                  | 5 Payee name<br>ActBlue                                                                                                                                       |                                       |
| 6 Amount (\$)<br>\$20.74                              | 7 Payee address; City: State: Zip Code<br>366 Summer St Somerville, MA 02144-3132                                                                             |                                       |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Fees                                                                                      | (b) Description<br>Service Fee        |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held             |

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

The instruction Guide explains how to complete this form.

|                                                       |                                                                                                                                                               |                                       |
|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| 1 Total pages Schedule F1:<br>not available           | 2 FILER NAME<br>Dexter Lorange-Navario McCoy                                                                                                                  | 3 Filer ID (Ethics Commission Filers) |
| 4 Date<br>04/05/2025                                  | 5 Payee name<br>ActBlue                                                                                                                                       |                                       |
| 6 Amount (\$)<br>\$19.75                              | 7 Payee address; City: State: Zip Code<br>366 Summer St Somerville, MA 02144-3132                                                                             |                                       |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Fees                                                                                      | (b) Description<br>Service Fee        |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held             |
| 4 Date<br>04/07/2025                                  | 5 Payee name<br>ActBlue                                                                                                                                       |                                       |
| 6 Amount (\$)<br>\$59.25                              | 7 Payee address; City: State: Zip Code<br>366 Summer St Somerville, MA 02144-3132                                                                             |                                       |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Fees                                                                                      | (b) Description<br>Service Fee        |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held             |

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

The instruction Guide explains how to complete this form.

|                                                       |  |                                                                                                                                                               |  |                                       |  |
|-------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------|--|
| 1 Total pages Schedule F1:<br>not available           |  | 2 FILER NAME<br>Dexter Lorange-Navario McCoy                                                                                                                  |  | 3 Filer ID (Ethics Commission Filers) |  |
| 4 Date<br>04/09/2025                                  |  | 5 Payee name<br>ActBlue                                                                                                                                       |  |                                       |  |
| 6 Amount (\$)<br>\$59.25                              |  | 7 Payee address; City: State: Zip Code<br>366 Summer St Somerville, MA 02144-3132                                                                             |  |                                       |  |
| 8 PURPOSE OF EXPENDITURE                              |  | (a) Category (See categories listed at the top of this schedule)<br>Fees                                                                                      |  | (b) Description<br>Service Fee        |  |
|                                                       |  | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |                                       |  |
| 9 Complete ONLY if direct expenditure to benefit C/OH |  | Candidate / Officeholder name Office sought Office held                                                                                                       |  |                                       |  |
| 4 Date<br>04/09/2025                                  |  | 5 Payee name<br>ActBlue                                                                                                                                       |  |                                       |  |
| 6 Amount (\$)<br>\$98.75                              |  | 7 Payee address; City: State: Zip Code<br>366 Summer St Somerville, MA 02144-3132                                                                             |  |                                       |  |
| 8 PURPOSE OF EXPENDITURE                              |  | (a) Category (See categories listed at the top of this schedule)<br>Fees                                                                                      |  | (b) Description<br>Service Fee        |  |
|                                                       |  | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |                                       |  |
| 9 Complete ONLY if direct expenditure to benefit C/OH |  | Candidate / Officeholder name Office sought Office held                                                                                                       |  |                                       |  |

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

The Instruction Guide explains how to complete this form.

|                                                       |                                                                                                                                                               |                                       |
|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| 1 Total pages Schedule F1:<br>not available           | 2 FILER NAME<br>Dexter Lorange-Navario McCoy                                                                                                                  | 3 Filer ID (Ethics Commission Filers) |
| 4 Date<br>04/15/2025                                  | 5 Payee name<br>ActBlue                                                                                                                                       |                                       |
| 6 Amount (\$)<br>\$39.50                              | 7 Payee address; City: State: Zip Code<br>366 Summer St Somerville, MA 02144-3132                                                                             |                                       |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Fees                                                                                      | (b) Description<br>Service Fee        |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held             |
| 4 Date<br>04/15/2025                                  | 5 Payee name<br>ActBlue                                                                                                                                       |                                       |
| 6 Amount (\$)<br>\$197.50                             | 7 Payee address; City: State: Zip Code<br>366 Summer St Somerville, MA 02144-3132                                                                             |                                       |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Fees                                                                                      | (b) Description<br>Service Fee        |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held             |

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 | 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:<br>not available           | 2 FILER NAME<br>Dexter Lorange-Navario McCoy                                                                                                                  | 3 Filer ID (Ethics Commission Filers) |
| 4 Date<br>04/16/2025                                  | 5 Payee name<br>ActBlue                                                                                                                                       |                                       |
| 6 Amount (\$)<br>\$59.25                              | 7 Payee address; City: State: Zip Code<br>366 Summer St Somerville, MA 02144-3132                                                                             |                                       |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Fees                                                                                      | (b) Description<br>Service Fee        |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held             |
| 4 Date<br>04/17/2025                                  | 5 Payee name<br>ActBlue                                                                                                                                       |                                       |
| 6 Amount (\$)<br>\$19.75                              | 7 Payee address; City: State: Zip Code<br>366 Summer St Somerville, MA 02144-3132                                                                             |                                       |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Fees                                                                                      | (b) Description<br>Service Fee        |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held             |

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 | 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:<br>not available           | 2 FILER NAME<br>Dexter Lorange-Navario McCoy                                                                                                                  | 3 Filer ID (Ethics Commission Filers) |
| 4 Date<br>04/18/2025                                  | 5 Payee name<br>ActBlue                                                                                                                                       |                                       |
| 6 Amount (\$)<br>\$1.98                               | 7 Payee address; City: State: Zip Code<br>366 Summer St Somerville, MA 02144-3132                                                                             |                                       |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Fees                                                                                      | (b) Description<br>Service Fee        |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held             |
| 4 Date<br>04/21/2025                                  | 5 Payee name<br>ActBlue                                                                                                                                       |                                       |
| 6 Amount (\$)<br>\$98.75                              | 7 Payee address; City: State: Zip Code<br>366 Summer St Somerville, MA 02144-3132                                                                             |                                       |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Fees                                                                                      | (b) Description<br>Service Fee        |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held             |

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

The Instruction Guide explains how to complete this form.

|                                                       |                                                                                                                                                               |                                       |
|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| 1 Total pages Schedule F1:<br>not available           | 2 FILER NAME<br>Dexter Lorange-Navario McCoy                                                                                                                  | 3 Filer ID (Ethics Commission Filers) |
| 4 Date<br>04/22/2025                                  | 5 Payee name<br>ActBlue                                                                                                                                       |                                       |
| 6 Amount (\$)<br>\$1.98                               | 7 Payee address; City: State: Zip Code<br>366 Summer St Somerville, MA 02144-3132                                                                             |                                       |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Fees                                                                                      | (b) Description<br>Service Fee        |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held             |
| 4 Date<br>04/22/2025                                  | 5 Payee name<br>ActBlue                                                                                                                                       |                                       |
| 6 Amount (\$)<br>\$118.50                             | 7 Payee address; City: State: Zip Code<br>366 Summer St Somerville, MA 02144-3132                                                                             |                                       |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Fees                                                                                      | (b) Description<br>Service Fee        |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held             |

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

The Instruction Guide explains how to complete this form.

|                                                       |                                                                                                                                                               |                                       |
|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| 1 Total pages Schedule F1:<br>not available           | 2 FILER NAME<br>Dexter Lorange-Navario McCoy                                                                                                                  | 3 Filer ID (Ethics Commission Filers) |
| 4 Date<br>04/23/2025                                  | 5 Payee name<br>ActBlue                                                                                                                                       |                                       |
| 6 Amount (\$)<br>\$39.50                              | 7 Payee address; City: State: Zip Code<br>366 Summer St Somerville, MA 02144-3132                                                                             |                                       |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Fees                                                                                      | (b) Description<br>Service Fee        |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held             |
| 4 Date<br>04/23/2025                                  | 5 Payee name<br>ActBlue                                                                                                                                       |                                       |
| 6 Amount (\$)<br>\$59.25                              | 7 Payee address; City: State: Zip Code<br>366 Summer St Somerville, MA 02144-3132                                                                             |                                       |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Fees                                                                                      | (b) Description<br>Service Fee        |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held             |

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

The instruction Guide explains how to complete this form.

|                                             |                                                                                                                                                               |                                       |
|---------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| 1 Total pages Schedule F1:<br>not available | 2 FILER NAME<br>Dexter Lorange-Navario McCoy                                                                                                                  | 3 Filer ID (Ethics Commission Filers) |
| 4 Date<br>04/23/2025                        | 5 Payee name<br>ActBlue                                                                                                                                       |                                       |
| 6 Amount (\$)<br>\$59.25                    | 7 Payee address; City: State: Zip Code<br>366 Summer St Somerville, MA 02144-3132                                                                             |                                       |
| 8 PURPOSE OF EXPENDITURE                    | (a) Category (See categories listed at the top of this schedule)<br>Fees                                                                                      | (b) Description<br>Service Fee        |
|                                             | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |
|                                             | 9 Complete ONLY if direct expenditure to benefit C/OH<br>Candidate / Officeholder name Office sought Office held                                              |                                       |
| 4 Date<br>04/23/2025                        | 5 Payee name<br>ActBlue                                                                                                                                       |                                       |
| 6 Amount (\$)<br>\$98.75                    | 7 Payee address; City: State: Zip Code<br>366 Summer St Somerville, MA 02144-3132                                                                             |                                       |
| 8 PURPOSE OF EXPENDITURE                    | (a) Category (See categories listed at the top of this schedule)<br>Fees                                                                                      | (b) Description<br>Service Fee        |
|                                             | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |
|                                             | 9 Complete ONLY if direct expenditure to benefit C/OH<br>Candidate / Officeholder name Office sought Office held                                              |                                       |

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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

The Instruction Guide explains how to complete this form.

|                                                       |                                                                                                                                                               |                                       |
|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| 1 Total pages Schedule F1:<br>not available           | 2 FILER NAME<br>Dexter Lorange-Navario McCoy                                                                                                                  | 3 Filer ID (Ethics Commission Filers) |
| 4 Date<br>04/23/2025                                  | 5 Payee name<br>ActBlue                                                                                                                                       |                                       |
| 6 Amount (\$)<br>\$98.75                              | 7 Payee address; City: State: Zip Code<br>366 Summer St Somerville, MA 02144-3132                                                                             |                                       |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Fees                                                                                      | (b) Description<br>Service Fee        |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held             |
| 4 Date<br>04/24/2025                                  | 5 Payee name<br>ActBlue                                                                                                                                       |                                       |
| 6 Amount (\$)<br>\$0.99                               | 7 Payee address; City: State: Zip Code<br>366 Summer St Somerville, MA 02144-3132                                                                             |                                       |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Fees                                                                                      | (b) Description<br>Service Fee        |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held             |

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

The Instruction Guide explains how to complete this form.

|                                                       |                                                                                                                                                               |                                       |
|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| 1 Total pages Schedule F1:<br>not available           | 2 FILER NAME<br>Dexter Lorange-Navario McCoy                                                                                                                  | 3 Filer ID (Ethics Commission Filers) |
| 4 Date<br>04/24/2025                                  | 5 Payee name<br>ActBlue                                                                                                                                       |                                       |
| 6 Amount (\$)<br>\$59.25                              | 7 Payee address; City: State: Zip Code<br>366 Summer St Somerville, MA 02144-3132                                                                             |                                       |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Fees                                                                                      | (b) Description<br>Service Fee        |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held             |
| 4 Date<br>04/24/2025                                  | 5 Payee name<br>ActBlue                                                                                                                                       |                                       |
| 6 Amount (\$)<br>\$395.00                             | 7 Payee address; City: State: Zip Code<br>366 Summer St Somerville, MA 02144-3132                                                                             |                                       |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Fees                                                                                      | (b) Description<br>Service Fee        |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held             |

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

The Instruction Guide explains how to complete this form.

|                                                       |                                                                                                                                                               |                                       |
|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| 1 Total pages Schedule F1:<br>not available           | 2 FILER NAME<br>Dexter Lorange-Navario McCoy                                                                                                                  | 3 Filer ID (Ethics Commission Filers) |
| 4 Date<br>04/25/2025                                  | 5 Payee name<br>ActBlue                                                                                                                                       |                                       |
| 6 Amount (\$)<br>\$0.99                               | 7 Payee address; City: State: Zip Code<br>366 Summer St Somerville, MA 02144-3132                                                                             |                                       |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Fees                                                                                      | (b) Description<br>Service Fee        |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held             |
| 4 Date<br>04/25/2025                                  | 5 Payee name<br>ActBlue                                                                                                                                       |                                       |
| 6 Amount (\$)<br>\$0.99                               | 7 Payee address; City: State: Zip Code<br>366 Summer St Somerville, MA 02144-3132                                                                             |                                       |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Fees                                                                                      | (b) Description<br>Service Fee        |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held             |

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

|                                                       |                                                                                                                                                               |                                       |
|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| 1 Total pages Schedule F1:<br>not available           | 2 FILER NAME<br>Dexter Lorange-Navario McCoy                                                                                                                  | 3 Filer ID (Ethics Commission Filers) |
| 4 Date<br>04/25/2025                                  | 5 Payee name<br>ActBlue                                                                                                                                       |                                       |
| 6 Amount (\$)<br>\$1.98                               | 7 Payee address; City: State: Zip Code<br>366 Summer St Somerville, MA 02144-3132                                                                             |                                       |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Fees                                                                                      | (b) Description<br>Service Fee        |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held             |
| 4 Date<br>04/25/2025                                  | 5 Payee name<br>ActBlue                                                                                                                                       |                                       |
| 6 Amount (\$)<br>\$1.98                               | 7 Payee address; City: State: Zip Code<br>366 Summer St Somerville, MA 02144-3132                                                                             |                                       |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Fees                                                                                      | (b) Description<br>Service Fee        |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held             |

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 Expense |
| Consulting Expense                                                         | Food/Beverage Expense                                     | Polling Expense               | Travel in District                         |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense                             | Printing Expense              | Travel Out of District                     |
|                                                                            | Legal Services                                            | Salaries/Wages/Contract Labor | Other (enter a category not listed above)  |
| Credit Card Payment                                                        | The Instruction Guide explains how to complete this form. |                               |                                            |

|                                                       |                                                                                                                                                               |                                       |
|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| 1 Total pages Schedule F1:<br>not available           | 2 FILER NAME<br>Dexter Lorange-Navario McCoy                                                                                                                  | 3 Filer ID (Ethics Commission Filers) |
| 4 Date<br>04/25/2025                                  | 5 Payee name<br>ActBlue                                                                                                                                       |                                       |
| 6 Amount (\$)<br>\$2.37                               | 7 Payee address; City: State: Zip Code<br>366 Summer St Somerville, MA 02144-3132                                                                             |                                       |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Fees                                                                                      | (b) Description<br>Service Fee        |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held             |
| 4 Date<br>04/25/2025                                  | 5 Payee name<br>ActBlue                                                                                                                                       |                                       |
| 6 Amount (\$)<br>\$2.97                               | 7 Payee address; City: State: Zip Code<br>366 Summer St Somerville, MA 02144-3132                                                                             |                                       |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Fees                                                                                      | (b) Description<br>Service Fee        |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held             |

