

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 <small>(Ethics Commission Filers)</small>	2 Total pages filed: 177
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR NICKNAME	FIRST Dexter Lorange-Navario LAST McCoy	MI SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS /PO BOX: P.O. Box 1398	APT/SUITE # Richmond	CITY TX
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
6 CAMPAIGN TREASURER NAME	MS/MRS/MR NICKNAME	FIRST Joseph LAST Killebrew	MI SUFFIX
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE) 8835 Arch Rock Dr.	APT/SUITE # Cypress	CITY TX
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER (407) 376-0352	EXTENSION
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting limit <input type="checkbox"/> Final report (Attach COH-FR)		
10 PERIOD COVERED	Month Day Year 02/22/2026	THROUGH	Month Day Year 05/16/2026
11 ELECTION	ELECTION DATE Month Day Year 5/26/2026	ELECTION TYPE <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) Fort Bend County Commissioner Pct. 4	13 OFFICE SOUGHT (if known) Fort Bend County Judge	
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME	
		COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

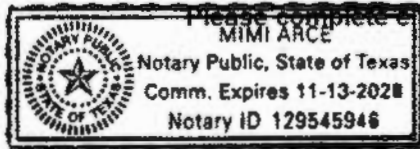
FORM C/OH COVER SHEET PG 2

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)	\$234,059.76
EXPENDITURE TOTALS	3	TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$217.45
	4	TOTAL POLITICAL EXPENDITURES	\$264,246.31
CONTRIBUTION BALANCE	5	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$380,642.89
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.

[Handwritten Signature]
Signature of Candidate or Officeholder

(1) Affidavit



Please complete either option below:

NOTARY STAMP / SEAL

Sworn to and subscribed before me by DEXTER L. MCCOY this the 18th day of MAY 20 26 to certify which, witness my hand and seal of office.

[Handwritten Signature]

Signature of officer administering oath

MIMI ARCE

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**

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	\$226,426.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$7,633.76
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$0.00
4. SCHEDULE E: LOANS	\$0.00
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$264,246.31
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	\$11.19

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 05/12/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Heath A Butler 6 Contributor address; City; State; Zip Code 6110 Maxie St Houston, TX 77007-3030	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 03/18/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Across the Track PAC 6 Contributor address; City; State; Zip Code 3909 Fernwood Dr Houston, TX 77021-1521	7 Amount of contribution (\$) \$2,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 03/23/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Kimberly Adams 6 Contributor address; City; State; Zip Code 3014 Biscuit Ct Missouri City, TX 77459-1548	7 Amount of contribution (\$) \$1,500.00
8 Principal occupation / Job title (See Instructions) Consultant		9 Employer (See Instructions) Quinn Development
4 Date 03/30/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Muyiwa Adenubi 6 Contributor address; City; State; Zip Code 8511 Antietam Ln Houston, TX 77083-5849	7 Amount of contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 05/15/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Mavrick Afonso 6 Contributor address; City; State; Zip Code 7 Abbotsford St Boston, MA 02121-1409	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 Lorance-Navario McCoy		3 Filer ID (Ethics Commission Filers)
4 Date 03/18/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Bibi Yalda Ahmadi 6 Contributor address; City; State; Zip Code 15219 Plaza Libre Dr Houston, TX 77083-4214	7 Amount of contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 04/12/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Bibi Yalda Ahmadi 6 Contributor address; City; State; Zip Code 15219 Plaza Libre Dr Houston, TX 77083-4214	7 Amount of contribution (\$) \$125.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 03/12/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Farha Ahmed 6 Contributor address; City; State; Zip Code 6 Ellicott Way Sugar Land, TX 77479-2870	7 Amount of contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 04/23/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Ibrahim Allam 6 Contributor address; City; State; Zip Code 3220 Duval Rd Austin, TX 78759-3548	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 05/15/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Errol Allen II 6 Contributor address; City; State; Zip Code 3461 Lydia St Houston, TX 77021-5911	7 Amount of contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) Finance		9 Employer (See Instructions) NASA

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 04/17/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Melanie Anbarci 6 Contributor address; City; State; Zip Code 10 Tredington St Sugar Land, TX 77479-2992	7 Amount of contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
4 Date 04/18/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Melanie Anbarci 6 Contributor address; City; State; Zip Code 10 Tredington St Sugar Land, TX 77479-2992	7 Amount of contribution (\$) \$1,250.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
4 Date 04/01/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Cherita Andrews 6 Contributor address; City; State; Zip Code 9023 Covent Garden St Houston, TX 77031-3015	7 Amount of contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) CXO		9 Employer (See Instructions) MV Engineering
4 Date 05/14/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Raymond Ardoin 6 Contributor address; City; State; Zip Code 2223 Alassio Isle Ct Missouri City, TX 77459-6975	7 Amount of contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 04/08/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Ardurra Group PAC 6 Contributor address; City; State; Zip Code 5851 San Felipe St Ste 425 Houston, TX 77057-8018	7 Amount of contribution (\$) \$2,500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

