

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed: 35		OFFICE USE ONLY Date Received AUG 20 2026 RCVD Date Hand-delivered or Date Postmarked Receipt # Date-Hand-delivered Amount Date Processed Date Imaged	
3 CANDIDATE/ OFFICEHOLDER NAME	MS/MRS/MR	FIRST	MI		
	NICKNAME	LAST	SUFFIX		
4 ORIGINAL REPORT TYPE		☐ January 15 ☐ July 15 ☒ 30th day before election ☐ 8th day before election ☐ Runoff ☐ Exceeded modified reporting limit ☐ 15th day after treasurer appointment (officeholder only) ☐ Final report			
5 ORIGINAL PERIOD COVERED		Month Day Year 01/01/2026 THROUGH 01/22/2026			

6 EXPLANATION OF CORRECTION

Amended Report type: 30th day before election

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]
Signature of Candidate / Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

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

[Signature]
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)

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.				1 Filer ID (Ethics Commission Filers)		2 Total pages filed: 35		
3	CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR NICKNAME	FIRST Dexter Lorange-Navario LAST McCoy	MI SUFFIX	OFFICE USE ONLY			
4	CANDIDATE / OFFICEHOLDER MAILING ADDRESS ☐ Change of Address	ADDRESS /PO BOX: APT/SUITE # CITY STATE: ZIP CODE P.O. Box 1398 Richmond TX 77406						
5	CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		Date Received Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged		
6	CAMPAIGN TREASURER NAME	MS/MRS/MR NICKNAME	FIRST Joseph LAST Killebrew	MI SUFFIX				
7	CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT/SUITE # CITY STATE: ZIP CODE 8835 Arch Rock Dr. Cypress TX 77433						
8	CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER (407) 376-0352	EXTENSION				
9	REPORT TYPE	☐ January 15 ☒ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (officeholder only) ☐ July 15 ☐ 8th day before election ☐ Exceeded Modified Reporting limit ☐ Final report (Attach- COH-FR)						
10	PERIOD COVERED	Month Day Year 01/01/2026 THROUGH 01/22/2026						
11	ELECTION	ELECTION DATE Month Day Year 3/3/2026 ELECTION TYPE ☒ Primary ☐ Runoff ☐ Other ☐ General ☐ Special						
12	OFFICE	OFFICE HELD (if any) Fort Bend County Commissioner Pct. 4				13 OFFICE SOUGHT (if known) Fort Bend County Judge		
14	NOTICE FROM POLITICAL COMMITTEE(S) ☐ Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.						
		COMMITTEE TYPE ☐ GENERAL ☐ SPECIFIC		COMMITTEE NAME				
				COMMITTEE ADDRESS				
				COMMITTEE CAMPAIGN TREASURER NAME				
				COMMITTEE CAMPAIGN TREASURER ADDRESS				
GO TO PAGE 2								

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME	Dexter 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)	\$15,770.00
EXPENDITURE TOTALS	3 TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$0.00
	4 TOTAL POLITICAL EXPENDITURES	\$133,217.55
CONTRIBUTION BALANCE	5 TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$916,067.64
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] 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)

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

19 FILER NAME Dexter Lorange-Navario McCoy	20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$15,770.00
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	\$133,217.55
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$0.00
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$0.00
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$0.00
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$0.00
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$0.00
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$0.00
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS AND CONTRIBUTIONS RETURNED TO FILER	\$0.00