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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 Expense |
| Consulting Expense                                                         | Food/Beverage Expense                                     | Polling Expense               | Travel In District                         |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense                             | Printing Expense              | Travel Out of District                     |
|                                                                            | Legal Services                                            | Salaries/Wages/Contract Labor | Other (enter a category not listed above)  |
| Credit Card Payment                                                        | The Instruction Guide explains how to complete this form. |                               |                                            |

|                                                       |                                                                                                                                                               |                                       |
|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| 1 Total pages Schedule F1:<br>not available           | 2 FILER NAME<br>Dexter Lorange-Navario McCoy                                                                                                                  | 3 Filer ID (Ethics Commission Filers) |
| 4 Date<br>04/25/2025                                  | 5 Payee name<br>ActBlue                                                                                                                                       |                                       |
| 6 Amount (\$)<br>\$39.50                              | 7 Payee address; City: State: Zip Code<br>366 Summer St Somerville, MA 02144-3132                                                                             |                                       |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Fees                                                                                      | (b) Description<br>Service Fee        |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held             |
| 4 Date<br>04/25/2025                                  | 5 Payee name<br>ActBlue                                                                                                                                       |                                       |
| 6 Amount (\$)<br>\$40.49                              | 7 Payee address; City: State: Zip Code<br>366 Summer St Somerville, MA 02144-3132                                                                             |                                       |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Fees                                                                                      | (b) Description<br>Service Fee        |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held             |

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

|                                                       |                                                                                                                                                               |                                       |
|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| 1 Total pages Schedule F1:<br>not available           | 2 FILER NAME<br>Dexter Lorange-Navario McCoy                                                                                                                  | 3 Filer ID (Ethics Commission Filers) |
| 4 Date<br>04/25/2025                                  | 5 Payee name<br>ActBlue                                                                                                                                       |                                       |
| 6 Amount (\$)<br>\$59.25                              | 7 Payee address; City: State: Zip Code<br>366 Summer St Somerville, MA 02144-3132                                                                             |                                       |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Fees                                                                                      | (b) Description<br>Service Fee        |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held             |
| 4 Date<br>04/25/2025                                  | 5 Payee name<br>ActBlue                                                                                                                                       |                                       |
| 6 Amount (\$)<br>\$98.75                              | 7 Payee address; City: State: Zip Code<br>366 Summer St Somerville, MA 02144-3132                                                                             |                                       |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Fees                                                                                      | (b) Description<br>Service Fee        |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held             |

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 Expense |
| Consulting Expense                                                         | Food/Beverage Expense                                     | Polling Expense               | Travel In District                         |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense                             | Printing Expense              | Travel Out of District                     |
|                                                                            | Legal Services                                            | Salaries/Wages/Contract Labor | Other (enter a category not listed above)  |
| Credit Card Payment                                                        | The Instruction Guide explains how to complete this form. |                               |                                            |

|                                                       |                                                                                                                                                               |                                       |
|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| 1 Total pages Schedule F1:<br>not available           | 2 FILER NAME<br>Dexter Lorraine-Navario McCoy                                                                                                                 | 3 Filer ID (Ethics Commission Filers) |
| 4 Date<br>04/26/2025                                  | 5 Payee name<br>ActBlue                                                                                                                                       |                                       |
| 6 Amount (\$)<br>\$0.99                               | 7 Payee address; City: State: Zip Code<br>366 Summer St Somerville, MA 02144-3132                                                                             |                                       |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Fees                                                                                      | (b) Description<br>Service Fee        |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held             |
| 4 Date<br>04/26/2025                                  | 5 Payee name<br>ActBlue                                                                                                                                       |                                       |
| 6 Amount (\$)<br>\$0.99                               | 7 Payee address; City: State: Zip Code<br>366 Summer St Somerville, MA 02144-3132                                                                             |                                       |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Fees                                                                                      | (b) Description<br>Service Fee        |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held             |

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

The Instruction Guide explains how to complete this form.

|                                                       |                                                                                                                                                               |                                       |
|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| 1 Total pages Schedule F1:<br>not available           | 2 FILER NAME<br>Dexter Lorange-Navario McCoy                                                                                                                  | 3 Filer ID (Ethics Commission Filers) |
| 4 Date<br>04/26/2025                                  | 5 Payee name<br>ActBlue                                                                                                                                       |                                       |
| 6 Amount (\$)<br>\$0.99                               | 7 Payee address; City: State: Zip Code<br>366 Summer St Somerville, MA 02144-3132                                                                             |                                       |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Fees                                                                                      | (b) Description<br>Service Fee        |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held             |
| 4 Date<br>04/26/2025                                  | 5 Payee name<br>ActBlue                                                                                                                                       |                                       |
| 6 Amount (\$)<br>\$0.99                               | 7 Payee address; City: State: Zip Code<br>366 Summer St Somerville, MA 02144-3132                                                                             |                                       |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Fees                                                                                      | (b) Description<br>Service Fee        |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held             |

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

The Instruction Guide explains how to complete this form.

|                                                       |                                                                                                                                                               |                                       |
|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| 1 Total pages Schedule F1:<br>not available           | 2 FILER NAME<br>Dexter Lorange-Navario McCoy                                                                                                                  | 3 Filer ID (Ethics Commission Filers) |
| 4 Date<br>04/26/2025                                  | 5 Payee name<br>ActBlue                                                                                                                                       |                                       |
| 6 Amount (\$)<br>\$0.99                               | 7 Payee address; City: State: Zip Code<br>366 Summer St Somerville, MA 02144-3132                                                                             |                                       |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Fees                                                                                      | (b) Description<br>Service Fee        |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held             |
| 4 Date<br>04/26/2025                                  | 5 Payee name<br>ActBlue                                                                                                                                       |                                       |
| 6 Amount (\$)<br>\$1.39                               | 7 Payee address; City: State: Zip Code<br>366 Summer St Somerville, MA 02144-3132                                                                             |                                       |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Fees                                                                                      | (b) Description<br>Service Fee        |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held             |

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

The instruction Guide explains how to complete this form.

|                                                       |                                                                                                                                                               |                                       |
|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| 1 Total pages Schedule F1:<br>not available           | 2 FILER NAME<br>Dexter Lorange-Navario McCoy                                                                                                                  | 3 Filer ID (Ethics Commission Filers) |
| 4 Date<br>04/26/2025                                  | 5 Payee name<br>ActBlue                                                                                                                                       |                                       |
| 6 Amount (\$)<br>\$1.39                               | 7 Payee address; City: State: Zip Code<br>366 Summer St Somerville, MA 02144-3132                                                                             |                                       |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Fees                                                                                      | (b) Description<br>Service Fee        |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held             |
| 4 Date<br>04/26/2025                                  | 5 Payee name<br>ActBlue                                                                                                                                       |                                       |
| 6 Amount (\$)<br>\$1.78                               | 7 Payee address; City: State: Zip Code<br>366 Summer St Somerville, MA 02144-3132                                                                             |                                       |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Fees                                                                                      | (b) Description<br>Service Fee        |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held             |

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

The Instruction Guide explains how to complete this form.

|                                                       |                                                                                                                                                               |                                       |
|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| 1 Total pages Schedule F1:<br>not available           | 2 FILER NAME<br>Dexter Lorange-Navario McCoy                                                                                                                  | 3 Filer ID (Ethics Commission Filers) |
| 4 Date<br>04/26/2025                                  | 5 Payee name<br>ActBlue                                                                                                                                       |                                       |
| 6 Amount (\$)<br>\$1.98                               | 7 Payee address; City: State: Zip Code<br>366 Summer St Somerville, MA 02144-3132                                                                             |                                       |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Fees                                                                                      | (b) Description<br>Service Fee        |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held             |
| 4 Date<br>04/26/2025                                  | 5 Payee name<br>ActBlue                                                                                                                                       |                                       |
| 6 Amount (\$)<br>\$2.37                               | 7 Payee address; City: State: Zip Code<br>366 Summer St Somerville, MA 02144-3132                                                                             |                                       |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Fees                                                                                      | (b) Description<br>Service Fee        |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held             |

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

The Instruction Guide explains how to complete this form.

|                                                       |                                                                                                                                                               |                                       |
|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| 1 Total pages Schedule F1:<br>not available           | 2 FILER NAME<br>Dexter Lorange-Navario McCoy                                                                                                                  | 3 Filer ID (Ethics Commission Filers) |
| 4 Date<br>04/26/2025                                  | 5 Payee name<br>ActBlue                                                                                                                                       |                                       |
| 6 Amount (\$)<br>\$2.77                               | 7 Payee address; City: State: Zip Code<br>366 Summer St Somerville, MA 02144-3132                                                                             |                                       |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Fees                                                                                      | (b) Description<br>Service Fee        |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held             |
| 4 Date<br>04/26/2025                                  | 5 Payee name<br>ActBlue                                                                                                                                       |                                       |
| 6 Amount (\$)<br>\$3.16                               | 7 Payee address; City: State: Zip Code<br>366 Summer St Somerville, MA 02144-3132                                                                             |                                       |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Fees                                                                                      | (b) Description<br>Service Fee        |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held             |

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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 Expense |
| Consulting Expense                                                         | Food/Beverage Expense                                     | Polling Expense               | Travel In District                         |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense                             | Printing Expense              | Travel Out of District                     |
|                                                                            | Legal Services                                            | Salaries/Wages/Contract Labor | Other (enter a category not listed above)  |
| Credit Card Payment                                                        | The Instruction Guide explains how to complete this form. |                               |                                            |

|                                                       |                                                                                                                                                               |                                       |
|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| 1 Total pages Schedule F1:<br>not available           | 2 FILER NAME<br>Dexter Lorange-Navario McCoy                                                                                                                  | 3 Filer ID (Ethics Commission Filers) |
| 4 Date<br>04/26/2025                                  | 5 Payee name<br>ActBlue                                                                                                                                       |                                       |
| 6 Amount (\$)<br>\$3.36                               | 7 Payee address; City: State: Zip Code<br>366 Summer St Somerville, MA 02144-3132                                                                             |                                       |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Fees                                                                                      | (b) Description<br>Service Fee        |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held             |
| 4 Date<br>04/26/2025                                  | 5 Payee name<br>ActBlue                                                                                                                                       |                                       |
| 6 Amount (\$)<br>\$3.95                               | 7 Payee address; City: State: Zip Code<br>366 Summer St Somerville, MA 02144-3132                                                                             |                                       |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Fees                                                                                      | (b) Description<br>Service Fee        |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held             |

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

The instruction Guide explains how to complete this form.

|                                                       |                                                                                                                                                               |                                       |
|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| 1 Total pages Schedule F1:<br>not available           | 2 FILER NAME<br>Dexter Lorange-Navario McCoy                                                                                                                  | 3 Filer ID (Ethics Commission Filers) |
| 4 Date<br>04/26/2025                                  | 5 Payee name<br>ActBlue                                                                                                                                       |                                       |
| 6 Amount (\$)<br>\$4.94                               | 7 Payee address; City: State: Zip Code<br>366 Summer St Somerville, MA 02144-3132                                                                             |                                       |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Fees                                                                                      | (b) Description<br>Service Fee        |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held             |
| 4 Date<br>04/26/2025                                  | 5 Payee name<br>ActBlue                                                                                                                                       |                                       |
| 6 Amount (\$)<br>\$9.88                               | 7 Payee address; City: State: Zip Code<br>366 Summer St Somerville, MA 02144-3132                                                                             |                                       |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Fees                                                                                      | (b) Description<br>Service Fee        |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held             |

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

The instruction Guide explains how to complete this form.

|                                                       |                                                                                                                                                               |                                       |
|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| 1 Total pages Schedule F1:<br>not available           | 2 FILER NAME<br>Dexter Lorange-Navario McCoy                                                                                                                  | 3 Filer ID (Ethics Commission Filers) |
| 4 Date<br>04/27/2025                                  | 5 Payee name<br>ActBlue                                                                                                                                       |                                       |
| 6 Amount (\$)<br>\$1.98                               | 7 Payee address; City: State: Zip Code<br>366 Summer St Somerville, MA 02144-3132                                                                             |                                       |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Fees                                                                                      | (b) Description<br>Service Fee        |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held             |
| 4 Date<br>05/11/2025                                  | 5 Payee name<br>ActBlue                                                                                                                                       |                                       |
| 6 Amount (\$)<br>\$493.75                             | 7 Payee address; City: State: Zip Code<br>366 Summer St Somerville, MA 02144-3132                                                                             |                                       |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Fees                                                                                      | (b) Description<br>Service Fee        |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held             |

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 | 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:<br>not available           | 2 FILER NAME<br>Dexter Lorange-Navario McCoy                                                                                                                  | 3 Filer ID (Ethics Commission Filers) |
| 4 Date<br>05/18/2025                                  | 5 Payee name<br>ActBlue                                                                                                                                       |                                       |
| 6 Amount (\$)<br>\$98.75                              | 7 Payee address; City: State: Zip Code<br>366 Summer St Somerville, MA 02144-3132                                                                             |                                       |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Fees                                                                                      | (b) Description<br>Service Fee        |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held             |
| 4 Date<br>06/01/2025                                  | 5 Payee name<br>ActBlue                                                                                                                                       |                                       |
| 6 Amount (\$)<br>\$39.50                              | 7 Payee address; City: State: Zip Code<br>366 Summer St Somerville, MA 02144-3132                                                                             |                                       |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Fees                                                                                      | (b) Description<br>Service Fee        |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held             |

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

The Instruction Guide explains how to complete this form.

|                                                       |                                                                                                                                                               |                                       |
|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| 1 Total pages Schedule F1:<br>not available           | 2 FILER NAME<br>Dexter Lorange-Navario McCoy                                                                                                                  | 3 Filer ID (Ethics Commission Filers) |
| 4 Date<br>06/29/2025                                  | 5 Payee name<br>ActBlue                                                                                                                                       |                                       |
| 6 Amount (\$)<br>\$1.98                               | 7 Payee address; City: State: Zip Code<br>366 Summer St Somerville, MA 02144-3132                                                                             |                                       |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Fees                                                                                      | (b) Description<br>Service Fee        |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held             |
| 4 Date<br>06/29/2025                                  | 5 Payee name<br>ActBlue                                                                                                                                       |                                       |
| 6 Amount (\$)<br>\$98.75                              | 7 Payee address; City: State: Zip Code<br>366 Summer St Somerville, MA 02144-3132                                                                             |                                       |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Fees                                                                                      | (b) Description<br>Service Fee        |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held             |