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 05/15/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC Niobli Armah IV 6 Contributor address; City; State; Zip Code 1708 Maryland St Houston, TX 77006-1718	7 Amount of contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 04/30/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC Ricardo Arredondo 6 Contributor address; City; State; Zip Code 3115 Silent Spring Dr Sugar Land, TX 77479-2411	7 Amount of contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 05/13/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC Ricardo Arredondo 6 Contributor address; City; State; Zip Code 3115 Silent Spring Dr Sugar Land, TX 77479-2411	7 Amount of contribution (\$) \$31.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 03/04/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC Brent Ashley 6 Contributor address; City; State; Zip Code 13400 Bedford Mews Ct Wellington, FL 33414-7703	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 03/18/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC Mohannet Baianonic 6 Contributor address; City; State; Zip Code 904 Cashew Ln Cedar Park, TX 78613-3210	7 Amount of contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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 03/04/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Linda Bair 6 Contributor address; City; State; Zip Code 467 Emory Peak Dr Richmond, TX 77469-2155	7 Amount of contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 05/13/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Linda Bair 6 Contributor address; City; State; Zip Code 467 Emory Peak Dr Richmond, TX 77469-2155	7 Amount of contribution (\$) \$39.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 04/24/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Nour Baki 6 Contributor address; City; State; Zip Code 2119 Nantucket Dr Houston, TX 77057-2905	7 Amount of contribution (\$) \$2,000.00
8 Principal occupation / Job title (See Instructions) Investor		9 Employer (See Instructions) Anchor Developments
4 Date 03/27/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Mohan Ballagere 6 Contributor address; City; State; Zip Code 10306 Logan Bridge Ln Sugar Land, TX 77498-4078	7 Amount of contribution (\$) \$2,500.00
8 Principal occupation / Job title (See Instructions) Vice President		9 Employer (See Instructions) Geotest Engineering, Inc.
4 Date 04/09/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ David Balmos 6 Contributor address; City; State; Zip Code 20710 Via Giulia Ct Cypress, TX 77433-3787	7 Amount of contribution (\$) \$2,500.00
8 Principal occupation / Job title (See Instructions) Engineer		9 Employer (See Instructions) WSB

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 05/06/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC Cedric Bandoh 6 Contributor address; City; State; Zip Code 3111 Magnolia Knoll Ln Houston, TX 77080-1554	7 Amount of contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Senior Director Capital & Business Operations		9 Employer (See Instructions) Comcast
4 Date 04/30/2026	5 Full name of contributor <input type="checkbox"/> 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 (\$) \$31.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 02/22/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC Joyce Banks 6 Contributor address; City; State; Zip Code 1922 Farmers Creek Dr Richmond, TX 77406-6986	7 Amount of contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 04/14/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC Joyce Banks 6 Contributor address; City; State; Zip Code 1922 Farmers Creek Dr Richmond, TX 77406-6986	7 Amount of contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 04/08/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC Evelyn Barnett 6 Contributor address; City; State; Zip Code 15507 Willmore Ln Missouri City, TX 77489-2437	7 Amount of contribution (\$) \$75.00
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 05/14/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Howard Bartee Jr. 6 Contributor address; City; State; Zip Code 9718 Lafayette Way Missouri City, TX 77459-7296	7 Amount of contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 05/04/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Raj Basavaraju 6 Contributor address; City; State; Zip Code 13518 Fawn Lily Dr Ste 900 Cypress, TX 77429-5419	7 Amount of contribution (\$) \$1,500.00
8 Principal occupation / Job title (See Instructions) Transportation Engineer		9 Employer (See Instructions) HNTB
4 Date 05/15/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Marcus Baskin 6 Contributor address; City; State; Zip Code 9622 Paintbrush Ledge Ln Houston, TX 77089-2706	7 Amount of contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 04/30/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Michele Beard 6 Contributor address; City; State; Zip Code 8711 Saratoga Dr None Sugar Land, TX 77479-6364	7 Amount of contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 04/10/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Douglas Beaton 6 Contributor address; City; State; Zip Code 6615 High Knoll Dr Sugar Land, TX 77479-6099	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 Lorance-Navario McCoy		3 Filer ID (Ethics Commission Filers)
4 Date 05/13/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC Douglas Beaton 6 Contributor address; City; State; Zip Code 6615 High Knoll Dr Sugar Land, TX 77479-6099	7 Amount of contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 03/25/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC Levi Benton 6 Contributor address; City; State; Zip Code 3417 Milam St Houston, TX 77002-9531	7 Amount of contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Lawyer		9 Employer (See Instructions) Levi Benton & Associates PLLC - Houston TX
4 Date 03/14/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC Kara Bergerson 6 Contributor address; City; State; Zip Code 1422 Quiet Trl Sugar Land, TX 77479-6226	7 Amount of contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 05/09/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC Barbara Beskin 6 Contributor address; City; State; Zip Code 2934 Colony Dr Sugar Land, TX 77479-1206	7 Amount of contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 02/27/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC Greaselda Bickham 6 Contributor address; City; State; Zip Code 42414 Salt Grass Dr Ponchatoula, LA 70454-4245	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 05/15/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC Greaselda Bickham 6 Contributor address; City; State; Zip Code 42414 Salt Grass Dr Ponchatoula, LA 70454-4245	7 Amount of contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 02/28/2026	5 Full name of contributor <input type="checkbox"/> 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 (\$) \$25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 03/10/2026	5 Full name of contributor <input type="checkbox"/> 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 (\$) \$25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 03/30/2026	5 Full name of contributor <input type="checkbox"/> 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 (\$) \$25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 04/15/2026	5 Full name of contributor <input type="checkbox"/> 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 (\$) \$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: not available
2 FILER NAME Dexter Lorange-Navario McCoy		3 Filer ID (Ethics Commission Filers)
4 Date 04/30/2026	5 Full name of contributor <input type="checkbox"/> 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 (\$) \$25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 05/13/2026	5 Full name of contributor <input type="checkbox"/> 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 05/13/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Allen Bogard 6 Contributor address; City; State; Zip Code 3703 Bayou Bend Ct Sugar Land, TX 77479-3246	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 04/23/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Read Boles 6 Contributor address; City; State; Zip Code 2242 Stanmore Dr Houston, TX 77019-5614	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 04/18/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Jeffrey Boney 6 Contributor address; City; State; Zip Code 3034 Roberta Sue Dr Missouri City, TX 77459-1780	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

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 02/22/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC John Boran 6 Contributor address; City; State; Zip Code 4019 Brownway Dr College Station, TX 77845-2203	7 Amount of contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 04/30/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC Mark Boyer 6 Contributor address; City; State; Zip Code 8904 Fairbanks N Houston Rd Houston, TX 77064-6805	7 Amount of contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) Manager		9 Employer (See Instructions) Boyer Inc.
4 Date 05/15/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC Hannah Bradfield 6 Contributor address; City; State; Zip Code 3811 Buckley Ln Missouri City, TX 77459-6470	7 Amount of contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 05/06/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC Jeri Brooks 6 Contributor address; City; State; Zip Code PO Box 540813 Houston, TX 77254-0813	7 Amount of contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 05/13/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC Towana Bryant 6 Contributor address; City; State; Zip Code 4219 Shadow Haven Dr Fresno, TX 77545-7546	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