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: not available
2 FILER NAME Dexter Lorange-Navario McCoy		3 Filer ID (Ethics Commission Filers)
4 Date 01/17/2026	5 Full name of contributor ☐ out-of-state PAC _____ John Blake Abbott 6 Contributor address; City; State; Zip Code 5502 Harris Woods Trce Fulshear, TX 77441-4197	7 Amount of contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 01/16/2026	5 Full name of contributor ☐ out-of-state PAC _____ Washington Alton 6 Contributor address; City; State; Zip Code 5626 Benning Dr Houston, TX 77096-6136	7 Amount of contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 01/15/2026	5 Full name of contributor ☐ out-of-state PAC _____ Emily Anderson 6 Contributor address; City; State; Zip Code 4807 Pin Oak Park Apt 3311 Houston, TX 77081-2229	7 Amount of contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 01/15/2026	5 Full name of contributor ☐ out-of-state PAC _____ Nory Angel 6 Contributor address; City; State; Zip Code 4410 Walker St Houston, TX 77023-1146	7 Amount of contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 01/15/2026	5 Full name of contributor ☐ out-of-state PAC _____ Donyale Banks 6 Contributor address; City; State; Zip Code 23518 Spencer Meadow Ln Richmond, TX 77469-6431	7 Amount of contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: not available
2 FILER NAME Dexter Lorange-Navario McCoy		3 Filer ID (Ethics Commission Filers)
4 Date 01/07/2026	5 Full name of contributor ☐ out-of-state PAC _____ William Bobrick 6 Contributor address; City; State; Zip Code 2440 Texas Pkwy Ste 240 Missouri City, TX 77489-4085	7 Amount of contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 01/15/2026	5 Full name of contributor ☐ out-of-state PAC _____ Louethel Bremond 6 Contributor address; City; State; Zip Code 1615 S Yegua River Cir Sugar Land, TX 77478-5341	7 Amount of contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 01/15/2026	5 Full name of contributor ☐ out-of-state PAC _____ Adrian Brown 6 Contributor address; City; State; Zip Code 4817 York St Apt 176 Metairie, LA 70001-1143	7 Amount of contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 01/15/2026	5 Full name of contributor ☐ out-of-state PAC _____ Joseph C Conaty 6 Contributor address; City; State; Zip Code 255 Gundry Dr Falls Church, VA 22046-4117	7 Amount of contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 01/07/2026	5 Full name of contributor ☐ out-of-state PAC _____ John Calhoun 6 Contributor address; City; State; Zip Code 126 E Amite St Jackson, MS 39201-2101	7 Amount of contribution (\$) \$2,500.00
8 Principal occupation / Job title (See Instructions) CEO		9 Employer (See Instructions) IMS

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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: not available
2 FILER NAME Dexter Lorange-Navario McCoy		3 Filer ID (Ethics Commission Filers)
4 Date 01/08/2026	5 Full name of contributor ☐ out-of-state PAC _____ Beverly Chance 6 Contributor address; City; State; Zip Code 2122 Peachwood Dr Missouri City, TX 77489-5019	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 01/15/2026	5 Full name of contributor ☐ out-of-state PAC _____ Michael Cox 6 Contributor address; City; State; Zip Code 5005 Riverway Dr Ste 500 Houston, TX 77056-2196	7 Amount of contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 01/15/2026	5 Full name of contributor ☐ out-of-state PAC _____ Walter Criner 6 Contributor address; City; State; Zip Code 16243 Mission Glen Dr Houston, TX 77083-5261	7 Amount of contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 01/15/2026	5 Full name of contributor ☐ out-of-state PAC _____ Kimbrelly Dandridge 6 Contributor address; City; State; Zip Code 4123 Chloe Ridge Ln Fulshear, TX 77441-2264	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 01/07/2026	5 Full name of contributor ☐ out-of-state PAC _____ Gwendolyn Davis 6 Contributor address; City; State; Zip Code 306 Fairwood Springs Ln Richmond, TX 77406-3588	7 Amount of contribution (\$) \$10.00
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: not available
2 FILER NAME Dexter Lorange-Navario McCoy		3 Filer ID (Ethics Commission Filers)
4 Date 01/17/2026	5 Full name of contributor ☐ out-of-state PAC _____ Brandon Dudley 6 Contributor address; City; State; Zip Code 3424 Charleston St Houston, TX 77021-1212	7 Amount of contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 01/01/2026	5 Full name of contributor ☐ out-of-state PAC _____ Rita Earlz 6 Contributor address; City; State; Zip Code 7990 N Stadium Dr # 26 Houston, TX 77030-4410	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 01/16/2026	5 Full name of contributor ☐ out-of-state PAC _____ Lois Essells 6 Contributor address; City; State; Zip Code 902 Chateau Pl Richmond, TX 77469-5108	7 Amount of contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 01/07/2026	5 Full name of contributor ☐ out-of-state PAC _____ Meghna Goswami 6 Contributor address; City; State; Zip Code 4709 Laurel St Bellaire, TX 77401-4408	7 Amount of contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 01/15/2026	5 Full name of contributor ☐ out-of-state PAC _____ Ronald Green 6 Contributor address; City; State; Zip Code 3757 Parkwood Dr Houston, TX 77021-1509	7 Amount of contribution (\$) \$2,500.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Ronald Green & Associates PLLC