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

The Instruction Guide explains how to complete this form.

|                                                       |                                                                                                                                                               |                                       |
|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| 1 Total pages Schedule F1:<br>not available           | 2 FILER NAME<br>Dexter Lorraine-Navario McCoy                                                                                                                 | 3 Filer ID (Ethics Commission Filers) |
| 4 Date<br>06/30/2025                                  | 5 Payee name<br>ActBlue                                                                                                                                       |                                       |
| 6 Amount (\$)<br>\$0.40                               | 7 Payee address; City: State: Zip Code<br>366 Summer St Somerville, MA 02144-3132                                                                             |                                       |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Fees                                                                                      | (b) Description<br>Service Fee        |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held             |
| 4 Date<br>06/30/2025                                  | 5 Payee name<br>ActBlue                                                                                                                                       |                                       |
| 6 Amount (\$)<br>\$0.40                               | 7 Payee address; City: State: Zip Code<br>366 Summer St Somerville, MA 02144-3132                                                                             |                                       |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Fees                                                                                      | (b) Description<br>Service Fee        |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held             |

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

The Instruction Guide explains how to complete this form.

|                                                       |                                                                                                                                                               |                                       |
|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| 1 Total pages Schedule F1:<br>not available           | 2 FILER NAME<br>Dexter Lorraine-Navario McCoy                                                                                                                 | 3 Filer ID (Ethics Commission Filers) |
| 4 Date<br>06/30/2025                                  | 5 Payee name<br>ActBlue                                                                                                                                       |                                       |
| 6 Amount (\$)<br>\$0.99                               | 7 Payee address; City: State: Zip Code<br>366 Summer St Somerville, MA 02144-3132                                                                             |                                       |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Fees                                                                                      | (b) Description<br>Service Fee        |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held             |
| 4 Date<br>06/30/2025                                  | 5 Payee name<br>ActBlue                                                                                                                                       |                                       |
| 6 Amount (\$)<br>\$0.99                               | 7 Payee address; City: State: Zip Code<br>366 Summer St Somerville, MA 02144-3132                                                                             |                                       |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Fees                                                                                      | (b) Description<br>Service Fee        |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held             |

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

The Instruction Guide explains how to complete this form.

|                                                       |                                                                                                                                                               |                                                                                   |                                |                                       |  |
|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--------------------------------|---------------------------------------|--|
| 1 Total pages Schedule F1:<br>not available           |                                                                                                                                                               | 2 FILER NAME<br>Dexter Lorange-Navario McCoy                                      |                                | 3 Filer ID (Ethics Commission Filers) |  |
| 4 Date<br>06/30/2025                                  |                                                                                                                                                               | 5 Payee name<br>ActBlue                                                           |                                |                                       |  |
| 6 Amount (\$) \$0.99                                  |                                                                                                                                                               | 7 Payee address; City: State: Zip Code<br>366 Summer St Somerville, MA 02144-3132 |                                |                                       |  |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Fees                                                                                      |                                                                                   | (b) Description<br>Service Fee |                                       |  |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                                                                   |                                |                                       |  |
| 9 Complete ONLY if direct expenditure to benefit C/OH |                                                                                                                                                               | Candidate / Officeholder name                                                     |                                | Office sought Office held             |  |
| 4 Date<br>06/30/2025                                  |                                                                                                                                                               | 5 Payee name<br>ActBlue                                                           |                                |                                       |  |
| 6 Amount (\$) \$0.99                                  |                                                                                                                                                               | 7 Payee address; City: State: Zip Code<br>366 Summer St Somerville, MA 02144-3132 |                                |                                       |  |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Fees                                                                                      |                                                                                   | (b) Description<br>Service Fee |                                       |  |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                                                                   |                                |                                       |  |
| 9 Complete ONLY if direct expenditure to benefit C/OH |                                                                                                                                                               | Candidate / Officeholder name                                                     |                                | Office sought Office held             |  |

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

The Instruction Guide explains how to complete this form.

|                                                       |                                                                                                                                                               |                                       |
|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| 1 Total pages Schedule F1:<br>not available           | 2 FILER NAME<br>Dexter Lorange-Navario McCoy                                                                                                                  | 3 Filer ID (Ethics Commission Filers) |
| 4 Date<br>06/30/2025                                  | 5 Payee name<br>ActBlue                                                                                                                                       |                                       |
| 6 Amount (\$)<br>\$0.99                               | 7 Payee address; City: State: Zip Code<br>366 Summer St Somerville, MA 02144-3132                                                                             |                                       |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Fees                                                                                      | (b) Description<br>Service Fee        |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held             |
| 4 Date<br>06/30/2025                                  | 5 Payee name<br>ActBlue                                                                                                                                       |                                       |
| 6 Amount (\$)<br>\$0.99                               | 7 Payee address; City: State: Zip Code<br>366 Summer St Somerville, MA 02144-3132                                                                             |                                       |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Fees                                                                                      | (b) Description<br>Service Fee        |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held             |

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 Expense |
| Consulting Expense                         | Food/Beverage Expense                                     | Polling Expense               | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense                             | Printing Expense              | Travel Out of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                                            | Salaries/Wages/Contract Labor | Other (enter a category not listed above)  |
| Credit Card Payment                        | The Instruction Guide explains how to complete this form. |                               |                                            |

|                                                       |  |                                                                                                                                                               |  |                                       |  |
|-------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------|--|
| 1 Total pages Schedule F1:<br>not available           |  | 2 FILER NAME<br>Dexter Lorraine-Navario McCoy                                                                                                                 |  | 3 Filer ID (Ethics Commission Filers) |  |
| 4 Date<br>06/30/2025                                  |  | 5 Payee name<br>ActBlue                                                                                                                                       |  |                                       |  |
| 6 Amount (\$)<br>\$1.98                               |  | 7 Payee address; City: State: Zip Code<br>366 Summer St Somerville, MA 02144-3132                                                                             |  |                                       |  |
| 8 PURPOSE OF EXPENDITURE                              |  | (a) Category (See categories listed at the top of this schedule)<br>Fees                                                                                      |  | (b) Description<br>Service Fee        |  |
|                                                       |  | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |                                       |  |
| 9 Complete ONLY if direct expenditure to benefit C/OH |  | Candidate / Officeholder name                                                                                                                                 |  | Office sought Office held             |  |
| 4 Date<br>06/30/2025                                  |  | 5 Payee name<br>ActBlue                                                                                                                                       |  |                                       |  |
| 6 Amount (\$)<br>\$1.98                               |  | 7 Payee address; City: State: Zip Code<br>366 Summer St Somerville, MA 02144-3132                                                                             |  |                                       |  |
| 8 PURPOSE OF EXPENDITURE                              |  | (a) Category (See categories listed at the top of this schedule)<br>Fees                                                                                      |  | (b) Description<br>Service Fee        |  |
|                                                       |  | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |                                       |  |
| 9 Complete ONLY if direct expenditure to benefit C/OH |  | Candidate / Officeholder name                                                                                                                                 |  | Office sought Office held             |  |

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

The Instruction Guide explains how to complete this form.

|                                                       |                                                                                                                                                               |                                       |
|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| 1 Total pages Schedule F1:<br>not available           | 2 FILER NAME<br>Dexter Lorange-Navario McCoy                                                                                                                  | 3 Filer ID (Ethics Commission Filers) |
| 4 Date<br>06/30/2025                                  | 5 Payee name<br>ActBlue                                                                                                                                       |                                       |
| 6 Amount (\$)<br>\$1.98                               | 7 Payee address; City: State: Zip Code<br>366 Summer St Somerville, MA 02144-3132                                                                             |                                       |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Fees                                                                                      | (b) Description<br>Service Fee        |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held             |
| 4 Date<br>06/30/2025                                  | 5 Payee name<br>ActBlue                                                                                                                                       |                                       |
| 6 Amount (\$)<br>\$1.98                               | 7 Payee address; City: State: Zip Code<br>366 Summer St Somerville, MA 02144-3132                                                                             |                                       |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Fees                                                                                      | (b) Description<br>Service Fee        |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held             |

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

The Instruction Guide explains how to complete this form.

|                                                       |                                                                                                                                                               |                                       |
|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| 1 Total pages Schedule F1:<br>not available           | 2 FILER NAME<br>Dexter Lorraine-Navario McCoy                                                                                                                 | 3 Filer ID (Ethics Commission Filers) |
| 4 Date<br>06/30/2025                                  | 5 Payee name<br>ActBlue                                                                                                                                       |                                       |
| 6 Amount (\$)<br>\$1.98                               | 7 Payee address; City: State: Zip Code<br>366 Summer St Somerville, MA 02144-3132                                                                             |                                       |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Fees                                                                                      | (b) Description<br>Service Fee        |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held             |
| 4 Date<br>06/30/2025                                  | 5 Payee name<br>ActBlue                                                                                                                                       |                                       |
| 6 Amount (\$)<br>\$1.98                               | 7 Payee address; City: State: Zip Code<br>366 Summer St Somerville, MA 02144-3132                                                                             |                                       |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Fees                                                                                      | (b) Description<br>Service Fee        |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held             |

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

The Instruction Guide explains how to complete this form.

|                                                       |                                                                                                                                                               |                                       |
|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| 1 Total pages Schedule F1:<br>not available           | 2 FILER NAME<br>Dexter Lorraine-Navario McCoy                                                                                                                 | 3 Filer ID (Ethics Commission Filers) |
| 4 Date<br>06/30/2025                                  | 5 Payee name<br>ActBlue                                                                                                                                       |                                       |
| 6 Amount (\$)<br>\$3.95                               | 7 Payee address; City: State: Zip Code<br>366 Summer St Somerville, MA 02144-3132                                                                             |                                       |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Fees                                                                                      | (b) Description<br>Service Fee        |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held             |
| 4 Date<br>06/30/2025                                  | 5 Payee name<br>ActBlue                                                                                                                                       |                                       |
| 6 Amount (\$)<br>\$3.95                               | 7 Payee address; City: State: Zip Code<br>366 Summer St Somerville, MA 02144-3132                                                                             |                                       |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Fees                                                                                      | (b) Description<br>Service Fee        |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held             |

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 | 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:<br>not available           | 2 FILER NAME<br>Dexter Lorange-Navario McCoy                                                                                                                  | 3 Filer ID (Ethics Commission Filers) |
| 4 Date<br>06/30/2025                                  | 5 Payee name<br>ActBlue                                                                                                                                       |                                       |
| 6 Amount (\$)<br>\$3.95                               | 7 Payee address; City: State: Zip Code<br>366 Summer St Somerville, MA 02144-3132                                                                             |                                       |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Fees                                                                                      | (b) Description<br>Service Fee        |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held             |
| 4 Date<br>06/30/2025                                  | 5 Payee name<br>ActBlue                                                                                                                                       |                                       |
| 6 Amount (\$)<br>\$3.95                               | 7 Payee address; City: State: Zip Code<br>366 Summer St Somerville, MA 02144-3132                                                                             |                                       |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Fees                                                                                      | (b) Description<br>Service Fee        |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held             |

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

The Instruction Guide explains how to complete this form.

|                                                       |                                                                                                                                                               |                                       |
|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| 1 Total pages Schedule F1:<br>not available           | 2 FILER NAME<br>Dexter Lorange-Navario McCoy                                                                                                                  | 3 Filer ID (Ethics Commission Filers) |
| 4 Date<br>06/30/2025                                  | 5 Payee name<br>ActBlue                                                                                                                                       |                                       |
| 6 Amount (\$)<br>\$3.95                               | 7 Payee address; City: State: Zip Code<br>366 Summer St Somerville, MA 02144-3132                                                                             |                                       |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Fees                                                                                      | (b) Description<br>Service Fee        |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held             |
| 4 Date<br>06/30/2025                                  | 5 Payee name<br>ActBlue                                                                                                                                       |                                       |
| 6 Amount (\$)<br>\$9.88                               | 7 Payee address; City: State: Zip Code<br>366 Summer St Somerville, MA 02144-3132                                                                             |                                       |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Fees                                                                                      | (b) Description<br>Service Fee        |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held             |

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

The instruction Guide explains how to complete this form.

|                                                       |                                                                                                                                                               |                                       |
|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| 1 Total pages Schedule F1:<br>not available           | 2 FILER NAME<br>Dexter Lorange-Navario McCoy                                                                                                                  | 3 Filer ID (Ethics Commission Filers) |
| 4 Date<br>06/30/2025                                  | 5 Payee name<br>ActBlue                                                                                                                                       |                                       |
| 6 Amount (\$)<br>\$9.88                               | 7 Payee address; City: State: Zip Code<br>366 Summer St Somerville, MA 02144-3132                                                                             |                                       |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Fees                                                                                      | (b) Description<br>Service Fee        |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held             |
| 4 Date<br>06/30/2025                                  | 5 Payee name<br>ActBlue                                                                                                                                       |                                       |
| 6 Amount (\$)<br>\$19.75                              | 7 Payee address; City: State: Zip Code<br>366 Summer St Somerville, MA 02144-3132                                                                             |                                       |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Fees                                                                                      | (b) Description<br>Service Fee        |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held             |

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

The Instruction Guide explains how to complete this form.

|                                                       |  |                                                                                                                                                               |  |                                       |  |
|-------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------|--|
| 1 Total pages Schedule F1:<br>not available           |  | 2 FILER NAME<br>Dexter Lorange-Navario McCoy                                                                                                                  |  | 3 Filer ID (Ethics Commission Filers) |  |
| 4 Date<br>06/30/2025                                  |  | 5 Payee name<br>ActBlue                                                                                                                                       |  |                                       |  |
| 6 Amount (\$)<br>\$19.75                              |  | 7 Payee address; City: State: Zip Code<br>366 Summer St Somerville, MA 02144-3132                                                                             |  |                                       |  |
| 8 PURPOSE OF EXPENDITURE                              |  | (a) Category (See categories listed at the top of this schedule)<br>Fees                                                                                      |  | (b) Description<br>Service Fee        |  |
|                                                       |  | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |                                       |  |
| 9 Complete ONLY if direct expenditure to benefit C/OH |  | Candidate / Officeholder name                                                                                                                                 |  | Office sought Office held             |  |
| 4 Date<br>06/30/2025                                  |  | 5 Payee name<br>ActBlue                                                                                                                                       |  |                                       |  |
| 6 Amount (\$)<br>\$29.63                              |  | 7 Payee address; City: State: Zip Code<br>366 Summer St Somerville, MA 02144-3132                                                                             |  |                                       |  |
| 8 PURPOSE OF EXPENDITURE                              |  | (a) Category (See categories listed at the top of this schedule)<br>Fees                                                                                      |  | (b) Description<br>Service Fee        |  |
|                                                       |  | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |                                       |  |
| 9 Complete ONLY if direct expenditure to benefit C/OH |  | Candidate / Officeholder name                                                                                                                                 |  | Office sought Office held             |  |