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 Lorance-Navario McCoy		3 Filer ID (Ethics Commission Filers)
4 Date 03/05/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC Crystal A Burrell 6 Contributor address; City; State; Zip Code 471 Prospect Pl Apt 3B Brooklyn, NY 11238-4135	7 Amount of contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 05/13/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC Dr. John Calhoun 6 Contributor address; City; State; Zip Code 209 E 27th St Houston, TX 77008-2129	7 Amount of contribution (\$) \$2,500.00
8 Principal occupation / Job title (See Instructions) CEO		9 Employer (See Instructions) IMS Engineers
4 Date 04/29/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC Cash Camfield 6 Contributor address; City; State; Zip Code 2600 Via Fortuna Ste 300 Austin, TX 78746-7983	7 Amount of contribution (\$) \$2,500.00
8 Principal occupation / Job title (See Instructions) Requested		9 Employer (See Instructions) Requested
4 Date 04/13/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC Trina Carreon 6 Contributor address; City; State; Zip Code 19511 Gable Crossing Dr Richmond, TX 77407-4016	7 Amount of contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 04/26/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC Ellen Carter 6 Contributor address; City; State; Zip Code 485 Malcolm X Blvd New York, NY 10037-2402	7 Amount of contribution (\$) \$100.00
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 05/14/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ McKinley Carter 6 Contributor address; City; State; Zip Code 6806 Trigate Dr Missouri City, TX 77489-3443	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 05/04/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Timothy Caver 6 Contributor address; City; State; Zip Code 10 Iron Rise Ct # 1244218 Missouri City, TX 77459-1447	7 Amount of contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 05/15/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Maurice Chaplin 6 Contributor address; City; State; Zip Code 3025 La Branch St Houston, TX 77004-2837	7 Amount of contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 05/07/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Don Che 6 Contributor address; City; State; Zip Code 2114 Pelham Dr Houston, TX 77019-3529	7 Amount of contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 05/15/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ David Cheri 6 Contributor address; City; State; Zip Code 5106 Porter Ridge Dr Houston, TX 77053-4527	7 Amount of contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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 04/18/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC Mela Clark -Pitts 6 Contributor address; City; State; Zip Code 8719 Silver Crest Ln Missouri City, TX 77459-3859	7 Amount of contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 04/18/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC Joel Clouser Sr. 6 Contributor address; City; State; Zip Code 3026 Pelican Cv Missouri City, TX 77459-7638	7 Amount of contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 04/15/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC Joel Clouser 6 Contributor address; City; State; Zip Code 3026 Pelican Cv Missouri City, TX 77459-7638	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 03/27/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC Cobb Fendley PAC 6 Contributor address; City; State; Zip Code 13430 Northwest Fwy Ste 1100 Houston, TX 77040-6153	7 Amount of contribution (\$) \$5,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 03/26/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC Vicki Coffman 6 Contributor address; City; State; Zip Code 802 Sycamore Rd Richmond, TX 77469-8898	7 Amount of contribution (\$) \$100.00
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 05/15/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Elizabeth Collins 6 Contributor address; City; State; Zip Code 50 Bear Grove Dr Missouri City, TX 77459-1407	7 Amount of contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
4 Date 04/02/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Brenda Corprew 6 Contributor address; City; State; Zip Code 5302 Meadow Canyon Dr Sugar Land, TX 77479-8875	7 Amount of contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 02/26/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Walter Criner 6 Contributor address; City; State; Zip Code 16243 Mission Glen Dr Houston, TX 77083-5261	7 Amount of contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 03/31/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Walter Criner 6 Contributor address; City; State; Zip Code 16243 Mission Glen Dr Houston, TX 77083-5261	7 Amount of contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 03/31/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Sally Curimbaba 6 Contributor address; City; State; Zip Code 6445 FM 1463 Rd Katy, TX 77494-4027	7 Amount of contribution (\$) \$10.00
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 Lorance-Navario McCoy		3 Filer ID (Ethics Commission Filers)
4 Date 04/14/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Sally Curimbaba 6 Contributor address; City; State; Zip Code 6445 FM 1463 Rd Katy, TX 77494-4027	7 Amount of contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 05/12/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Anthony Curtis 6 Contributor address; City; State; Zip Code 11922 Briarwood Hill Way Houston, TX 77051-2138	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 05/13/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Jill Curtis 6 Contributor address; City; State; Zip Code 3119 Silent Spring Dr Sugar Land, TX 77479-2411	7 Amount of contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 05/12/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Ashok Danda 6 Contributor address; City; State; Zip Code 24118 Sunset Sky Katy, TX 77494-0186	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 05/07/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Eric Dargan 6 Contributor address; City; State; Zip Code 26207 Aurora Sky Rd Hockley, TX 77447-2486	7 Amount of contribution (\$) \$100.00
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 05/07/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ James Davidson 6 Contributor address; City; State; Zip Code 3110 Presley Jane Ct Missouri City, TX 77459-2087	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 05/16/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Casey Davis 6 Contributor address; City; State; Zip Code 17318 Winfield Sq Richmond, TX 77407-8558	7 Amount of contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 03/18/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Mary Dawkins 6 Contributor address; City; State; Zip Code 6831 River Bluff Dr Houston, TX 77085-1313	7 Amount of contribution (\$) \$75.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 03/18/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Maxine Dawkins 6 Contributor address; City; State; Zip Code 6831 River Bluff Dr Houston, TX 77085-1313	7 Amount of contribution (\$) \$75.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
4 Date 04/18/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Maxine Dawkins 6 Contributor address; City; State; Zip Code 6831 River Bluff Dr Houston, TX 77085-1313	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Retired		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 04/18/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Debra Dean 6 Contributor address; City; State; Zip Code 150 W Sam Houston Pkwy N Apt 1326 Houston, TX 77024-4761	7 Amount of contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 05/05/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Twila Dotson 6 Contributor address; City; State; Zip Code 6906 Songbrook Dr Houston, TX 77083-3523	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 05/15/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Richard Drue 6 Contributor address; City; State; Zip Code 7124 Mallow Ln Venus, TX 76084-1409	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 04/07/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ David Eastwood 6 Contributor address; City; State; Zip Code 17407 Highway 59 N Humble, TX 77396-3008	7 Amount of contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Engineer		9 Employer (See Instructions) Geotech Engineering & Testing
4 Date 02/26/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Sandra Edwards 6 Contributor address; City; State; Zip Code 23303 Millcross Ln Katy, TX 77494-2165	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 03/05/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Sandra Edwards 6 Contributor address; City; State; Zip Code 23303 Millcross Ln Katy, TX 77494-2165	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 04/24/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Sandra Edwards 6 Contributor address; City; State; Zip Code 23303 Millcross Ln Katy, TX 77494-2165	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 05/14/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Sandra Edwards 6 Contributor address; City; State; Zip Code 23303 Millcross Ln Katy, TX 77494-2165	7 Amount of contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 05/15/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Chukwudi Egbunu 6 Contributor address; City; State; Zip Code 4802 Saxon St Bellaire, TX 77401-2204	7 Amount of contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 05/09/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Donna Ellis 6 Contributor address; City; State; Zip Code 13910 Placid Woods Ct Sugar Land, TX 77498-2659	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 Lorraine-Navario McCoy		3 Filer ID (Ethics Commission Filers)
4 Date 04/30/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC Patricia Ellis 6 Contributor address; City; State; Zip Code 2815 Cypress Point Dr Apt 6207 Missouri City, TX 77459-6881	7 Amount of contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 04/14/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC john english 6 Contributor address; City; State; Zip Code 7676 Hillmont St Houston, TX 77040-6400	7 Amount of contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Civil & land survey		9 Employer (See Instructions) REKHA Engineering Inc
4 Date 04/14/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC john english 6 Contributor address; City; State; Zip Code 7676 Hillmont St Houston, TX 77040-6400	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Civil & land survey		9 Employer (See Instructions) REKHA Engineering Inc
4 Date 04/18/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC john english 6 Contributor address; City; State; Zip Code 7676 Hillmont St Houston, TX 77040-6400	7 Amount of contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Civil & land survey		9 Employer (See Instructions) REKHA Engineering Inc
4 Date 05/13/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC john english 6 Contributor address; City; State; Zip Code 7676 Hillmont St Houston, TX 77040-6400	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Civil & land survey		9 Employer (See Instructions) REKHA Engineering Inc