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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: not available
2 FILER NAME Dexter Lorange-Navario McCoy		3 Filer ID (Ethics Commission Filers)
4 Date 01/15/2026	5 Full name of contributor ☐ out-of-state PAC _____ Larry Hayes Jr 6 Contributor address; City; State; Zip Code 4503 Pine Landing Dr Missouri City, TX 77459-6720	7 Amount of contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 01/07/2026	5 Full name of contributor ☐ out-of-state PAC _____ Jaideep Hebbar 6 Contributor address; City; State; Zip Code 3311 Georgetown St Houston, TX 77005-2907	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 01/15/2026	5 Full name of contributor ☐ out-of-state PAC _____ Alyce Hill 6 Contributor address; City; State; Zip Code 6402 Harbourside Ln Missouri City, TX 77459-5007	7 Amount of contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 01/16/2026	5 Full name of contributor ☐ out-of-state PAC _____ Kathy Holtwick 6 Contributor address; City; State; Zip Code 3103 Dandelion Dr Richmond, TX 77469-1971	7 Amount of contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 01/15/2026	5 Full name of contributor ☐ out-of-state PAC _____ Sharyn Hyatt 6 Contributor address; City; State; Zip Code 13127 Parkbrook Way Ln Sugar Land, TX 77498-7473	7 Amount of contribution (\$) \$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: not available
2 FILER NAME Dexter Lorange-Navario McCoy		3 Filer ID (Ethics Commission Filers)
4 Date 01/08/2026	5 Full name of contributor ☐ out-of-state PAC _____ felipe jaramillo 6 Contributor address; City; State; Zip Code 2 Riverway Ste 650 Houston, TX 77056-2073	7 Amount of contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 01/16/2026	5 Full name of contributor ☐ out-of-state PAC _____ Ann Knauth 6 Contributor address; City; State; Zip Code 602 Saguaro Way Richmond, TX 77469-1980	7 Amount of contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 01/05/2026	5 Full name of contributor ☐ out-of-state PAC _____ Lee A. Lahourcade 6 Contributor address; City; State; Zip Code 47 E Broad Oaks Dr Houston, TX 77056-1201	7 Amount of contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 01/15/2026	5 Full name of contributor ☐ out-of-state PAC _____ Lindsay Lanagan 6 Contributor address; City; State; Zip Code 4418 Elser St Houston, TX 77009-2828	7 Amount of contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 01/05/2026	5 Full name of contributor ☐ out-of-state PAC _____ Rafferty Laredo 6 Contributor address; City; State; Zip Code 835 Fugate St Houston, TX 77009-5056	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: not available
2 FILER NAME Dexter Lorange-Navario McCoy		3 Filer ID (Ethics Commission Filers)
4 Date 01/03/2026	5 Full name of contributor ☐ out-of-state PAC _____ Lindsay Lewis 6 Contributor address; City; State; Zip Code 1303 Angel Shores Ln Katy, TX 77494-4851	7 Amount of contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 01/05/2026	5 Full name of contributor ☐ out-of-state PAC _____ Maggie Ma 6 Contributor address; City; State; Zip Code 130 Monarch Trl Sugar Land, TX 77498-2522	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 01/14/2026	5 Full name of contributor ☐ out-of-state PAC _____ Kathleen Malcolmson 6 Contributor address; City; State; Zip Code 19558 Cedar Cove Ct Richmond, TX 77407-1573	7 Amount of contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 01/08/2026	5 Full name of contributor ☐ out-of-state PAC _____ Colin Marts 6 Contributor address; City; State; Zip Code 2459 Mission Heights Way Manvel, TX 77578-7112	7 Amount of contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 01/08/2026	5 Full name of contributor ☐ out-of-state PAC _____ Nancy Matocha 6 Contributor address; City; State; Zip Code 3011 Dotted Skipper Dr Richmond, TX 77469-4577	7 Amount of contribution (\$) \$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: not available