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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         | Poling 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:<br>not available           | 2 FILER NAME<br>Dexter Lorange-Navario McCoy                                                                                                                  | 3 Filer ID (Ethics Commission Filers) |
| 4 Date<br>06/30/2025                                  | 5 Payee name<br>ActBlue                                                                                                                                       |                                       |
| 6 Amount (\$)<br>\$39.50                              | 7 Payee address; City: State: Zip Code<br>366 Summer St Somerville, MA 02144-3132                                                                             |                                       |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Fees                                                                                      | (b) Description<br>Service Fee        |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held             |
| 4 Date<br>06/30/2025                                  | 5 Payee name<br>ActBlue                                                                                                                                       |                                       |
| 6 Amount (\$)<br>\$39.50                              | 7 Payee address; City: State: Zip Code<br>366 Summer St Somerville, MA 02144-3132                                                                             |                                       |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Fees                                                                                      | (b) Description<br>Service Fee        |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held             |

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

The instruction Guide explains how to complete this form.

|                                                       |  |                                                                                                                                                               |  |                                       |  |
|-------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------|--|
| 1 Total pages Schedule F1:<br>not available           |  | 2 FILER NAME<br>Dexter Lorange-Navarro McCoy                                                                                                                  |  | 3 Filer ID (Ethics Commission Filers) |  |
| 4 Date<br>06/30/2025                                  |  | 5 Payee name<br>ActBlue                                                                                                                                       |  |                                       |  |
| 6 Amount (\$)<br>\$69.13                              |  | 7 Payee address; City: State: Zip Code<br>366 Summer St Somerville, MA 02144-3132                                                                             |  |                                       |  |
| 8 PURPOSE OF EXPENDITURE                              |  | (a) Category (See categories listed at the top of this schedule)<br>Fees                                                                                      |  | (b) Description<br>Service Fee        |  |
|                                                       |  | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |                                       |  |
| 9 Complete ONLY if direct expenditure to benefit C/OH |  | Candidate / Officeholder name Office sought Office held                                                                                                       |  |                                       |  |
| 4 Date<br>06/30/2025                                  |  | 5 Payee name<br>ActBlue                                                                                                                                       |  |                                       |  |
| 6 Amount (\$)<br>\$98.75                              |  | 7 Payee address; City: State: Zip Code<br>366 Summer St Somerville, MA 02144-3132                                                                             |  |                                       |  |
| 8 PURPOSE OF EXPENDITURE                              |  | (a) Category (See categories listed at the top of this schedule)<br>Fees                                                                                      |  | (b) Description<br>Service Fee        |  |
|                                                       |  | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |                                       |  |
| 9 Complete ONLY if direct expenditure to benefit C/OH |  | Candidate / Officeholder name Office sought Office held                                                                                                       |  |                                       |  |

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

The instruction Guide explains how to complete this form.

|                                                       |  |                                                                                                                                                               |  |                                       |  |
|-------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------|--|
| 1 Total pages Schedule F1:<br>not available           |  | 2 FILER NAME<br>Dexter Lorange-Navarro McCoy                                                                                                                  |  | 3 Filer ID (Ethics Commission Filers) |  |
| 4 Date<br>06/30/2025                                  |  | 5 Payee name<br>ActBlue                                                                                                                                       |  |                                       |  |
| 6 Amount (\$)<br>\$98.75                              |  | 7 Payee address; City: State: Zip Code<br>366 Summer St Somerville, MA 02144-3132                                                                             |  |                                       |  |
| 8 PURPOSE OF EXPENDITURE                              |  | (a) Category (See categories listed at the top of this schedule)<br>Fees                                                                                      |  | (b) Description<br>Service Fee        |  |
|                                                       |  | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |                                       |  |
| 9 Complete ONLY if direct expenditure to benefit C/OH |  | Candidate / Officeholder name Office sought Office held                                                                                                       |  |                                       |  |
| 4 Date<br>06/30/2025                                  |  | 5 Payee name<br>ActBlue                                                                                                                                       |  |                                       |  |
| 6 Amount (\$)<br>\$98.75                              |  | 7 Payee address; City: State: Zip Code<br>366 Summer St Somerville, MA 02144-3132                                                                             |  |                                       |  |
| 8 PURPOSE OF EXPENDITURE                              |  | (a) Category (See categories listed at the top of this schedule)<br>Fees                                                                                      |  | (b) Description<br>Service Fee        |  |
|                                                       |  | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |                                       |  |
| 9 Complete ONLY if direct expenditure to benefit C/OH |  | Candidate / Officeholder name Office sought Office held                                                                                                       |  |                                       |  |

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

The Instruction Guide explains how to complete this form.

|                                                       |                                                                                                                                                               |                                       |
|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| 1 Total pages Schedule F1:<br>not available           | 2 FILER NAME<br>Dexter Lorange-Navario McCoy                                                                                                                  | 3 Filer ID (Ethics Commission Filers) |
| 4 Date<br>06/30/2025                                  | 5 Payee name<br>ActBlue                                                                                                                                       |                                       |
| 6 Amount (\$)<br>\$197.50                             | 7 Payee address; City: State: Zip Code<br>366 Summer St Somerville, MA 02144-3132                                                                             |                                       |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Fees                                                                                      | (b) Description<br>Service Fee        |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held             |
| 4 Date<br>06/30/2025                                  | 5 Payee name<br>ActBlue                                                                                                                                       |                                       |
| 6 Amount (\$)<br>\$256.75                             | 7 Payee address; City: State: Zip Code<br>366 Summer St Somerville, MA 02144-3132                                                                             |                                       |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Fees                                                                                      | (b) Description<br>Service Fee        |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held             |

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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 | 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:<br>not available           | 2 FILER NAME<br>Dexter Lorange-Navario McCoy                                                                                                                  | 3 Filer ID (Ethics Commission Filers) |
| 4 Date<br>06/30/2025                                  | 5 Payee name<br>ActBlue                                                                                                                                       |                                       |
| 6 Amount (\$)<br>\$256.75                             | 7 Payee address; City: State: Zip Code<br>366 Summer St Somerville, MA 02144-3132                                                                             |                                       |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Fees                                                                                      | (b) Description<br>Service Fee        |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held             |
| 4 Date<br>06/30/2025                                  | 5 Payee name<br>ActBlue                                                                                                                                       |                                       |
| 6 Amount (\$)<br>\$533.25                             | 7 Payee address; City: State: Zip Code<br>366 Summer St Somerville, MA 02144-3132                                                                             |                                       |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Fees                                                                                      | (b) Description<br>Service Fee        |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held             |

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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 Expense |
| Consulting Expense                         | Food/Beverage Expense                                     | Polling Expense               | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense                             | Printing Expense              | Travel Out of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                                            | Salaries/Wages/Contract Labor | Other (enter a category not listed above)  |
| Credit Card Payment                        | The Instruction Guide explains how to complete this form. |                               |                                            |

|                                                       |                                                                                                                                                               |                                       |
|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| 1 Total pages Schedule F1:<br>not available           | 2 FILER NAME<br>Dexter Lorange-Navario McCoy                                                                                                                  | 3 Filer ID (Ethics Commission Filers) |
| 4 Date<br>03/05/2025                                  | 5 Payee name<br>African American Memorial                                                                                                                     |                                       |
| 6 Amount (\$)<br>\$1,000.00                           | 7 Payee address; City: State: Zip Code<br>Requested Kendleton, TX 77451                                                                                       |                                       |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee             | (b) Description<br>Donation           |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held             |
| 4 Date<br>04/25/2025                                  | 5 Payee name<br>Allied Signs                                                                                                                                  |                                       |
| 6 Amount (\$)<br>\$576.00                             | 7 Payee address; City: State: Zip Code<br>6820 Harwin Dr Houston, TX 77036-2210                                                                               |                                       |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Printing Expense                                                                          | (b) Description<br>Printing           |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held             |

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 | 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:<br>not available           | 2 FILER NAME<br>Dexter Lorange-Navario McCoy                                                                                                                  | 3 Filer ID (Ethics Commission Filers) |
| 4 Date<br>06/30/2025                                  | 5 Payee name<br>Allied Signs                                                                                                                                  |                                       |
| 6 Amount (\$)<br>\$232.00                             | 7 Payee address; City: State: Zip Code<br>6820 Harwin Dr Houston, TX 77036-2210                                                                               |                                       |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Printing Expense                                                                          | (b) Description<br>Printing           |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held             |
| 4 Date<br>04/21/2025                                  | 5 Payee name<br>Amazon                                                                                                                                        |                                       |
| 6 Amount (\$)<br>\$82.80                              | 7 Payee address; City: State: Zip Code<br>410 Terry Ave N Seattle, WA 98109-5210                                                                              |                                       |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Office Overhead/Rental Expense                                                            | (b) Description<br>Office supplies    |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held             |

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

The Instruction Guide explains how to complete this form.

|                                                       |                                                                                                                                                               |                                        |
|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| 1 Total pages Schedule F1:<br>not available           | 2 FILER NAME<br>Dexter Lorange-Navario McCoy                                                                                                                  | 3 Filer ID (Ethics Commission Filers)  |
| 4 Date<br>04/23/2025                                  | 5 Payee name<br>Amazon                                                                                                                                        |                                        |
| 6 Amount (\$)<br>\$269.24                             | 7 Payee address; City: State: Zip Code<br>410 Terry Ave N Seattle, WA 98109-5210                                                                              |                                        |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Event Expense                                                                             | (b) Description<br>Crawfish boil décor |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                        |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held              |
| 4 Date<br>06/20/2025                                  | 5 Payee name<br>American Caribbean Chamber of Commerce                                                                                                        |                                        |
| 6 Amount (\$)<br>\$250.00                             | 7 Payee address; City: State: Zip Code<br>6201 Bonhomme Rd Ste 614N Houston, TX 77036-4365                                                                    |                                        |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee                | (b) Description<br>Donation            |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                        |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held              |

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

The instruction Guide explains how to complete this form.

|                                                       |                                                                                                                                                               |                                              |
|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| 1 Total pages Schedule F1:<br>not available           | 2 FILER NAME<br>Dexter Lorraine-Navario McCoy                                                                                                                 | 3 Filer ID (Ethics Commission Filers)        |
| 4 Date<br>03/28/2025                                  | 5 Payee name<br>Angie Wierzbicki Campaign                                                                                                                     |                                              |
| 6 Amount (\$)<br>\$250.00                             | 7 Payee address; City: State: Zip Code<br>2311 Creek Meadows Dr Missouri City, TX 77459-2629                                                                  |                                              |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee                | (b) Description<br>Donation                  |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                              |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held                    |
| 4 Date<br>01/21/2025                                  | 5 Payee name<br>Mimi Arce                                                                                                                                     |                                              |
| 6 Amount (\$)<br>\$25.20                              | 7 Payee address; City: State: Zip Code<br>2606 Old River Ln Richmond, TX 77406-2768                                                                           |                                              |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Loan Repayment/Reimbursement                                                              | (b) Description<br>Reimbursement, Food drive |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                              |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held                    |

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

The Instruction Guide explains how to complete this form.

|                                                       |                                                                                                                                                               |                                             |
|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|
| 1 Total pages Schedule F1:<br>not available           | 2 FILER NAME<br>Dexter Lorange-Navario McCoy                                                                                                                  | 3 Filer ID (Ethics Commission Filers)       |
| 4 Date<br>06/02/2025                                  | 5 Payee name<br>Atrium                                                                                                                                        |                                             |
| 6 Amount (\$)<br>\$156.47                             | 7 Payee address; City: State: Zip Code<br>675 Ponce De Leon Ave NE # 158 Atlanta, GA 30308-1884                                                               |                                             |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Food/Beverage Expense                                                                     | (b) Description<br>Meal while at conference |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                             |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held                   |
| 4 Date<br>06/30/2025                                  | 5 Payee name<br>Aviva Wholesale & Retail Houston                                                                                                              |                                             |
| 6 Amount (\$)<br>\$107.01                             | 7 Payee address; City: State: Zip Code<br>10355 Harwin Dr Houston, TX 77036-1501                                                                              |                                             |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Printing Expense                                                                          | (b) Description<br>Printing                 |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                             |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held                   |

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

|                                                       |                                                                                                                                                               |                                        |
|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| 1 Total pages Schedule F1:<br>not available           | 2 FILER NAME<br>Dexter Lorange-Navario McCoy                                                                                                                  | 3 Filer ID (Ethics Commission Filers)  |
| 4 Date<br>04/26/2025                                  | 5 Payee name<br>Balloon Euphoria                                                                                                                              |                                        |
| 6 Amount (\$)<br>\$460.06                             | 7 Payee address; City: State: Zip Code<br>Requested Houston, TX 77047                                                                                         |                                        |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Event Expense                                                                             | (b) Description<br>Crawfish boil décor |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                        |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held              |
| 4 Date<br>04/26/2025                                  | 5 Payee name<br>Jasmine Beale                                                                                                                                 |                                        |
| 6 Amount (\$)<br>\$58.00                              | 7 Payee address; City: State: Zip Code<br>16218 Waiting Spring Cir Houston, TX 77095-4548                                                                     |                                        |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Salaries/Wages/Contract Labor                                                             | (b) Description<br>Event Staff         |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                        |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held              |

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

|                                                       |                                                                                                                                                               |                                       |
|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| 1 Total pages Schedule F1:<br>not available           | 2 FILER NAME<br>Dexter Lorange-Navario McCoy                                                                                                                  | 3 Filer ID (Ethics Commission Filers) |
| 4 Date<br>04/30/2025                                  | 5 Payee name<br>Boys and Girls Club of Greater Houston                                                                                                        |                                       |
| 6 Amount (\$)<br>\$500.00                             | 7 Payee address; City: State: Zip Code<br>815 Crosby St Houston, TX 77019-3054                                                                                |                                       |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee                | (b) Description<br>Donation           |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held             |
| 4 Date<br>02/13/2025                                  | 5 Payee name<br>BreakingBounds, LLC                                                                                                                           |                                       |
| 6 Amount (\$)<br>\$3,000.00                           | 7 Payee address; City: State: Zip Code<br>225 Matlage Way Unit 1325 Sugar Land, TX 77487-0947                                                                 |                                       |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Consulting Expense                                                                        | (b) Description<br>Executive coaching |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held             |