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

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 05/13/2026	5 Full name of contributor <input type="checkbox"/> 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 03/18/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Celeste Feast 6 Contributor address; City; State; Zip Code 8807 Luray Ct Rosenberg, TX 77469-4974	7 Amount of contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 02/26/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Karen Fields 6 Contributor address; City; State; Zip Code 7314 Arista Dr Houston, TX 77083-2751	7 Amount of contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 02/26/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Adebowale Folorunsho 6 Contributor address; City; State; Zip Code 3014 Wickwood Dr Pearland, TX 77584-5984	7 Amount of contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 05/07/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Trisha Frederick 6 Contributor address; City; State; Zip Code 8011 Cross Trail Dr Sugar Land, TX 77479-7006	7 Amount of contribution (\$) \$100.00
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 04/17/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC Freese and Nichols PAC 6 Contributor address; City; State; Zip Code 4055 International Plz Ste 200 Fort Worth, TX 76109-4814	7 Amount of contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 03/15/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC J J Kazadi FUTA 6 Contributor address; City; State; Zip Code 6319 Grand Butte Ct Katy, TX 77494-7683	7 Amount of contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 03/05/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC Lexi Gagner 6 Contributor address; City; State; Zip Code 3707 Singing Flower Ln Richmond, TX 77406-1756	7 Amount of contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 04/19/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC Debrn Garner 6 Contributor address; City; State; Zip Code 3811 Red Alder Way Richmond, TX 77469-1906	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 04/11/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC Shalisa Garner 6 Contributor address; City; State; Zip Code 17923 Dalton Shadow Ln Richmond, TX 77407-1814	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 05/04/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC Byron Gautier 6 Contributor address; City; State; Zip Code 2606 Atlas Dr Missouri City, TX 77459-6743	7 Amount of contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) Trainer		9 Employer (See Instructions) Aggreko
4 Date 03/03/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC Misty Gee 6 Contributor address; City; State; Zip Code 16523 Quiet Quail Dr Missouri City, TX 77489-5405	7 Amount of contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 03/27/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC Gary Gehbauer 6 Contributor address; City; State; Zip Code 454 W 18th St Houston, TX 77008-3912	7 Amount of contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 03/05/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC Costas Georghiou 6 Contributor address; City; State; Zip Code 12335 Meadow Lake Dr Houston, TX 77077-5935	7 Amount of contribution (\$) \$2,500.00
8 Principal occupation / Job title (See Instructions) Engineer		9 Employer (See Instructions) PGAL Inc.
4 Date 05/14/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC Costas Georghiou 6 Contributor address; City; State; Zip Code 12335 Meadow Lake Dr Houston, TX 77077-5935	7 Amount of contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Engineer		9 Employer (See Instructions) PGAL Inc.