2 FILER NAME Dexter Lorange-Navario McCoy		3 Filer ID (Ethics Commission Filers)
4 Date 01/05/2026	5 Full name of contributor ☐ out-of-state PAC _____ Tre Maxie 6 Contributor address; City; State; Zip Code 1316 Cleveland St Unit D Houston, TX 77019-5159	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 01/06/2026	5 Full name of contributor ☐ out-of-state PAC _____ Jack McBride 6 Contributor address; City; State; Zip Code 5902 Petty St Houston, TX 77007-1026	7 Amount of contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 01/07/2026	5 Full name of contributor ☐ out-of-state PAC _____ Marcelo Moacyr 6 Contributor address; City; State; Zip Code 5719 Martinique Pass Sugar Land, TX 77479-4158	7 Amount of contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Engineer		9 Employer (See Instructions) BGE Inc.
4 Date 01/07/2026	5 Full name of contributor ☐ out-of-state PAC _____ Lindsay Munoz 6 Contributor address; City; State; Zip Code 1045 Rosepoint St Houston, TX 77018-5224	7 Amount of contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) Consulting		9 Employer (See Instructions) Whitmire & Munoz LLC
4 Date 01/15/2026	5 Full name of contributor ☐ out-of-state PAC _____ Kwame Ndzibah 6 Contributor address; City; State; Zip Code 3 Herbert Ave White Plains, NY 10606-3403	7 Amount of contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: not available
2 FILER NAME Dexter Lorange-Navario McCoy		3 Filer ID (Ethics Commission Filers)
4 Date 01/15/2026	5 Full name of contributor ☐ out-of-state PAC _____ James Nelson 6 Contributor address; City; State; Zip Code 4620 N Braeswood Blvd Apt 47 Houston, TX 77096-2847	7 Amount of contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 01/15/2026	5 Full name of contributor ☐ out-of-state PAC _____ Richard Nickerson 6 Contributor address; City; State; Zip Code 3826 Auburn Grove Cir Missouri City, TX 77459-6837	7 Amount of contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 01/12/2026	5 Full name of contributor ☐ out-of-state PAC _____ Don Quinn 6 Contributor address; City; State; Zip Code 1503 Plantation Dr Richmond, TX 77406-1317	7 Amount of contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 01/16/2026	5 Full name of contributor ☐ out-of-state PAC _____ Nisha Randle 6 Contributor address; City; State; Zip Code 917 Pinckney St Houston, TX 77009-8616	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 01/15/2026	5 Full name of contributor ☐ out-of-state PAC _____ Srikala Rangan 6 Contributor address; City; State; Zip Code 30 Dorothea Ln Sugar Land, TX 77479-2446	7 Amount of contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: not available
2 FILER NAME Dexter Lorange-Navario McCoy		3 Filer ID (Ethics Commission Filers)
4 Date 01/15/2026	5 Full name of contributor ☐ out-of-state PAC _____ Ashton Remo 6 Contributor address; City; State; Zip Code 33 Supiro Dr Manvel, TX 77578-3378	7 Amount of contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 01/07/2026	5 Full name of contributor ☐ out-of-state PAC _____ Ronique Robinson 6 Contributor address; City; State; Zip Code 3403 Long Barrow Ln Missouri City, TX 77459-2455	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 01/06/2026	5 Full name of contributor ☐ out-of-state PAC _____ Walt Sass 6 Contributor address; City; State; Zip Code 2707 Autumn Lake Dr Katy, TX 77450-5781	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Principal		9 Employer (See Instructions) Weisser Engineering & Surveying