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

|                                                       |                                                                                                                                                               |                                                       |
|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|
| 1 Total pages Schedule F1:<br>not available           | 2 FILER NAME<br>Dexter Lorange-Navario McCoy                                                                                                                  | 3 Filer ID (Ethics Commission Filers)                 |
| 4 Date<br>03/18/2025                                  | 5 Payee name<br>James Cardona                                                                                                                                 |                                                       |
| 6 Amount (\$)<br>\$2,000.00                           | 7 Payee address; City: State: Zip Code<br>5216 Leeland St Houston, TX 77023-2022                                                                              |                                                       |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Consulting Expense                                                                        | (b) Description<br>Senior Advisor/Campaign Consultant |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                                       |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held                             |
| 4 Date<br>04/01/2025                                  | 5 Payee name<br>James Cardona                                                                                                                                 |                                                       |
| 6 Amount (\$)<br>\$500.00                             | 7 Payee address; City: State: Zip Code<br>5216 Leeland St Houston, TX 77023-2022                                                                              |                                                       |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Consulting Expense                                                                        | (b) Description<br>Senior Advisor/Campaign Consultant |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                                       |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held                             |

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The instruction Guide explains how to complete this form.

|                                                       |                                                                                                                                                               |                                                       |
|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|
| 1 Total pages Schedule F1:<br>not available           | 2 FILER NAME<br>Dexter Lorraine-Navario McCoy                                                                                                                 | 3 Filer ID (Ethics Commission Filers)                 |
| 4 Date<br>04/01/2025                                  | 5 Payee name<br>James Cardona                                                                                                                                 |                                                       |
| 6 Amount (\$)<br>\$2,500.00                           | 7 Payee address; City: State: Zip Code<br>5216 Leeland St Houston, TX 77023-2022                                                                              |                                                       |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Consulting Expense                                                                        | (b) Description<br>Senior Advisor/Campaign Consultant |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                                       |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held                             |
| 4 Date<br>02/03/2025                                  | 5 Payee name<br>Central Fort Bend County Chamber of Commerce                                                                                                  |                                                       |
| 6 Amount (\$)<br>\$375.00                             | 7 Payee address; City: State: Zip Code<br>4120 Avenue H Rosenberg, TX 77471-2833                                                                              |                                                       |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Fees                                                                                      | (b) Description<br>Membership renewal                 |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                                       |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held                             |

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

|                                                       |                                                                                                                                                               |                                               |
|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| 1 Total pages Schedule F1:<br>not available           | 2 FILER NAME<br>Dexter Lorange-Navario McCoy                                                                                                                  | 3 Filer ID (Ethics Commission Filers)         |
| 4 Date<br>03/27/2025                                  | 5 Payee name<br>Cinnamons Bakery                                                                                                                              |                                               |
| 6 Amount (\$)<br>\$13.60                              | 7 Payee address; City: State: Zip Code<br>13881 Southwest Fwy Sugar Land, TX 77478-3533                                                                       |                                               |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Food/Beverage Expense                                                                     | (b) Description<br>Breakfast for team retreat |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                               |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held                     |
| 4 Date<br>04/18/2025                                  | 5 Payee name<br>City of Rosenberg                                                                                                                             |                                               |
| 6 Amount (\$)<br>\$979.08                             | 7 Payee address; City: State: Zip Code<br>2220 4th St Rosenberg, TX 77471-5126                                                                                |                                               |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Event Expense                                                                             | (b) Description<br>Event security             |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                               |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held                     |

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The instruction Guide explains how to complete this form.

|                                                       |                                                                                                                                                               |                                                                  |
|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|
| 1 Total pages Schedule F1:<br>not available           | 2 FILER NAME<br>Dexter Lorange-Navario McCoy                                                                                                                  | 3 Filer ID (Ethics Commission Filers)                            |
| 4 Date<br>04/24/2025                                  | 5 Payee name<br>City of Rosenberg                                                                                                                             |                                                                  |
| 6 Amount (\$)<br>\$311.85                             | 7 Payee address; City: State: Zip Code<br>2220 4th St Rosenberg, TX 77471-5126                                                                                |                                                                  |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Event Expense                                                                             | (b) Description<br>Event permits                                 |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                                                  |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held                                        |
| 4 Date<br>02/26/2025                                  | 5 Payee name<br>Costco                                                                                                                                        |                                                                  |
| 6 Amount (\$)<br>\$40.68                              | 7 Payee address; City: State: Zip Code<br>17520 Southwest Fwy Sugar Land, TX 77479-2359                                                                       |                                                                  |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Event Expense                                                                             | (b) Description<br>Drinks for event at FBC Juvenile Justice Cent |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                                                  |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held                                        |

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The instruction Guide explains how to complete this form.

|                                                       |                                                                                                                                                               |                                                                  |
|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|
| 1 Total pages Schedule F1:<br>not available           | 2 FILER NAME<br>Dexter Lorange-Navario McCoy                                                                                                                  | 3 Filer ID (Ethics Commission Filers)                            |
| 4 Date<br>04/26/2025                                  | 5 Payee name<br>Costco                                                                                                                                        |                                                                  |
| 6 Amount (\$)<br>\$300.00                             | 7 Payee address; City: State: Zip Code<br>17520 Southwest Fwy Sugar Land, TX 77479-2359                                                                       |                                                                  |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Event Expense                                                                             | (b) Description<br>Event supplies                                |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                                                  |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held                                        |
| 4 Date<br>06/09/2025                                  | 5 Payee name<br>Domino's Pizza                                                                                                                                |                                                                  |
| 6 Amount (\$)<br>\$131.20                             | 7 Payee address; City: State: Zip Code<br>14520 Memorial Dr Ste J Houston, TX 77079-5427                                                                      |                                                                  |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Food/Beverage Expense                                                                     | (b) Description<br>Food donation to the William B. Travis HS reu |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                                                  |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held                                        |

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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|                                                       |                                                                                                                                                               |                                       |
|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| 1 Total pages Schedule F1:<br>not available           | 2 FILER NAME<br>Dexter Lorraine-Navario McCoy                                                                                                                 | 3 Filer ID (Ethics Commission Filers) |
| 4 Date<br>04/25/2025                                  | 5 Payee name<br>Earl Carl Institute for Legal and Social Policy, Inc                                                                                          |                                       |
| 6 Amount (\$)<br>\$250.00                             | 7 Payee address; City: State: Zip Code<br>3100 Cleburne St Houston, TX 77004-4501                                                                             |                                       |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee                | (b) Description<br>Donation           |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held             |
| 4 Date<br>05/06/2025                                  | 5 Payee name<br>Rita Earlz                                                                                                                                    |                                       |
| 6 Amount (\$)<br>\$58.00                              | 7 Payee address; City: State: Zip Code<br>7990 N Stadium Dr # 26 Houston, TX 77030-4410                                                                       |                                       |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Salaries/Wages/Contract Labor                                                             | (b) Description<br>Event staff        |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held             |

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The instruction Guide explains how to complete this form.

|                                                       |  |                                                                                                                                                               |  |                                                     |  |
|-------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------|--|
| 1 Total pages Schedule F1:<br>not available           |  | 2 FILER NAME<br>Dexter Lorange-Navario McCoy                                                                                                                  |  | 3 Filer ID (Ethics Commission Filers)               |  |
| 4 Date<br>03/17/2025                                  |  | 5 Payee name<br>Eventsured                                                                                                                                    |  |                                                     |  |
| 6 Amount (\$)<br>\$119.95                             |  | 7 Payee address; City: State: Zip Code<br>24 S Newtown Street Rd Newtown Square, PA 19073-4114                                                                |  |                                                     |  |
| 8 PURPOSE OF EXPENDITURE                              |  | (a) Category (See categories listed at the top of this schedule)<br>Event Expense                                                                             |  | (b) Description<br>Event Insurance                  |  |
|                                                       |  | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |                                                     |  |
| 9 Complete ONLY if direct expenditure to benefit C/OH |  | Candidate / Officeholder name                                                                                                                                 |  | Office sought Office held                           |  |
| 4 Date<br>01/27/2025                                  |  | 5 Payee name<br>Family Style Design Co.                                                                                                                       |  |                                                     |  |
| 6 Amount (\$)<br>\$399.63                             |  | 7 Payee address; City: State: Zip Code<br>611 Jackson St Set A1 Richmond, TX 77469-3400                                                                       |  |                                                     |  |
| 8 PURPOSE OF EXPENDITURE                              |  | (a) Category (See categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee                |  | (b) Description<br>Sponsorship, Community Bike Ride |  |
|                                                       |  | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |                                                     |  |
| 9 Complete ONLY if direct expenditure to benefit C/OH |  | Candidate / Officeholder name                                                                                                                                 |  | Office sought Office held                           |  |

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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

The Instruction Guide explains how to complete this form.

|                                                       |                                                                                                                                                               |                                       |
|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| 1 Total pages Schedule F1:<br>not available           | 2 FILER NAME<br>Dexter Lorraine-Navario McCoy                                                                                                                 | 3 Filer ID (Ethics Commission Filers) |
| 4 Date<br>02/24/2025                                  | 5 Payee name<br>Frost Bank                                                                                                                                    |                                       |
| 6 Amount (\$)<br>\$15.00                              | 7 Payee address; City: State: Zip Code<br>PO Box 1600 San Antonio, TX 78296-1600                                                                              |                                       |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Fees                                                                                      | (b) Description<br>wire transfer fee  |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held             |
| 4 Date<br>03/03/2025                                  | 5 Payee name<br>Frost Bank                                                                                                                                    |                                       |
| 6 Amount (\$)<br>\$15.00                              | 7 Payee address; City: State: Zip Code<br>PO Box 1600 San Antonio, TX 78296-1600                                                                              |                                       |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Fees                                                                                      | (b) Description<br>wire transfer fee  |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held             |

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 Expense |
| Consulting Expense                         | Food/Beverage Expense                                     | Polling Expense               | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense                             | Printing Expense              | Travel Out of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                                            | Salaries/Wages/Contract Labor | Other (enter a category not listed above)  |
| Credit Card Payment                        | The Instruction Guide explains how to complete this form. |                               |                                            |

|                                                       |                                                                                                                                                               |                                       |
|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| 1 Total pages Schedule F1:<br>not available           | 2 FILER NAME<br>Dexter Lorange-Navario McCoy                                                                                                                  | 3 Filer ID (Ethics Commission Filers) |
| 4 Date<br>03/10/2025                                  | 5 Payee name<br>Frost Bank                                                                                                                                    |                                       |
| 6 Amount (\$)<br>\$15.00                              | 7 Payee address; City: State: Zip Code<br>PO Box 1600 San Antonio, TX 78296-1600                                                                              |                                       |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Fees                                                                                      | (b) Description<br>wire transfer fee  |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held             |
| 4 Date<br>03/24/2025                                  | 5 Payee name<br>Frost Bank                                                                                                                                    |                                       |
| 6 Amount (\$)<br>\$15.00                              | 7 Payee address; City: State: Zip Code<br>PO Box 1600 San Antonio, TX 78296-1600                                                                              |                                       |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Fees                                                                                      | (b) Description<br>wire transfer fee  |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held             |

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

|                                                       |                                                                                                                                                                |                                       |
|-------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| 1 Total pages Schedule F1:<br>not available           | 2 FILER NAME<br>Dexter Lorraine-Navario McCoy                                                                                                                  | 3 Filer ID (Ethics Commission Filers) |
| 4 Date<br>03/31/2025                                  | 5 Payee name<br>Frost Bank                                                                                                                                     |                                       |
| 6 Amount (\$)<br>\$15.00                              | 7 Payee address; City: State: Zip Code<br>PO Box 1600 San Antonio, TX 78296-1600                                                                               |                                       |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Fees                                                                                       | (b) Description<br>wire transfer fee  |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expenses |                                       |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                  | Office sought Office held             |
| 4 Date<br>04/07/2025                                  | 5 Payee name<br>Frost Bank                                                                                                                                     |                                       |
| 6 Amount (\$)<br>\$15.00                              | 7 Payee address; City: State: Zip Code<br>PO Box 1600 San Antonio, TX 78296-1600                                                                               |                                       |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Fees                                                                                       | (b) Description<br>wire transfer fee  |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  |                                       |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                  | Office sought Office held             |

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

|                                                       |                                                                                                                                                               |                                       |
|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| 1 Total pages Schedule F1:<br>not available           | 2 FILER NAME<br>Dexter Lorange-Navario McCoy                                                                                                                  | 3 Filer ID (Ethics Commission Filers) |
| 4 Date<br>04/14/2025                                  | 5 Payee name<br>Frost Bank                                                                                                                                    |                                       |
| 6 Amount (\$)<br>\$15.00                              | 7 Payee address; City: State: Zip Code<br>PO Box 1600 San Antonio, TX 78296-1600                                                                              |                                       |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Fees                                                                                      | (b) Description<br>wire transfer fee  |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held             |
| 4 Date<br>04/21/2025                                  | 5 Payee name<br>Frost Bank                                                                                                                                    |                                       |
| 6 Amount (\$)<br>\$15.00                              | 7 Payee address; City: State: Zip Code<br>PO Box 1600 San Antonio, TX 78296-1600                                                                              |                                       |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Fees                                                                                      | (b) Description<br>wire transfer fee  |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held             |

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The instruction Guide explains how to complete this form.

|                                                       |                                                                                                                                                               |                                       |
|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| 1 Total pages Schedule F1:<br>not available           | 2 FILER NAME<br>Dexter Lorange-Navario McCoy                                                                                                                  | 3 Filer ID (Ethics Commission Filers) |
| 4 Date<br>04/23/2025                                  | 5 Payee name<br>Frost Bank                                                                                                                                    |                                       |
| 6 Amount (\$)<br>\$15.00                              | 7 Payee address; City: State: Zip Code<br>PO Box 1600 San Antonio, TX 78296-1600                                                                              |                                       |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Fees                                                                                      | (b) Description<br>wire transfer fee  |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held             |
| 4 Date<br>04/28/2025                                  | 5 Payee name<br>Frost Bank                                                                                                                                    |                                       |
| 6 Amount (\$)<br>\$15.00                              | 7 Payee address; City: State: Zip Code<br>PO Box 1600 San Antonio, TX 78296-1600                                                                              |                                       |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Fees                                                                                      | (b) Description<br>wire transfer fee  |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held             |

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

|                                                       |                                                                                                                                                               |                                       |
|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| 1 Total pages Schedule F1:<br>not available           | 2 FILER NAME<br>Dexter Lorange-Navario McCoy                                                                                                                  | 3 Filer ID (Ethics Commission Filers) |
| 4 Date<br>05/12/2025                                  | 5 Payee name<br>Frost Bank                                                                                                                                    |                                       |
| 6 Amount (\$)<br>\$15.00                              | 7 Payee address; City: State: Zip Code<br>PO Box 1600 San Antonio, TX 78296-1600                                                                              |                                       |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Fees                                                                                      | (b) Description<br>wire transfer fee  |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held             |
| 4 Date<br>05/19/2025                                  | 5 Payee name<br>Frost Bank                                                                                                                                    |                                       |
| 6 Amount (\$)<br>\$15.00                              | 7 Payee address; City: State: Zip Code<br>PO Box 1600 San Antonio, TX 78296-1600                                                                              |                                       |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Fees                                                                                      | (b) Description<br>wire transfer fee  |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held             |