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 Lorraine-Navario McCoy		3 Filer ID (Ethics Commission Filers)
4 Date 05/04/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC Billy Gilbert	7 Amount of contribution (\$) \$250.00
6 Contributor address; City; State; Zip Code 12312 Baymeadow Ct Pearland, TX 77584-4304		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 03/05/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC Robin Gill	7 Amount of contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code 3322 Lakefield Blvd Sugar Land, TX 77479-2145		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 05/15/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC Robin Gill	7 Amount of contribution (\$) \$31.00
6 Contributor address; City; State; Zip Code 3322 Lakefield Blvd Sugar Land, TX 77479-2145		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 05/12/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC Emerson Girardeau III	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 4004 Spencer St # B Houston, TX 77007-3551		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 05/13/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC Kim Glass	7 Amount of contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code 1215 N Teal Estates Cir Fresno, TX 77545-9677		
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 Lorance-Navario McCoy		3 Filer ID (Ethics Commission Filers)
4 Date 05/08/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC Kehnon Glenn 6 Contributor address; City; State; Zip Code 19110 Feather Lance Dr Cypress, TX 77433-2553	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 04/24/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC Sam Gomez 6 Contributor address; City; State; Zip Code 2011 Colbury Ct Katy, TX 77450-1493	7 Amount of contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 04/18/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC Ricky Gonzalez 6 Contributor address; City; State; Zip Code 1619 Chapelwood Ln Richmond, TX 77406-6525	7 Amount of contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) President		9 Employer (See Instructions) Kuo & Associates LLC
4 Date 04/18/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC Leslie Gracia 6 Contributor address; City; State; Zip Code 5610 Maxon Ct Rosenberg, TX 77471-1894	7 Amount of contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 05/15/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC Darryl Green 6 Contributor address; City; State; Zip Code 15403 W Fondren Cir Houston, TX 77071-3211	7 Amount of contribution (\$) \$100.00
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 Lorance-Navario McCoy		3 Filer ID (Ethics Commission Filers)
4 Date 05/05/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Kimberly Green 6 Contributor address; City; State; Zip Code 1207 Auburn View Ln Fresno, TX 77545-2053	7 Amount of contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 05/16/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Roderick Green 6 Contributor address; City; State; Zip Code 7 Little Leaf Ct Missouri City, TX 77459-6836	7 Amount of contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) Executive		9 Employer (See Instructions) Chevron
4 Date 05/12/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Ronald Green 6 Contributor address; City; State; Zip Code 3757 Parkwood Dr Houston, TX 77021-1509	7 Amount of contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Ronald Green & Associates PLLC
4 Date 04/21/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Andrea Greer 6 Contributor address; City; State; Zip Code 606 Highland St Houston, TX 77009-6629	7 Amount of contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 04/11/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Harrison Gregg Jr 6 Contributor address; City; State; Zip Code 3312 Palm Desert Ln Missouri City, TX 77459-2506	7 Amount of contribution (\$) \$100.00
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 03/04/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC Cara Grimaldi 6 Contributor address; City; State; Zip Code 32 Ridge Brook Dr Stamford, CT 06903-1235	7 Amount of contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 04/28/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC John Guess 6 Contributor address; City; State; Zip Code 10627 Albury Dr Houston, TX 77096-5630	7 Amount of contribution (\$) \$1,500.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
4 Date 05/13/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC John Guess 6 Contributor address; City; State; Zip Code 10627 Albury Dr Houston, TX 77096-5630	7 Amount of contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
4 Date 03/04/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC Husein Hadi 6 Contributor address; City; State; Zip Code 4110 Thistle Hill Ct Sugar Land, TX 77479-3822	7 Amount of contribution (\$) \$2,500.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) The Hadi Law Firm
4 Date 03/10/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC Shah Haleem 6 Contributor address; City; State; Zip Code 7514 San Clemente Point Ct Katy, TX 77494-2502	7 Amount of contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed

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 Lorance-Navario McCoy		3 Filer ID (Ethics Commission Filers)
4 Date 05/14/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC Shah Haleem	7 Amount of contribution (\$) \$1,000.00
6 Contributor address; City; State; Zip Code 7514 San Clemente Point Ct Katy, TX 77494-2502		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
4 Date 04/17/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC David Hamilton	7 Amount of contribution (\$) \$500.00
6 Contributor address; City; State; Zip Code 12315 Woodthorpe Ln Houston, TX 77024-4108		
8 Principal occupation / Job title (See Instructions) Ex. Vice President		9 Employer (See Instructions) DCCM
4 Date 04/10/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC Thomas Hanan	7 Amount of contribution (\$) \$60.00
6 Contributor address; City; State; Zip Code 903 Goldfinch Ave Sugar Land, TX 77478-3433		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 04/14/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC Waqar Haque	7 Amount of contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code 5702 Bering Cir Houston, TX 77057-2117		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 02/26/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC Charlene Harrison	7 Amount of contribution (\$) \$5.00
6 Contributor address; City; State; Zip Code 607 Green Belt Drive Sugar Land Sugar Land, TX 77498		
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 05/13/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Charlene Harrison 6 Contributor address; City; State; Zip Code 607 Green Belt Drive Sugar Land Sugar Land, TX 77498	7 Amount of contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 03/11/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Curleen Harrison 6 Contributor address; City; State; Zip Code 20003 Pemetic Trl Richmond, TX 77407-5367	7 Amount of contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 04/18/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ TaCori Hayes 6 Contributor address; City; State; Zip Code 2327 Jasper Pt Missouri City, TX 77459-1348	7 Amount of contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 04/30/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Vernon Hegwood 6 Contributor address; City; State; Zip Code 6734 Cindy Ln Houston, TX 77008-5113	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 03/05/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Francisca Hennes 6 Contributor address; City; State; Zip Code 5903 Sage Hollow Ct Sugar Land, TX 77479-8978	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