4 Date 01/08/2026	5 Full name of contributor ☐ out-of-state PAC _____ Qiara Suggs 6 Contributor address; City; State; Zip Code 17426 Endel Way Richmond, TX 77407-2764	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 01/20/2026	5 Full name of contributor ☐ out-of-state PAC _____ Ted Tankard 6 Contributor address; City; State; Zip Code 10218 Reading Rd Richmond, TX 77469-7328	7 Amount of contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: not available
2 FILER NAME Dexter Lorange-Navario McCoy		3 Filer ID (Ethics Commission Filers)
4 Date 01/15/2026	5 Full name of contributor ☐ out-of-state PAC _____ Colette Vallot 6 Contributor address; City; State; Zip Code 3651 Maroneal St Houston, TX 77025-1324	7 Amount of contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 01/16/2026	5 Full name of contributor ☐ out-of-state PAC _____ Irene Velasquez 6 Contributor address; City; State; Zip Code 1200 Avenue L Rosenberg, TX 77471	7 Amount of contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 01/13/2026	5 Full name of contributor ☐ out-of-state PAC _____ Laran Vondo 6 Contributor address; City; State; Zip Code 1703 Lake Quitman Dr Richmond, TX 77406-8081	7 Amount of contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 01/14/2026	5 Full name of contributor ☐ out-of-state PAC _____ Eric Weary 6 Contributor address; City; State; Zip Code 8518 Lone Maple Dr Houston, TX 77083-5327	7 Amount of contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 01/15/2026	5 Full name of contributor ☐ out-of-state PAC _____ Shelia Whitley 6 Contributor address; City; State; Zip Code 2518 Mossberg Ct Humble, TX 77396-4767	7 Amount of contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: not available
2 FILER NAME Dexter Lorange-Navario McCoy		3 Filer ID (Ethics Commission Filers)
4 Date 01/14/2026	5 Full name of contributor ☐ out-of-state PAC _____ Justin Williams 6 Contributor address; City; State; Zip Code 23011 Prairie Lake Ct Richmond, TX 77407-6435	7 Amount of contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 01/05/2026	5 Full name of contributor ☐ out-of-state PAC _____ Adriana Wilson 6 Contributor address; City; State; Zip Code 10426 Falling Rapids Ct Houston, TX 77070-5578	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 01/08/2026	5 Full name of contributor ☐ out-of-state PAC _____ Lisa Wright 6 Contributor address; City; State; Zip Code 6 Volerran Path Ln Missouri City, TX 77459-1167	7 Amount of contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) Executive		9 Employer (See Instructions) Community Health Choice
4 Date 01/09/2026	5 Full name of contributor ☐ out-of-state PAC _____ Alison Young 6 Contributor address; City; State; Zip Code 43 Heights Creek Dr Missouri City, TX 77459-2166	7 Amount of contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Advisor		9 Employer (See Instructions) JPMorgan
4 Date 01/08/2026	5 Full name of contributor ☐ out-of-state PAC _____ Richard Young 6 Contributor address; City; State; Zip Code PO Box 35743 Houston, TX 77235-5743	7 Amount of contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) Managing Director		9 Employer (See Instructions) RJY Group LLC