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

|                                                       |                                                                                                                                                               |                                       |
|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| 1 Total pages Schedule F1:<br>not available           | 2 FILER NAME<br>Dexter Lorange-Navario McCoy                                                                                                                  | 3 Filer ID (Ethics Commission Filers) |
| 4 Date<br>06/02/2025                                  | 5 Payee name<br>Frost Bank                                                                                                                                    |                                       |
| 6 Amount (\$)<br>\$15.00                              | 7 Payee address; City: State: Zip Code<br>PO Box 1600 San Antonio, TX 78296-1600                                                                              |                                       |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Fees                                                                                      | (b) Description<br>wire transfer fee  |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held             |
| 4 Date<br>06/30/2025                                  | 5 Payee name<br>Frost Bank                                                                                                                                    |                                       |
| 6 Amount (\$)<br>\$15.00                              | 7 Payee address; City: State: Zip Code<br>PO Box 1600 San Antonio, TX 78296-1600                                                                              |                                       |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Fees                                                                                      | (b) Description<br>wire transfer fee  |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held             |

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

|                                                       |                                                                                                                                                               |                                       |
|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| 1 Total pages Schedule F1:<br>not available           | 2 FILER NAME<br>Dexter Lorange-Navario McCoy                                                                                                                  | 3 Filer ID (Ethics Commission Filers) |
| 4 Date<br>01/03/2025                                  | 5 Payee name<br>Gringo's Mexican Kitchen                                                                                                                      |                                       |
| 6 Amount (\$)<br>\$77.86                              | 7 Payee address; City: State: Zip Code<br>19940 Southwest Fwy Sugar Land, TX 77479-6505                                                                       |                                       |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Food/Beverage Expense                                                                     | (b) Description<br>Meeting            |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held             |
| 4 Date<br>06/25/2025                                  | 5 Payee name<br>H-E-B                                                                                                                                         |                                       |
| 6 Amount (\$)<br>\$87.96                              | 7 Payee address; City: State: Zip Code<br>19988 Southwest Fwy Sugar Land, TX 77479-6505                                                                       |                                       |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Office Overhead/Rental Expense                                                            | (b) Description<br>Supplies           |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held             |

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

|                                                       |                                                                                                                                                               |                                                      |
|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|
| 1 Total pages Schedule F1:<br>not available           | 2 FILER NAME<br>Dexter Lorange-Navario McCoy                                                                                                                  | 3 Filer ID (Ethics Commission Filers)                |
| 4 Date<br>06/30/2025                                  | 5 Payee name<br>H-E-B                                                                                                                                         |                                                      |
| 6 Amount (\$)<br>\$39.99                              | 7 Payee address; City: State: Zip Code<br>19988 Southwest Fwy Sugar Land, TX 77479-6505                                                                       |                                                      |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Office Overhead/Rental Expense                                                            | (b) Description<br>Coffee for visit to conservancy   |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                                      |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held                            |
| 4 Date<br>06/30/2025                                  | 5 Payee name<br>H-E-B                                                                                                                                         |                                                      |
| 6 Amount (\$)<br>\$53.18                              | 7 Payee address; City: State: Zip Code<br>19988 Southwest Fwy Sugar Land, TX 77479-6505                                                                       |                                                      |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Office Overhead/Rental Expense                                                            | (b) Description<br>Pastries for visit to conservancy |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                                      |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held                            |

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

The Instruction Guide explains how to complete this form.

|                                                       |                                                                                                                                                               |                                                 |
|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|
| 1 Total pages Schedule F1:<br>not available           | 2 FILER NAME<br>Dexter Lorange-Navario McCoy                                                                                                                  | 3 Filer ID (Ethics Commission Filers)           |
| 4 Date<br>04/29/2025                                  | 5 Payee name<br>Houston Trackless Train                                                                                                                       |                                                 |
| 6 Amount (\$)<br>\$1,671.07                           | 7 Payee address; City: State: Zip Code<br>2426 Crossmill Ln Katy, TX 77450-6794                                                                               |                                                 |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Event Expense                                                                             | (b) Description<br>Trackless train, Bouncehouse |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                                 |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held                       |
| 4 Date<br>01/27/2025                                  | 5 Payee name<br>HP Instant Ink                                                                                                                                |                                                 |
| 6 Amount (\$)<br>\$9.02                               | 7 Payee address; City: State: Zip Code<br>1501 Page Mill Rd Palo Alto, CA 94304-1126                                                                          |                                                 |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Office Overhead/Rental Expense                                                            | (b) Description<br>Printer ink                  |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                                 |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held                       |

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

|                                                       |  |                                                                                                                                                               |  |                                       |  |
|-------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------|--|
| 1 Total pages Schedule F1:<br>not available           |  | 2 FILER NAME<br>Dexter Lorange-Navario McCoy                                                                                                                  |  | 3 Filer ID (Ethics Commission Filers) |  |
| 4 Date<br>02/26/2025                                  |  | 5 Payee name<br>HP Instant Ink                                                                                                                                |  |                                       |  |
| 6 Amount (\$)<br>\$4.77                               |  | 7 Payee address; City: State: Zip Code<br>1501 Page Mill Rd Palo Alto, CA 94304-1126                                                                          |  |                                       |  |
| 8 PURPOSE OF EXPENDITURE                              |  | (a) Category (See categories listed at the top of this schedule)<br>Office Overhead/Rental Expense                                                            |  | (b) Description<br>Printer ink        |  |
|                                                       |  | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |                                       |  |
| 9 Complete ONLY if direct expenditure to benefit C/OH |  | Candidate / Officeholder name Office sought Office held                                                                                                       |  |                                       |  |
| 4 Date<br>03/27/2025                                  |  | 5 Payee name<br>HP Instant Ink                                                                                                                                |  |                                       |  |
| 6 Amount (\$)<br>\$2.65                               |  | 7 Payee address; City: State: Zip Code<br>1501 Page Mill Rd Palo Alto, CA 94304-1126                                                                          |  |                                       |  |
| 8 PURPOSE OF EXPENDITURE                              |  | (a) Category (See categories listed at the top of this schedule)<br>Office Overhead/Rental Expense                                                            |  | (b) Description<br>Printer ink        |  |
|                                                       |  | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |                                       |  |
| 9 Complete ONLY if direct expenditure to benefit C/OH |  | Candidate / Officeholder name Office sought Office held                                                                                                       |  |                                       |  |

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

|                                                       |                                                                                                                                                               |                                       |
|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| 1 Total pages Schedule F1:<br>not available           | 2 FILER NAME<br>Dexter Lorraine-Navario McCoy                                                                                                                 | 3 Filer ID (Ethics Commission Filers) |
| 4 Date<br>04/28/2025                                  | 5 Payee name<br>HP Instant Ink                                                                                                                                |                                       |
| 6 Amount (\$)<br>\$1.58                               | 7 Payee address; City: State: Zip Code<br>1501 Page Mill Rd Palo Alto, CA 94304-1126                                                                          |                                       |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Office Overhead/Rental Expense                                                            | (b) Description<br>Printer ink        |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held             |
| 4 Date<br>05/27/2025                                  | 5 Payee name<br>HP Instant Ink                                                                                                                                |                                       |
| 6 Amount (\$)<br>\$3.35                               | 7 Payee address; City: State: Zip Code<br>1501 Page Mill Rd Palo Alto, CA 94304-1126                                                                          |                                       |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Office Overhead/Rental Expense                                                            | (b) Description<br>Printer ink        |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held             |

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

|                                                       |                                                                                                                                                               |                                                      |
|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|
| 1 Total pages Schedule F1:<br>not available           | 2 FILER NAME<br>Dexter Lorange-Navario McCoy                                                                                                                  | 3 Filer ID (Ethics Commission Filers)                |
| 4 Date<br>06/27/2025                                  | 5 Payee name<br>HP Instant Ink                                                                                                                                |                                                      |
| 6 Amount (\$)<br>\$1.90                               | 7 Payee address; City: State: Zip Code<br>1501 Page Mill Rd Palo Alto, CA 94304-1126                                                                          |                                                      |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Office Overhead/Rental Expense                                                            | (b) Description<br>Printer ink                       |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                                      |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held                            |
| 4 Date<br>05/20/2025                                  | 5 Payee name<br>Human Age Digital                                                                                                                             |                                                      |
| 6 Amount (\$)<br>\$1,750.00                           | 7 Payee address; City: State: Zip Code<br>2700 Post Oak Blvd F1 21 Houston, TX 77056-5798                                                                     |                                                      |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Advertising Expense                                                                       | (b) Description<br>Digital Marketing and Advertising |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                                      |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held                            |

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

|                                                       |                                                                                                                                                               |                                                 |
|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|
| 1 Total pages Schedule F1:<br>not available           | 2 FILER NAME<br>Dexter Lorange-Navario McCoy                                                                                                                  | 3 Filer ID (Ethics Commission Filers)           |
| 4 Date<br>04/10/2025                                  | 5 Payee name<br>Jaguar Tent & Events LLC                                                                                                                      |                                                 |
| 6 Amount (\$)<br>\$2,140.52                           | 7 Payee address; City: State: Zip Code<br>17016 Barnwood Dr Houston, TX 77090-2428                                                                            |                                                 |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Event Expense                                                                             | (b) Description<br>Tent, Tables, Chairs rentals |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                                 |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held                       |
| 4 Date<br>01/27/2025                                  | 5 Payee name<br>Keep Al Green in Congress                                                                                                                     |                                                 |
| 6 Amount (\$)<br>\$1,000.00                           | 7 Payee address; City: State: Zip Code<br>3003 S Loop W Ste 321 Houston, TX 77054-1373                                                                        |                                                 |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee                | (b) Description<br>Donation                     |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                                 |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held                       |

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

|                                                       |                                                                                                                                                               |                                                      |
|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|
| 1 Total pages Schedule F1:<br>not available           | 2 FILER NAME<br>Dexter Lorange-Navario McCoy                                                                                                                  | 3 Filer ID (Ethics Commission Filers)                |
| 4 Date<br>04/26/2025                                  | 5 Payee name<br>Kickin' Crawfish, LLC                                                                                                                         |                                                      |
| 6 Amount (\$)<br>\$3,700.00                           | 7 Payee address; City: State: Zip Code<br>16218 Waiting Spring Cir Houston, TX 77095-4548                                                                     |                                                      |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Food/Beverage Expense                                                                     | (b) Description<br>Catering for annual crawfish boil |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                                      |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held                            |
| 4 Date<br>04/15/2025                                  | 5 Payee name<br>Kwik Covers                                                                                                                                   |                                                      |
| 6 Amount (\$)<br>\$157.89                             | 7 Payee address; City: State: Zip Code<br>811 Ridge Rd Webster, NY 14580-2401                                                                                 |                                                      |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Event Expense                                                                             | (b) Description<br>Table covers                      |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                                      |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held                            |

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The instruction Guide explains how to complete this form.

|                                                       |                                                                                                                                                               |                                       |
|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| 1 Total pages Schedule F1:<br>not available           | 2 FILER NAME<br>Dexter Lorange-Navario McCoy                                                                                                                  | 3 Filer ID (Ethics Commission Filers) |
| 4 Date<br>05/12/2025                                  | 5 Payee name<br>Lamar Education Award Foundation                                                                                                              |                                       |
| 6 Amount (\$)<br>\$1,000.00                           | 7 Payee address; City: State: Zip Code<br>3911 Avenue I Rosenberg, TX 77471-3901                                                                              |                                       |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee             | (b) Description<br>Donation           |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held             |
| 4 Date<br>02/25/2025                                  | 5 Payee name<br>Lillie Schechter Campaign                                                                                                                     |                                       |
| 6 Amount (\$)<br>\$500.00                             | 7 Payee address; City: State: Zip Code<br>PO Box 667204 Houston, TX 77266-7204                                                                                |                                       |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee             | (b) Description<br>Donation           |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held             |

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

|                                                       |                                                                                                                                                               |                                                    |
|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|
| 1 Total pages Schedule F1:<br>not available           | 2 FILER NAME<br>Dexter Lorange-Navario McCoy                                                                                                                  | 3 Filer ID (Ethics Commission Filers)              |
| 4 Date<br>03/27/2025                                  | 5 Payee name<br>Lopez Mexican Restaurant                                                                                                                      |                                                    |
| 6 Amount (\$)<br>\$190.16                             | 7 Payee address; City: State: Zip Code<br>11606 S Wilcrest Dr Houston, TX 77099-4755                                                                          |                                                    |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Food/Beverage Expense                                                                     | (b) Description<br>Lunch for team retreat          |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                                    |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held                          |
| 4 Date<br>03/04/2025                                  | 5 Payee name<br>Lucille's                                                                                                                                     |                                                    |
| 6 Amount (\$)<br>\$500.00                             | 7 Payee address; City: State: Zip Code<br>5512 La Branch St Houston, TX 77004-7129                                                                            |                                                    |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Food/Beverage Expense                                                                     | (b) Description<br>Food Juvenile Probation program |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                                    |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held                          |

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

|                                                       |                                                                                                                                                               |                                                       |
|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|
| 1 Total pages Schedule F1:<br>not available           | 2 FILER NAME<br>Dexter Lorange-Navario McCoy                                                                                                                  | 3 Filer ID (Ethics Commission Filers)                 |
| 4 Date<br>06/02/2025                                  | 5 Payee name<br>Lyft                                                                                                                                          |                                                       |
| 6 Amount (\$)<br>\$30.99                              | 7 Payee address; City: State: Zip Code<br>185 Berry St San Francisco, CA 94107-5705                                                                           |                                                       |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Travel Out Of District                                                                    | (b) Description<br>Rideshare                          |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                                       |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held                             |
| 4 Date<br>01/01/2025                                  | 5 Payee name<br>Merci Mohagheghi                                                                                                                              |                                                       |
| 6 Amount (\$)<br>\$2,500.00                           | 7 Payee address; City: State: Zip Code<br>1010 Rosine St Apt 25 Houston, TX 77019-3871                                                                        |                                                       |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Consulting Expense                                                                        | (b) Description<br>Senior Advisor/Campaign Consultant |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                                       |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held                             |