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 Lorance-Navario McCoy		3 Filer ID (Ethics Commission Filers)
4 Date 05/16/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Francisca Hennes 6 Contributor address; City; State; Zip Code 5903 Sage Hollow Ct Sugar Land, TX 77479-8978	7 Amount of contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 03/30/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Benjamin Hernandez 6 Contributor address; City; State; Zip Code 10610 Chimney Rock Rd Houston, TX 77096-5210	7 Amount of contribution (\$) \$501.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 05/05/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Rene Hightire 6 Contributor address; City; State; Zip Code 7009 Almeda Rd Apt 1227 Houston, TX 77054-2181	7 Amount of contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 05/14/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Rod L. Hill 6 Contributor address; City; State; Zip Code 209 E 27th St Houston, TX 77008-2129	7 Amount of contribution (\$) \$2,500.00
8 Principal occupation / Job title (See Instructions) President		9 Employer (See Instructions) IMS Engineers
4 Date 05/09/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Damian Hines 6 Contributor address; City; State; Zip Code 4616 Austin St Apt D Houston, TX 77004-5064	7 Amount of contribution (\$) \$1,050.00
8 Principal occupation / Job title (See Instructions) Architect		9 Employer (See Instructions) Hines Architecture + Design

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 05/09/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC Daimian Hines	7 Amount of contribution (\$) \$1,000.00
6 Contributor address; City; State; Zip Code 4616 Austin St Apt D Houston, TX 77004-5064		
8 Principal occupation / Job title (See Instructions) Architect		9 Employer (See Instructions) Hines Architecture + Design
4 Date 04/22/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC HNTB Holdings Ltd. PAC	7 Amount of contribution (\$) \$1,500.00
6 Contributor address; City; State; Zip Code 715 Kirk Dr Kansas City, MO 64105-1310		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 05/13/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC Gary Hodges	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 5414 King Trl Corpus Christi, TX 78414-6315		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 05/15/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC Amanda Hofstetter	7 Amount of contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code 4406 Jamaica Dr Sugar Land, TX 77479-2110		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 04/17/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC Holland and Knight Texas PAC	7 Amount of contribution (\$) \$500.00
6 Contributor address; City; State; Zip Code 1722 Routh St Ste 1500 Dallas, TX 75201-2532		
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 Lorance-Navario McCoy		3 Filer ID (Ethics Commission Filers)
4 Date 05/14/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC Jarvis Hollingsworth	7 Amount of contribution (\$) \$1,000.00
6 Contributor address; City; State; Zip Code 26 Sullivans Ln Missouri City, TX 77459-6282		
8 Principal occupation / Job title (See Instructions) Consultant		9 Employer (See Instructions) Jarvis Hollingsworth
4 Date 03/31/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC Jubair Hossain	7 Amount of contribution (\$) \$2,500.00
6 Contributor address; City; State; Zip Code 15627 Sand Bluestem Dr Cypress, TX 77433-1883		
8 Principal occupation / Job title (See Instructions) President		9 Employer (See Instructions) HTS Inc Consultants
4 Date 05/13/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC Jubair Hossain	7 Amount of contribution (\$) \$500.00
6 Contributor address; City; State; Zip Code 15627 Sand Bluestem Dr Cypress, TX 77433-1883		
8 Principal occupation / Job title (See Instructions) President		9 Employer (See Instructions) HTS Inc Consultants
4 Date 04/30/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC Morgan Howard	7 Amount of contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code 3311 Deerwood Ln Missouri City, TX 77459-3635		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 03/04/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC Eilen Hughes	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 1715 Misty Fawn Ln Fresno, TX 77545-9504		
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 Lorance-Navario McCoy		3 Filer ID (Ethics Commission Filers)
4 Date 04/18/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC Alexander Hunt 6 Contributor address; City; State; Zip Code 3911 Westerdale Dr Weston Lakes, TX 77441-4489	7 Amount of contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 04/18/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC IEA PAC 6 Contributor address; City; State; Zip Code 18383 Preston Rd Ste 500 Dallas, TX 75252-5490	7 Amount of contribution (\$) \$2,500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 05/11/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC Ketan Inamdar 6 Contributor address; City; State; Zip Code 3625 Shady Bay Ln Missouri City, TX 77459-4706	7 Amount of contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 03/31/2026	5 Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC C0000885 IUPAT Political Action Together Political Committee 6 Contributor address; City; State; Zip Code 7234 Parkway Dr Hanover, MD 21076-1307	7 Amount of contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 03/31/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC Bryan Jackson 6 Contributor address; City; State; Zip Code 8810 Black Cherry Xing Katy, TX 77494-0474	7 Amount of contribution (\$) \$1,500.00
8 Principal occupation / Job title (See Instructions) Engineer		9 Employer (See Instructions) BJackson Enterprises LLC

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 05/05/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC David Jackson 6 Contributor address; City; State; Zip Code 3402 Stepping Stone Ln Missouri City, TX 77459-2986	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 04/12/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC Richelle Jackson 6 Contributor address; City; State; Zip Code 2455 Dunstan Rd Apt 219 Houston, TX 77005-2304	7 Amount of contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 05/14/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC Leonard James III 6 Contributor address; City; State; Zip Code 17918 Moss Point Dr Spring, TX 77379-7835	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 05/11/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC James Talarico Campaign 6 Contributor address; City; State; Zip Code PO Box 15207 Austin, TX 78761-5207	7 Amount of contribution (\$) \$5,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 04/18/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC Larry Janak 6 Contributor address; City; State; Zip Code 19215 Cohen Green Ln Lan Houston, TX 77094-4127	7 Amount of contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Executive Vice President		9 Employer (See Instructions) IDCUS, Inc.