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

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: not available	2 FILER NAME Dexter Lorange-Navario McCoy	3 Filer ID (Ethics Commission Filers)
4 Date 01/04/2026	5 Payee name ActBlue	
6 Amount (\$) \$5.93	7 Payee address; City: State: Zip Code 366 Summer St Somerville, MA 02144-3132	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description Service Fee
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
4 Date 01/11/2026	5 Payee name ActBlue	
6 Amount (\$) \$343.09	7 Payee address; City: State: Zip Code 366 Summer St Somerville, MA 02144-3132	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description Service Fee
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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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: not available	2 FILER NAME Dexter Lorange-Navario McCoy	3 Filer ID (Ethics Commission Filers)
4 Date 01/18/2026	5 Payee name ActBlue	
6 Amount (\$) \$272.06	7 Payee address; City: State: Zip Code 366 Summer St Somerville, MA 02144-3132	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description Service Fee
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
4 Date 01/14/2026	5 Payee name Amazon	
6 Amount (\$) \$16.95	7 Payee address; City: State: Zip Code 410 Terry Ave N Seattle, WA 98109-5210	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Office supplies
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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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: not available	2 FILER NAME Dexter Lorange-Navario McCoy	3 Filer ID (Ethics Commission Filers)
4 Date 01/21/2026	5 Payee name Amazon	
6 Amount (\$) \$15.93	7 Payee address; City: State: Zip Code 410 Terry Ave N Seattle, WA 98109-5210	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Office supplies
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
4 Date 01/03/2026	5 Payee name James Cardona	
6 Amount (\$) \$4,000.00	7 Payee address; City: State: Zip Code 5216 Leeland St Houston, TX 77023-2022	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Consulting Expense	(b) Description Senior Advisor/Campaign Consultant
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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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: not available	2 FILER NAME Dexter Lorange-Navario McCoy	3 Filer ID (Ethics Commission Filers)
4 Date 01/12/2026	5 Payee name Central Fort Bend County Chamber of Commerce	
6 Amount (\$) \$400.00	7 Payee address; City: State: Zip Code 4120 Avenue H Rosenberg, TX 77471-2833	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description Donation
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
4 Date 01/15/2026	5 Payee name Cycle Houston	
6 Amount (\$) \$500.00	7 Payee address; City: State: Zip Code 2200 Louetta Rd Ste 101 Spring, TX 77388-4705	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description Donation
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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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: not available	2 FILER NAME Dexter Lorange-Navario McCoy	3 Filer ID (Ethics Commission Filers)
4 Date 01/05/2026	5 Payee name Dolores Lazono Campaign	
6 Amount (\$) \$1,000.00	7 Payee address; City: State: Zip Code PO Box 750861 Houston, TX 77275-0861	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description Donation
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
4 Date 01/09/2026	5 Payee name Fadi's Mediterranean Grill	
6 Amount (\$) \$265.45	7 Payee address; City: State: Zip Code 716 Highway 6 Sugar Land, TX 77478-5100	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Campaign retreat lunch
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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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: not available	2 FILER NAME Dexter Lorange-Navario McCoy	3 Filer ID (Ethics Commission Filers)
4 Date 01/06/2026	5 Payee name Family Life and Community Resource Center	
6 Amount (\$) \$500.00	7 Payee address; City: State: Zip Code 821 E Highway 90 Alt Richmond, TX 77406	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description Donation
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
4 Date 01/06/2026	5 Payee name Flywire Global	
6 Amount (\$) \$18.88	7 Payee address; City: State: Zip Code 141 Tremont St Boston, MA 02111-1209	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description software
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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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: not available	2 FILER NAME Dexter Lorange-Navario McCoy	3 Filer ID (Ethics Commission Filers)
4 Date 01/09/2026	5 Payee name Fort Bend County Epicenter	