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

|                                                       |                                                                                                                                                               |                                                       |
|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|
| 1 Total pages Schedule F1:<br>not available           | 2 FILER NAME<br>Dexter Lorange-Navario McCoy                                                                                                                  | 3 Filer ID (Ethics Commission Filers)                 |
| 4 Date<br>01/06/2025                                  | 5 Payee name<br>Merci Mohagheghi                                                                                                                              |                                                       |
| 6 Amount (\$)<br>\$122.51                             | 7 Payee address; City: State: Zip Code<br>1010 Rosine St Apt 25 Houston, TX 77019-3871                                                                        |                                                       |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Loan Repayment/Reimbursement                                                              | (b) Description<br>Reimbursement                      |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                                       |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held                             |
| 4 Date<br>01/13/2025                                  | 5 Payee name<br>Merci Mohagheghi                                                                                                                              |                                                       |
| 6 Amount (\$)<br>\$2,500.00                           | 7 Payee address; City: State: Zip Code<br>1010 Rosine St Apt 25 Houston, TX 77019-3871                                                                        |                                                       |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Consulting Expense                                                                        | (b) Description<br>Senior Advisor/Campaign Consultant |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                                       |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held                             |

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

The Instruction Guide explains how to complete this form.

|                                                       |                                                                                                                                                               |                                           |
|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| 1 Total pages Schedule F1:<br>not available           | 2 FILER NAME<br>Dexter Lorraine-Navario McCoy                                                                                                                 | 3 Filer ID (Ethics Commission Filers)     |
| 4 Date<br>01/14/2025                                  | 5 Payee name<br>NAACP Missouri City and Vicinity Branch                                                                                                       |                                           |
| 6 Amount (\$)<br>\$102.50                             | 7 Payee address; City: State: Zip Code<br>PO Box 1053 Missouri City, TX 77459-1053                                                                            |                                           |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee                | (b) Description<br>Donation/MLK breakfast |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                           |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held                 |
| 4 Date<br>05/12/2025                                  | 5 Payee name<br>NAACP Missouri City and Vicinity Branch                                                                                                       |                                           |
| 6 Amount (\$)<br>\$250.00                             | 7 Payee address; City: State: Zip Code<br>PO Box 1053 Missouri City, TX 77459-1053                                                                            |                                           |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee                | (b) Description<br>Donation               |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                           |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held                 |

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The instruction Guide explains how to complete this form.

|                                                       |                                                                                                                                                               |                                       |
|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| 1 Total pages Schedule F1:<br>not available           | 2 FILER NAME<br>Dexter Lorange-Navario McCoy                                                                                                                  | 3 Filer ID (Ethics Commission Filers) |
| 4 Date<br>01/03/2025                                  | 5 Payee name<br>NGP VAN                                                                                                                                       |                                       |
| 6 Amount (\$)<br>\$262.50                             | 7 Payee address; City: State: Zip Code<br>1445 New York Ave NW Ste 200 Washington, DC 20005-2158                                                              |                                       |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Office Overhead/Rental Expense                                                            | (b) Description<br>Database           |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held             |
| 4 Date<br>02/06/2025                                  | 5 Payee name<br>NGP VAN                                                                                                                                       |                                       |
| 6 Amount (\$)<br>\$262.50                             | 7 Payee address; City: State: Zip Code<br>1445 New York Ave NW Ste 200 Washington, DC 20005-2158                                                              |                                       |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Office Overhead/Rental Expense                                                            | (b) Description<br>Database           |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held             |

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

|                                                       |                                                                                                                                                               |                                       |
|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| 1 Total pages Schedule F1:<br>not available           | 2 FILER NAME<br>Dexter Lorange-Navario McCoy                                                                                                                  | 3 Filer ID (Ethics Commission Filers) |
| 4 Date<br>03/05/2025                                  | 5 Payee name<br>NGP VAN                                                                                                                                       |                                       |
| 6 Amount (\$)<br>\$262.50                             | 7 Payee address; City: State: Zip Code<br>1445 New York Ave NW Ste 200 Washington, DC 20005-2158                                                              |                                       |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Office Overhead/Rental Expense                                                            | (b) Description<br>Database           |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held             |
| 4 Date<br>05/05/2025                                  | 5 Payee name<br>NGP VAN                                                                                                                                       |                                       |
| 6 Amount (\$)<br>\$551.26                             | 7 Payee address; City: State: Zip Code<br>1445 New York Ave NW Ste 200 Washington, DC 20005-2158                                                              |                                       |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Office Overhead/Rental Expense                                                            | (b) Description<br>Database           |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held             |

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

|                                                       |                                                                                                                                                               |                                        |
|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| 1 Total pages Schedule F1:<br>not available           | 2 FILER NAME<br>Dexter Lorange-Navario McCoy                                                                                                                  | 3 Filer ID (Ethics Commission Filers)  |
| 4 Date<br>06/04/2025                                  | 5 Payee name<br>NGP VAN                                                                                                                                       |                                        |
| 6 Amount (\$)<br>\$275.63                             | 7 Payee address; City: State: Zip Code<br>1445 New York Ave NW Ste 200 Washington, DC 20005-2158                                                              |                                        |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Office Overhead/Rental Expense                                                            | (b) Description<br>Database            |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                        |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held              |
| 4 Date<br>05/19/2025                                  | 5 Payee name<br>Nothing Bundt Cakes Bakery                                                                                                                    |                                        |
| 6 Amount (\$)<br>\$87.00                              | 7 Payee address; City: State: Zip Code<br>10227 W Grand Pkwy S Ste 104 Richmond, TX 77407-2336                                                                |                                        |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Food/Beverage Expense                                                                     | (b) Description<br>Food for volunteers |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                        |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held              |

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

|                                                       |                                                                                                                                                               |                                       |
|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| 1 Total pages Schedule F1:<br>not available           | 2 FILER NAME<br>Dexter Lorange-Navario McCoy                                                                                                                  | 3 Filer ID (Ethics Commission Filers) |
| 4 Date<br>05/19/2025                                  | 5 Payee name<br>Nothing Bundt Cakes Bakery                                                                                                                    |                                       |
| 6 Amount (\$)<br>\$87.00                              | 7 Payee address; City: State: Zip Code<br>235 FM 2977 Rd Ste 190 Richmond, TX 77469-7523                                                                      |                                       |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Food/Beverage Expense                                                                     | (b) Description<br>Need               |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held             |
| 4 Date<br>04/04/2025                                  | 5 Payee name<br>OakBend Medical Center                                                                                                                        |                                       |
| 6 Amount (\$)<br>\$500.00                             | 7 Payee address; City: State: Zip Code<br>1705 Jackson St Richmond, TX 77469-3246                                                                             |                                       |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee                | (b) Description<br>Donation           |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held             |

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The instruction Guide explains how to complete this form.

|                                                       |                                                                                                                                                               |                                                       |
|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|
| 1 Total pages Schedule F1:<br>not available           | 2 FILER NAME<br>Dexter Lorange-Navario McCoy                                                                                                                  | 3 Filer ID (Ethics Commission Filers)                 |
| 4 Date<br>06/25/2025                                  | 5 Payee name<br>Perry's Steakhouse                                                                                                                            |                                                       |
| 6 Amount (\$)<br>\$486.48                             | 7 Payee address; City: State: Zip Code<br>2115 Town Square Pl Sugar Land, TX 77479-1277                                                                       |                                                       |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Food/Beverage Expense                                                                     | (b) Description<br>Constituents dinner                |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                                       |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held                             |
| 4 Date<br>06/02/2025                                  | 5 Payee name<br>Poor Calvins                                                                                                                                  |                                                       |
| 6 Amount (\$)<br>\$311.92                             | 7 Payee address; City: State: Zip Code<br>510 Piedmont Ave NE Atlanta, GA 30308-3411                                                                          |                                                       |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Food/Beverage Expense                                                                     | (b) Description<br>Dinner meeting while at conference |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                                       |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held                             |

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

|                                                       |                                                                                                                                                               |                                       |
|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| 1 Total pages Schedule F1:<br>not available           | 2 FILER NAME<br>Dexter Lorange-Navario McCoy                                                                                                                  | 3 Filer ID (Ethics Commission Filers) |
| 4 Date<br>05/27/2025                                  | 5 Payee name<br>Red Barn Picture Framing                                                                                                                      |                                       |
| 6 Amount (\$)<br>\$150.40                             | 7 Payee address; City: State: Zip Code<br>9850 S TEXAS 6 Sugar Land, TX 77498                                                                                 |                                       |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Office Overhead/Rental Expense                                                            | (b) Description<br>Framing            |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held             |
| 4 Date<br>02/25/2025                                  | 5 Payee name<br>Rolling Dough                                                                                                                                 |                                       |
| 6 Amount (\$)<br>\$37.15                              | 7 Payee address; City: State: Zip Code<br>1827 Richmond Pkwy Richmond, TX 77469-3605                                                                          |                                       |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Food/Beverage Expense                                                                     | (b) Description<br>Lunch for meeting  |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held             |

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

|                                                       |                                                                                                                                                               |                                           |
|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| 1 Total pages Schedule F1:<br>not available           | 2 FILER NAME<br>Dexter Lorange-Navario McCoy                                                                                                                  | 3 Filer ID (Ethics Commission Filers)     |
| 4 Date<br>04/11/2025                                  | 5 Payee name<br>Rolling Dough                                                                                                                                 |                                           |
| 6 Amount (\$)<br>\$63.76                              | 7 Payee address; City: State: Zip Code<br>1827 Richmond Pkwy Richmond, TX 77469-3605                                                                          |                                           |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Food/Beverage Expense                                                                     | (b) Description<br>Lunch for team retreat |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                           |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held                 |
| 4 Date<br>04/20/2025                                  | 5 Payee name<br>Rosenberg Railroad Museum                                                                                                                     |                                           |
| 6 Amount (\$)<br>\$2,000.00                           | 7 Payee address; City: State: Zip Code<br>PO Box 369 Rosenberg, TX 77471-0369                                                                                 |                                           |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Event Expense                                                                             | (b) Description<br>Crawfish Boil venue    |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                           |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held                 |

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

|                                                       |                                                                                                                                                               |                                       |
|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| 1 Total pages Schedule F1:<br>not available           | 2 FILER NAME<br>Dexter Lorange-Navario McCoy                                                                                                                  | 3 Filer ID (Ethics Commission Filers) |
| 4 Date<br>06/30/2025                                  | 5 Payee name<br>Shell Service Station                                                                                                                         |                                       |
| 6 Amount (\$)<br>\$14.88                              | 7 Payee address; City: State: Zip Code<br>1101 Jackson St Richmond, TX 77469-3319                                                                             |                                       |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Food/Beverage Expense                                                                     | (b) Description<br>Water              |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held             |
| 4 Date<br>02/13/2025                                  | 5 Payee name<br>Skai Live Event                                                                                                                               |                                       |
| 6 Amount (\$)<br>\$400.00                             | 7 Payee address; City: State: Zip Code<br>20914 Montana Bend Ln # L Cypress, TX 77433-7706                                                                    |                                       |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Event Expense                                                                             | (b) Description<br>Event DJ           |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held             |

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

The Instruction Guide explains how to complete this form.

|                                                       |                                                                                                                                                                          |                                                           |
|-------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|
| 1 Total pages Schedule F1:<br>not available           | 2 FILER NAME<br>Dexter Lorange-Navario McCoy                                                                                                                             | 3 Filer ID (Ethics Commission Filers)                     |
| 4 Date<br>03/27/2025                                  | 5 Payee name<br>Soliz Casa de Tacos                                                                                                                                      |                                                           |
| 6 Amount (\$)<br>\$38.43                              | 7 Payee address; City: State: Zip Code<br>303 Dulles Ave Stafford, TX 77477-4703                                                                                         |                                                           |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Food/Beverage Expense                                                                                | (b) Description<br>Breakfast for team retreat             |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense            |                                                           |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                            | Office sought Office held                                 |
| 4 Date<br>05/20/2025                                  | 5 Payee name<br>Southwest Airlines Co.                                                                                                                                   |                                                           |
| 6 Amount (\$)<br>\$386.96                             | 7 Payee address; City: State: Zip Code<br>2702 Love Field Dr Dallas, TX 75235-1908                                                                                       |                                                           |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Travel Out Of District                                                                               | (b) Description<br>Collective PAC Black Leadership Summit |
|                                                       | (c) <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                                           |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                            | Office sought Office held                                 |

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

|                                                       |                                                                                                                                                               |                                       |
|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| 1 Total pages Schedule F1:<br>not available           | 2 FILER NAME<br>Dexter Lorange-Navario McCoy                                                                                                                  | 3 Filer ID (Ethics Commission Filers) |
| 4 Date<br>01/13/2025                                  | 5 Payee name<br>State Farm                                                                                                                                    |                                       |
| 6 Amount (\$)<br>\$121.06                             | 7 Payee address; City: State: Zip Code<br>PO Box 588002 North Metro, GA 30029-8002                                                                            |                                       |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Office Overhead/Rental Expense                                                            | (b) Description<br>Insurance          |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held             |
| 4 Date<br>04/08/2025                                  | 5 Payee name<br>State Farm                                                                                                                                    |                                       |
| 6 Amount (\$)<br>\$54.41                              | 7 Payee address; City: State: Zip Code<br>PO Box 588002 North Metro, GA 30029-8002                                                                            |                                       |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Office Overhead/Rental Expense                                                            | (b) Description<br>Insurance          |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held             |

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 Expense |
| Consulting Expense                         | Food/Beverage Expense                                     | Polling Expense               | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense                             | Printing Expense              | Travel Out of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                                            | Salaries/Wages/Contract Labor | Other (enter a category not listed above)  |
| Credit Card Payment                        | The Instruction Guide explains how to complete this form. |                               |                                            |

|                                                       |                                                                                                                                                                |                                       |
|-------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| 1 Total pages Schedule F1:<br>not available           | 2 FILER NAME<br>Dexter Lorange-Navario McCoy                                                                                                                   | 3 Filer ID (Ethics Commission Filers) |
| 4 Date<br>05/09/2025                                  | 5 Payee name<br>State Farm                                                                                                                                     |                                       |
| 6 Amount (\$)<br>\$54.41                              | 7 Payee address; City: State: Zip Code<br>PO Box 588002 North Metro, GA 30029-8002                                                                             |                                       |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Office Overhead/Rental Expense                                                             | (b) Description<br>Insurance          |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expenses |                                       |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                  | Office sought Office held             |
| 4 Date<br>06/10/2025                                  | 5 Payee name<br>State Farm                                                                                                                                     |                                       |
| 6 Amount (\$)<br>\$54.41                              | 7 Payee address; City: State: Zip Code<br>PO Box 588002 North Metro, GA 30029-8002                                                                             |                                       |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Office Overhead/Rental Expense                                                             | (b) Description<br>Insurance          |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expenses |                                       |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                  | Office sought Office held             |