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 04/08/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Karen Jennings 6 Contributor address; City; State; Zip Code 8631 Thornberry Hollow Ct Missouri City, TX 77459-7505	7 Amount of contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 04/16/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Ghazi Jichi 6 Contributor address; City; State; Zip Code 15902 Bayou River Ct Houston, TX 77079-5047	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 04/24/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Ghazi Jichi 6 Contributor address; City; State; Zip Code 15902 Bayou River Ct Houston, TX 77079-5047	7 Amount of contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 05/05/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ George Johnson III 6 Contributor address; City; State; Zip Code 2207 Mapiegate Dr Missouri City, TX 77489-5018	7 Amount of contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 05/05/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Courtney Johnson Rose 6 Contributor address; City; State; Zip Code 4326 Creek Point Ln Missouri City, TX 77459-6707	7 Amount of contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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 Lorance-Navario McCoy		3 Filer ID (Ethics Commission Filers)
4 Date 05/05/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC Curley Johnson 6 Contributor address; City; State; Zip Code 2312 Shadow Canyon Ct Pearland, TX 77584-3636	7 Amount of contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 05/15/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC Dwight Johnson 6 Contributor address; City; State; Zip Code 7810 Northwinds Dr Missouri City, TX 77459-7539	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 05/01/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC Harry Johnson 6 Contributor address; City; State; Zip Code 10700 Richmond Ave Ste 265 Houston, TX 77042-4958	7 Amount of contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 03/18/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC Lucy Johnson 6 Contributor address; City; State; Zip Code 1940 Gibraltar Dr San Marcos, TX 78666-2870	7 Amount of contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Real estate investor		9 Employer (See Instructions) Self
4 Date 05/05/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC Angelique Jones 6 Contributor address; City; State; Zip Code 210 Volute Dr Rosharon, TX 77583-6625	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

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 05/16/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Jason Jones 6 Contributor address; City; State; Zip Code 2306 Cezanne Cir Missouri City, TX 77459-3258	7 Amount of contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 03/15/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Sharmia Jones 6 Contributor address; City; State; Zip Code 18310 Argyle Park Trce Richmond, TX 77407-2251	7 Amount of contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 04/18/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Sonya Jones 6 Contributor address; City; State; Zip Code 8118 Oakleaf Meadow Ct Rosharon, TX 77583-1567	7 Amount of contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 04/17/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Tyler Jones 6 Contributor address; City; State; Zip Code 8533 Adirondack Trl Austin, TX 78759-7935	7 Amount of contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 05/15/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Edna Jones-Webb 6 Contributor address; City; State; Zip Code 8714 Petersburg Ln Houston, TX 77083-7212	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

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 Lorance-Navario McCoy		3 Filer ID (Ethics Commission Filers)
4 Date 05/08/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Chris Jordan 6 Contributor address; City; State; Zip Code 4014 Merrick St Houston, TX 77025-2318	7 Amount of contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 05/05/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Duane Jubert 6 Contributor address; City; State; Zip Code 3208 London Ct Pearland, TX 77581-4584	7 Amount of contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 03/05/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Nathan Junius 6 Contributor address; City; State; Zip Code 4 Thrush St New Orleans, LA 70124-4117	7 Amount of contribution (\$) \$2,500.00
8 Principal occupation / Job title (See Instructions) Civil Engineer		9 Employer (See Instructions) Linfield Hunter & Junius Inc.
4 Date 04/23/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Anas Kamal 6 Contributor address; City; State; Zip Code 2010 Colbury Ct Katy, TX 77450-1493	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 04/16/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Hasan Kamal 6 Contributor address; City; State; Zip Code 2010 Colbury Ct Katy, TX 77450-1493	7 Amount of contribution (\$) \$100.00
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 02/27/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Velia Kavalewitz 6 Contributor address; City; State; Zip Code 514 Saguaro Way Richmond, TX 77469-2116	7 Amount of contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 03/27/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Velia Kavalewitz 6 Contributor address; City; State; Zip Code 514 Saguaro Way Richmond, TX 77469-2116	7 Amount of contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 04/27/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Velia Kavalewitz 6 Contributor address; City; State; Zip Code 514 Saguaro Way Richmond, TX 77469-2116	7 Amount of contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 04/07/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ KCI Texas PAC 6 Contributor address; City; State; Zip Code 11550 W Interstate 10 Ste 395 San Antonio, TX 78230-1037	7 Amount of contribution (\$) \$2,500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 05/13/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Mahwash Khalid 6 Contributor address; City; State; Zip Code 10703 Claythorne Ct Richmond, TX 77407-2777	7 Amount of contribution (\$) \$2,500.00
8 Principal occupation / Job title (See Instructions) President		9 Employer (See Instructions) Accelerate Engineering LLC

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 03/27/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Paul Kwan 6 Contributor address; City; State; Zip Code 13423 Amber Queen Ln Houston, TX 77041-5550	7 Amount of contribution (\$) \$2,500.00
8 Principal occupation / Job title (See Instructions) Engineer		9 Employer (See Instructions) Landtech Consultants, Inc
4 Date 05/04/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Sherman L. Harness 6 Contributor address; City; State; Zip Code 11115 Omrod Ct Richmond, TX 77407-2871	7 Amount of contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 05/13/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Zewuze Ladzekpo 6 Contributor address; City; State; Zip Code 23 Country Classic Cir Tomball, TX 77377-2953	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 02/23/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Margaret Lauck 6 Contributor address; City; State; Zip Code 331 Lakeside Blvd Sugar Land, TX 77478-3959	7 Amount of contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 04/01/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Hilda Lease 6 Contributor address; City; State; Zip Code 25710 Eagle Chase Ln Spring, TX 77389-3810	7 Amount of contribution (\$) \$600.00
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 04/16/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC Kashif Khan 6 Contributor address; City; State; Zip Code 12408 Gaskin Way Carmel, IN 46032-8905	7 Amount of contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) Civil Engineer		9 Employer (See Instructions) Infrastructure Engineering Inc
4 Date 04/11/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC Amjad Khokhar 6 Contributor address; City; State; Zip Code 66 Big Trl Missouri City, TX 77459-6827	7 Amount of contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 04/18/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC Ursela Knox 6 Contributor address; City; State; Zip Code 1402 Hemple Dr Rosenberg, TX 77471-2176	7 Amount of contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 04/23/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC Rania Koronfel 6 Contributor address; City; State; Zip Code 4538 Mayfair St Bellaire, TX 77401-2603	7 Amount of contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) SAHM		9 Employer (See Instructions) N/A
4 Date 04/24/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC Rania Koronfel 6 Contributor address; City; State; Zip Code 4538 Mayfair St Bellaire, TX 77401-2603	7 Amount of contribution (\$) \$1,500.00
8 Principal occupation / Job title (See Instructions) SAHM		9 Employer (See Instructions) N/A