6 Amount (\$) \$442.06	7 Payee address; City: State: Zip Code 28505 Southwest Fwy Rosenberg, TX 77471-9623	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Conference room rental
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
4 Date 01/08/2026	5 Payee name Fort Bend Democratic Party	
6 Amount (\$) \$5,000.00	7 Payee address; City: State: Zip Code 3515 SOUTHWEST Fwy # 204 Sugar Land, TX 77478	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description Donation
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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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: not available	2 FILER NAME Dexter Lorange-Navario McCoy	3 Filer ID (Ethics Commission Filers)
4 Date 01/02/2026	5 Payee name Frost Bank	
6 Amount (\$) \$15.00	7 Payee address; City: State: Zip Code PO Box 1600 San Antonio, TX 78296-1600	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description wire transfer fee
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
4 Date 01/05/2026	5 Payee name Frost Bank	
6 Amount (\$) \$15.00	7 Payee address; City: State: Zip Code PO Box 1600 San Antonio, TX 78296-1600	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description wire transfer fee
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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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: not available	2 FILER NAME Dexter Lorange-Navario McCoy	3 Filer ID (Ethics Commission Filers)
4 Date 01/12/2026	5 Payee name Frost Bank	
6 Amount (\$) \$15.00	7 Payee address; City: State: Zip Code PO Box 1600 San Antonio, TX 78296-1600	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description wire transfer fee
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
4 Date 01/20/2026	5 Payee name Frost Bank	
6 Amount (\$) \$15.00	7 Payee address; City: State: Zip Code PO Box 1600 San Antonio, TX 78296-1600	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description wire transfer fee
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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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: not available		2 FILER NAME Dexter Lorange-Navario McCoy		3 Filer ID (Ethics Commission Filers)	
4 Date 01/21/2026		5 Payee name Frost Bank			
6 Amount (\$) \$30.00		7 Payee address; City: State: Zip Code PO Box 1600 San Antonio, TX 78296-1600			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Fees		(b) Description wire transfer fee	
		(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
4 Date 01/06/2026		5 Payee name Houston Police Credit Union			
6 Amount (\$) \$1,141.23		7 Payee address; City: State: Zip Code 1600 Memorial Dr Houston, TX 77007-7702			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Transportation Equipment & Related Expense		(b) Description Campaign vehicle	
		(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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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: not available	2 FILER NAME Dexter Lorange-Navario McCoy	3 Filer ID (Ethics Commission Filers)
4 Date 01/05/2026	5 Payee name Human Age Digital	
6 Amount (\$) \$6,000.00	7 Payee address; City: State: Zip Code 2700 Post Oak Blvd Fl 21 Houston, TX 77056-5798	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description Digital Marketing and Advertising
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
4 Date 01/16/2026	5 Payee name Human Age Digital	
6 Amount (\$) \$14,000.00	7 Payee address; City: State: Zip Code 2700 Post Oak Blvd Fl 21 Houston, TX 77056-5798	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description Digital Marketing and Advertising
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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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: not available	2 FILER NAME Dexter Lorange-Navario McCoy	3 Filer ID (Ethics Commission Filers)
4 Date 01/16/2026	5 Payee name Human Age Digital	
6 Amount (\$) \$25,000.00	7 Payee address; City: State: Zip Code 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) Advertising Expense	(b) Description Digital Marketing and Advertising
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
4 Date 01/20/2026	5 Payee name Joe V	
6 Amount (\$) \$50.00	7 Payee address; City: State: Zip Code 6100 W Fuqua St Houston, TX 77085-4072	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Gift cards for bingo event at a senior center
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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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: not available	2 FILER NAME Dexter Lorange-Navario McCoy	3 Filer ID (Ethics Commission Filers)
4 Date 01/02/2026	5 Payee name Lake Research Partners	