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

|                                                       |                                                                                                                                                               |                                       |
|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| 1 Total pages Schedule F1:<br>not available           | 2 FILER NAME<br>Dexter Lorange-Navario McCoy                                                                                                                  | 3 Filer ID (Ethics Commission Filers) |
| 4 Date<br>01/21/2025                                  | 5 Payee name<br>T-Mobile                                                                                                                                      |                                       |
| 6 Amount (\$)<br>\$104.31                             | 7 Payee address; City: State: Zip Code<br>PO Box 742596 Cincinnati, OH 45274-2596                                                                             |                                       |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Office Overhead/Rental Expense                                                            | (b) Description<br>Cell phone         |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held             |
| 4 Date<br>02/20/2025                                  | 5 Payee name<br>T-Mobile                                                                                                                                      |                                       |
| 6 Amount (\$)<br>\$74.31                              | 7 Payee address; City: State: Zip Code<br>PO Box 742596 Cincinnati, OH 45274-2596                                                                             |                                       |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Office Overhead/Rental Expense                                                            | (b) Description<br>Cell phone         |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held             |

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

|                                                       |                                                                                                                                                               |                                       |
|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| 1 Total pages Schedule F1:<br>not available           | 2 FILER NAME<br>Dexter Lorange-Navario McCoy                                                                                                                  | 3 Filer ID (Ethics Commission Filers) |
| 4 Date<br>03/20/2025                                  | 5 Payee name<br>T-Mobile                                                                                                                                      |                                       |
| 6 Amount (\$)<br>\$105.86                             | 7 Payee address; City: State: Zip Code<br>PO Box 742596 Cincinnati, OH 45274-2596                                                                             |                                       |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Office Overhead/Rental Expense                                                            | (b) Description<br>Cell phone         |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held             |
| 4 Date<br>04/21/2025                                  | 5 Payee name<br>T-Mobile                                                                                                                                      |                                       |
| 6 Amount (\$)<br>\$109.31                             | 7 Payee address; City: State: Zip Code<br>PO Box 742596 Cincinnati, OH 45274-2596                                                                             |                                       |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Office Overhead/Rental Expense                                                            | (b) Description<br>Cell phone         |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held             |

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

|                                                       |                                                                                                                                                               |                                       |
|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| 1 Total pages Schedule F1:<br>not available           | 2 FILER NAME<br>Dexter Lorange-Navario McCoy                                                                                                                  | 3 Filer ID (Ethics Commission Filers) |
| 4 Date<br>05/20/2025                                  | 5 Payee name<br>T-Mobile                                                                                                                                      |                                       |
| 6 Amount (\$)<br>\$109.31                             | 7 Payee address; City: State: Zip Code<br>PO Box 742596 Cincinnati, OH 45274-2596                                                                             |                                       |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Office Overhead/Rental Expense                                                            | (b) Description<br>Cell phone         |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held             |
| 4 Date<br>05/01/2025                                  | 5 Payee name<br>The Collective PAC                                                                                                                            |                                       |
| 6 Amount (\$)<br>\$2,500.00                           | 7 Payee address; City: State: Zip Code<br>2101 L St NW Ste 800 Washington, DC 20037-1657                                                                      |                                       |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee                | (b) Description<br>Donation           |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held             |

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

The instruction Guide explains how to complete this form.

|                                                       |                                                                                                                                                               |                                             |
|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|
| 1 Total pages Schedule F1:<br>not available           | 2 FILER NAME<br>Dexter Lorange-Navario McCoy                                                                                                                  | 3 Filer ID (Ethics Commission Filers)       |
| 4 Date<br>04/22/2025                                  | 5 Payee name<br>The fight for Democracy                                                                                                                       |                                             |
| 6 Amount (\$)<br>\$400.00                             | 7 Payee address; City: State: Zip Code<br>1401 Cleburne St Houston, TX 77004-4033                                                                             |                                             |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee                | (b) Description<br>Donation                 |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                             |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held                   |
| 4 Date<br>06/02/2025                                  | 5 Payee name<br>The Gathering Spot                                                                                                                            |                                             |
| 6 Amount (\$)<br>\$93.32                              | 7 Payee address; City: State: Zip Code<br>384 Northyards Blvd NW Atlanta, GA 30313-2440                                                                       |                                             |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Food/Beverage Expense                                                                     | (b) Description<br>Meal while at conference |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                             |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held                   |

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

|                                                       |                                                                                                                                                               |                                                                  |
|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|
| 1 Total pages Schedule F1:<br>not available           | 2 FILER NAME<br>Dexter Lorange-Navario McCoy                                                                                                                  | 3 Filer ID (Ethics Commission Filers)                            |
| 4 Date<br>01/21/2025                                  | 5 Payee name<br>USPS                                                                                                                                          |                                                                  |
| 6 Amount (\$)<br>\$257.00                             | 7 Payee address; City: State: Zip Code<br>5560 FM 1640 Rd Richmond, TX 77469-5424                                                                             |                                                                  |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Office Overhead/Rental Expense                                                            | (b) Description<br>PO Box rental                                 |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                                                  |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held                                        |
| 4 Date<br>06/02/2025                                  | 5 Payee name<br>W Hotel Atlanta                                                                                                                               |                                                                  |
| 6 Amount (\$)<br>\$410.04                             | 7 Payee address; City: State: Zip Code<br>45 Ivan Allen Jr Blvd NW Atlanta, GA 30308-3052                                                                     |                                                                  |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Travel Out Of District                                                                    | (b) Description<br>Hotel accommodation while attending conferenc |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                                                  |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held                                        |

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

|                                                       |                                                                                                                                                               |                                               |
|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| 1 Total pages Schedule F1:<br>not available           | 2 FILER NAME<br>Dexter Lorange-Navario McCoy                                                                                                                  | 3 Filer ID (Ethics Commission Filers)         |
| 4 Date<br>04/14/2025                                  | 5 Payee name<br>Wal-Mart                                                                                                                                      |                                               |
| 6 Amount (\$)<br>\$31.31                              | 7 Payee address; City: State: Zip Code<br>5330 FM 1640 Rd Richmond, TX 77469-5435                                                                             |                                               |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Office Overhead/Rental Expense                                                            | (b) Description<br>Office Supplies            |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                               |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held                     |
| 4 Date<br>04/11/2025                                  | 5 Payee name<br>Witt Pitt                                                                                                                                     |                                               |
| 6 Amount (\$)<br>\$105.67                             | 7 Payee address; City: State: Zip Code<br>2516 1st St Rosenberg, TX 77471-5008                                                                                |                                               |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Food/Beverage Expense                                                                     | (b) Description<br>Breakfast for team retreat |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                               |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held                     |

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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

|                                                       |                                                                                                                                                               |                                       |
|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| 1 Total pages Schedule F1:<br>not available           | 2 FILER NAME<br>Dexter Lorange-Navario McCoy                                                                                                                  | 3 Filer ID (Ethics Commission Filers) |
| 4 Date<br>01/23/2025                                  | 5 Payee name<br>WIX.COM                                                                                                                                       |                                       |
| 6 Amount (\$)<br>\$12.99                              | 7 Payee address; City: State: Zip Code<br>500 Terry A Francois Blvd Fl 6 San Francisco, CA 94158-2354                                                         |                                       |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Office Overhead/Rental Expense                                                            | (b) Description<br>Website            |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held             |
| 4 Date<br>02/21/2025                                  | 5 Payee name<br>WIX.COM                                                                                                                                       |                                       |
| 6 Amount (\$)<br>\$357.00                             | 7 Payee address; City: State: Zip Code<br>500 Terry A Francois Blvd Fl 6 San Francisco, CA 94158-2354                                                         |                                       |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Office Overhead/Rental Expense                                                            | (b) Description<br>Website            |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held             |

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

The Instruction Guide explains how to complete this form.

|                                                       |                                                                                                                                                               |                                                |
|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| 1 Total pages Schedule F1:<br>not available           | 2 FILER NAME<br>Dexter Lorange-Navario McCoy                                                                                                                  | 3 Filer ID (Ethics Commission Filers)          |
| 4 Date<br>04/24/2025                                  | 5 Payee name<br>WOW Party Art                                                                                                                                 |                                                |
| 6 Amount (\$)<br>\$300.00                             | 7 Payee address; City: State: Zip Code<br>2802 Hardy St Apt C Houston, TX 77009-7065                                                                          |                                                |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Event Expense                                                                             | (b) Description<br>Face painter                |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                                |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held                      |
| 4 Date<br>01/06/2025                                  | 5 Payee name<br>Zoom                                                                                                                                          |                                                |
| 6 Amount (\$)<br>\$16.79                              | 7 Payee address; City: State: Zip Code<br>6601 College Blvd Leawood, KS 66211-1504                                                                            |                                                |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Office Overhead/Rental Expense                                                            | (b) Description<br>Video conferencing software |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                                |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held                      |

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

|                                                       |                                                                                                                                                               |                                                |
|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| 1 Total pages Schedule F1:<br>not available           | 2 FILER NAME<br>Dexter Lorange-Navario McCoy                                                                                                                  | 3 Filer ID (Ethics Commission Filers)          |
| 4 Date<br>02/05/2025                                  | 5 Payee name<br>Zoom                                                                                                                                          |                                                |
| 6 Amount (\$)<br>\$16.79                              | 7 Payee address; City: State: Zip Code<br>6601 College Blvd Leawood, KS 66211-1504                                                                            |                                                |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Office Overhead/Rental Expense                                                            | (b) Description<br>Video conferencing software |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                                |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held                      |
| 4 Date<br>03/05/2025                                  | 5 Payee name<br>Zoom                                                                                                                                          |                                                |
| 6 Amount (\$)<br>\$16.79                              | 7 Payee address; City: State: Zip Code<br>6601 College Blvd Leawood, KS 66211-1504                                                                            |                                                |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Office Overhead/Rental Expense                                                            | (b) Description<br>Video conferencing software |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                                |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held                      |

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The instruction Guide explains how to complete this form.

|                                                       |                                                                                                                                                               |                                                |
|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| 1 Total pages Schedule F1:<br>not available           | 2 FILER NAME<br>Dexter Lorange-Navario McCoy                                                                                                                  | 3 Filer ID (Ethics Commission Filers)          |
| 4 Date<br>04/07/2025                                  | 5 Payee name<br>Zoom                                                                                                                                          |                                                |
| 6 Amount (\$)<br>\$16.79                              | 7 Payee address; City: State: Zip Code<br>6601 College Blvd Leawood, KS 66211-1504                                                                            |                                                |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Office Overhead/Rental Expense                                                            | (b) Description<br>Video conferencing software |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                                |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held                      |
| 4 Date<br>05/05/2025                                  | 5 Payee name<br>Zoom                                                                                                                                          |                                                |
| 6 Amount (\$)<br>\$16.79                              | 7 Payee address; City: State: Zip Code<br>6601 College Blvd Leawood, KS 66211-1504                                                                            |                                                |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Office Overhead/Rental Expense                                                            | (b) Description<br>Video conferencing software |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                                |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held                      |

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 | 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:<br>not available           | 2 FILER NAME<br>Dexter Lorange-Navario McCoy                                                                                                                  | 3 Filer ID (Ethics Commission Filers)          |
| 4 Date<br>06/05/2025                                  | 5 Payee name<br>Zoom                                                                                                                                          |                                                |
| 6 Amount (\$)<br>\$16.79                              | 7 Payee address; City: State: Zip Code<br>6601 College Blvd Leawood, KS 66211-1504                                                                            |                                                |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Office Overhead/Rental Expense                                                            | (b) Description<br>Video conferencing software |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                                |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held                      |

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# IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE 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:<br>not available |                                      |                                          |                                                 |                                      |                                     |                                                 |                                      |                                      |                                     |                                     |                                          |                                        |
| 2 FILER NAME<br>Dexter Loranco-Navario McCoy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                        | 3 Filer ID (Ethics Commission Filers)      |                                      |                                          |                                                 |                                      |                                     |                                                 |                                      |                                      |                                     |                                     |                                          |                                        |
| 4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee<br>Southwest Airlines Co.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                        |                                            |                                      |                                          |                                                 |                                      |                                     |                                                 |                                      |                                      |                                     |                                     |                                          |                                        |
| 5 Contribution / Expenditure reported on:<br><table><tr><td><input type="checkbox"/> Schedule A2</td><td><input type="checkbox"/> Schedule B</td><td><input type="checkbox"/> Schedule B(J)</td><td><input type="checkbox"/> Schedule C2</td><td><input type="checkbox"/> Schedule D</td><td><input checked="" type="checkbox"/> Schedule F1</td></tr><tr><td><input type="checkbox"/> Schedule F2</td><td><input type="checkbox"/> Schedule F4</td><td><input type="checkbox"/> Schedule G</td><td><input type="checkbox"/> Schedule H</td><td><input type="checkbox"/> Schedule COH-UC</td><td><input type="checkbox"/> Schedule B-SS</td></tr></table> |                                                                                                                        |                                            | <input type="checkbox"/> Schedule A2 | <input type="checkbox"/> Schedule B      | <input type="checkbox"/> Schedule B(J)          | <input type="checkbox"/> Schedule C2 | <input type="checkbox"/> Schedule D | <input checked="" type="checkbox"/> Schedule F1 | <input type="checkbox"/> Schedule F2 | <input type="checkbox"/> Schedule F4 | <input type="checkbox"/> Schedule G | <input type="checkbox"/> Schedule H | <input type="checkbox"/> Schedule COH-UC | <input type="checkbox"/> Schedule B-SS |
| <input type="checkbox"/> Schedule A2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Schedule B                                                                                    | <input type="checkbox"/> Schedule B(J)     | <input type="checkbox"/> Schedule C2 | <input type="checkbox"/> Schedule D      | <input checked="" type="checkbox"/> Schedule F1 |                                      |                                     |                                                 |                                      |                                      |                                     |                                     |                                          |                                        |
| <input type="checkbox"/> Schedule F2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Schedule F4                                                                                   | <input type="checkbox"/> Schedule G        | <input type="checkbox"/> Schedule H  | <input type="checkbox"/> Schedule COH-UC | <input type="checkbox"/> Schedule B-SS          |                                      |                                     |                                                 |                                      |                                      |                                     |                                     |                                          |                                        |
| 6 Dates of travel<br>5/30/2025 And<br>6/1/2025                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 7 Name of person(s) traveling<br>Dexter McCoy                                                                          |                                            |                                      |                                          |                                                 |                                      |                                     |                                                 |                                      |                                      |                                     |                                     |                                          |                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 8 Departure city or name of departure location<br>Houston                                                              |                                            |                                      |                                          |                                                 |                                      |                                     |                                                 |                                      |                                      |                                     |                                     |                                          |                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 9 Destination city or name of destination location<br>Atlanta                                                          |                                            |                                      |                                          |                                                 |                                      |                                     |                                                 |                                      |                                      |                                     |                                     |                                          |                                        |
| 10 Means of transportation<br>COMMAIR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 11 Purpose of travel (including name of conference, seminar, or other event)<br>Collective PAC Black Leadership Summit |                                            |                                      |                                          |                                                 |                                      |                                     |                                                 |                                      |                                      |                                     |                                     |                                          |                                        |

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