6 Amount (\$) \$41,610.00	7 Payee address; City: State: Zip Code 1101 17th St NW Ste 301 Washington, DC 20036-4742	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Polling Expense	(b) Description Polling
	(c) ☐ Check If travel outside of Texas. Complete Schedule T. ☐ Check If Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
4 Date 01/14/2026	5 Payee name NAACP Missouri City and Vicinity Branch	
6 Amount (\$) \$120.00	7 Payee address; City: State: Zip Code PO Box 1053 Missouri City, TX 77459-1053	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description Donation
	(c) ☐ Check If travel outside of Texas. Complete Schedule T. ☐ Check If Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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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: not available	2 FILER NAME Dexter Lorange-Navario McCoy	3 Filer ID (Ethics Commission Filers)
4 Date 01/15/2026	5 Payee name Danish Nelson	
6 Amount (\$) \$4,460.00	7 Payee address; City: State: Zip Code 9900 S Mason Rd Apt 5312 Richmond, TX 77406-5866	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description Photo/Video service
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
4 Date 01/14/2026	5 Payee name Nesbitt Research	
6 Amount (\$) \$1,395.00	7 Payee address; City: State: Zip Code 45 Montgomery St San Francisco, CA 94104-4522	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Consulting Expense	(b) Description Opposition research
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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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: not available	2 FILER NAME Dexter Lorange-Navario McCoy	3 Filer ID (Ethics Commission Filers)
4 Date 01/05/2026	5 Payee name Resonance Campaigns, LLC	
6 Amount (\$) \$18,846.90	7 Payee address; City: State: Zip Code 1319 F St NW Ste # 301 Washington, DC 20004-1140	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description Production and Design, New Year post card
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
4 Date 01/09/2026	5 Payee name Resonance Campaigns, LLC	
6 Amount (\$) \$3,280.00	7 Payee address; City: State: Zip Code 1319 F St NW Ste # 301 Washington, DC 20004-1140	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description Production and Design
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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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: not available	2 FILER NAME Dexter Lorange-Navario McCoy	3 Filer ID (Ethics Commission Filers)
4 Date 01/02/2026	5 Payee name ReStream Inc.	
6 Amount (\$) \$20.57	7 Payee address; City: State: Zip Code 515 Congress Ave Ste 1050 Austin, TX 78701-3504	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Live streaming service
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
4 Date 01/22/2026	5 Payee name Richmond Diner	
6 Amount (\$) \$30.79	7 Payee address; City: State: Zip Code 1803 Richmond Pkwy Richmond, TX 77469-3626	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Campaign meeting
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: not available	2 FILER NAME Dexter Lorange-Navario McCoy	3 Filer ID (Ethics Commission Filers)
4 Date 01/13/2026	5 Payee name Sprint to Print	
6 Amount (\$) \$1,312.53	7 Payee address; City: State: Zip Code 8750 Clay Rd Houston, TX 77080-1859	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description Campaign signs
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
4 Date 01/12/2026	5 Payee name State Farm	
6 Amount (\$) \$54.42	7 Payee address; City: State: Zip Code PO Box 588002 North Metro, GA 30029-8002	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Insurance
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: not available	2 FILER NAME Dexter Lorange-Navario McCoy	3 Filer ID (Ethics Commission Filers)
4 Date 01/20/2026	5 Payee name Verizon	
6 Amount (\$) \$7.92	7 Payee address; City: State: Zip Code 10203 W Grand Pkwy S Richmond, TX 77407-2380	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description Campaign phone charge
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
4 Date 01/20/2026	5 Payee name Yallalternative Strategies	
6 Amount (\$) \$3,000.00	7 Payee address; City: State: Zip Code 247 W Main St Fredericksburg, TX 78624-3709	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description Digital fundraising
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	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: not available	2 FILER NAME Dexter Lorange-Navario McCoy	3 Filer ID (Ethics Commission Filers)
4 Date 01/05/2026	5 Payee name Zoom	
6 Amount (\$) \$17.84	7 Payee address; City: State: Zip Code 6601 College Blvd Leawood, KS 66211-1504	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Video conferencing software
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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