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 03/12/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Chaochiung Lee 6 Contributor address; City; State; Zip Code 6001 Savoy Dr Ste 100 Houston, TX 77036-3322	7 Amount of contribution (\$) \$2,500.00
8 Principal occupation / Job title (See Instructions) Architect		9 Employer (See Instructions) STOA Architects
4 Date 05/13/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Melba Lee 6 Contributor address; City; State; Zip Code 1623 Mustang Xing Missouri City, TX 77459-4594	7 Amount of contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 03/30/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Rafael Lemaitre 6 Contributor address; City; State; Zip Code 213 E Raymond Ave Alexandria, VA 22301-1035	7 Amount of contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 02/22/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Jessica Lettieri 6 Contributor address; City; State; Zip Code 7114 Sundance Meadows Ln Richmond, TX 77407-4062	7 Amount of contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 03/05/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Camela Levy-David 6 Contributor address; City; State; Zip Code 5212 Depot Dr Sachse, TX 75048-4779	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

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 04/18/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Linebarger Goggin Blair & Sampson, LLP 6 Contributor address; City; State; Zip Code PO Box 17428 Austin, TX 78760-7428	7 Amount of contribution (\$) \$2,500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 03/16/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ robert Loeb 6 Contributor address; City; State; Zip Code 4521 Banning Dr Houston, TX 77027-4805	7 Amount of contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) Businessman		9 Employer (See Instructions) self
4 Date 05/13/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ robert Loeb 6 Contributor address; City; State; Zip Code 4521 Banning Dr Houston, TX 77027-4805	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Businessman		9 Employer (See Instructions) self
4 Date 02/22/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Michael Lokey 6 Contributor address; City; State; Zip Code 16519 Tranquil Dr Sugar Land, TX 77498-1992	7 Amount of contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 03/23/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Deepali Loney 6 Contributor address; City; State; Zip Code 11740 Katy Fwy Ste 1100 Houston, TX 77079-1273	7 Amount of contribution (\$) \$2,500.00
8 Principal occupation / Job title (See Instructions) CEO		9 Employer (See Instructions) AIG Technical Services

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 Lorraine-Navario McCoy		3 Filer ID (Ethics Commission Filers)
4 Date 04/18/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC Stephen Longoria 6 Contributor address; City; State; Zip Code 9414 Plaza Terrace Dr Missouri City, TX 77459-7247	7 Amount of contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 04/16/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC Lee Lupher 6 Contributor address; City; State; Zip Code 16906 E Caramel Apple Trl Cypress, TX 77433-4166	7 Amount of contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Land surveyor		9 Employer (See Instructions) TNP
4 Date 05/08/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC Angela Lutz 6 Contributor address; City; State; Zip Code 1623 Marshall St Houston, TX 77006-4121	7 Amount of contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 05/12/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC Eric Lyons 6 Contributor address; City; State; Zip Code 13543 Andrew Way Houston, TX 77082-3457	7 Amount of contribution (\$) \$75.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 02/26/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC Alisa Max 6 Contributor address; City; State; Zip Code 3419 Gannett St Houston, TX 77025-3711	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 04/15/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC Frank Mbachu 6 Contributor address; City; State; Zip Code 4419 April Meadow Way Sugar Land, TX 77479-3119	7 Amount of contribution (\$) \$4,000.00
8 Principal occupation / Job title (See Instructions) Engineer		9 Employer (See Instructions) FCM Engineers PC
4 Date 05/16/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC Frank Mbachu 6 Contributor address; City; State; Zip Code 4419 April Meadow Way Sugar Land, TX 77479-3119	7 Amount of contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Engineer		9 Employer (See Instructions) FCM Engineers PC
4 Date 03/04/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC Jack McBride 6 Contributor address; City; State; Zip Code 5902 Petty St Houston, TX 77007-1026	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See instructions)		9 Employer (See Instructions)
4 Date 05/15/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC Nathan Mcduell 6 Contributor address; City; State; Zip Code 5311 Majestic Ct Manvel, TX 77578-2221	7 Amount of contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 04/16/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC Kirina McNamara 6 Contributor address; City; State; Zip Code 3307 Deeds Rd Houston, TX 77084-5570	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 Loranca-Navario McCoy		3 Filer ID (Ethics Commission Filers)
4 Date 05/05/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Farrando McQueen 6 Contributor address; City; State; Zip Code 13421 Vintage Trail Ln Pearland, TX 77584-6819	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 05/06/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Dimitri Millas 6 Contributor address; City; State; Zip Code 735 E 12th St Houston, TX 77008-7123	7 Amount of contribution (\$) \$1,500.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Norton Rose Fulbright
4 Date 03/27/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Marcelo Moacyr 6 Contributor address; City; State; Zip Code 5719 Martinique Pass Sugar Land, TX 77479-4158	7 Amount of contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Engineer		9 Employer (See Instructions) BGE Inc.
4 Date 05/05/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Felicia Moon 6 Contributor address; City; State; Zip Code 3311 Raleigh Row Missouri City, TX 77459-6768	7 Amount of contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 04/17/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Lytrenda Moore 6 Contributor address; City; State; Zip Code 2814 Rosewood St Houston, TX 77004-5340	7 Amount of contribution (\$) \$100.00
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 03/31/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC Terri Morgan 6 Contributor address; City; State; Zip Code 22611 Duncan Brush Tree Richmond, TX 77469-4766	7 Amount of contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 04/18/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC Bonnie Moss 6 Contributor address; City; State; Zip Code 1505 Highway 6 S Houston, TX 77077-1700	7 Amount of contribution (\$) \$1,500.00
8 Principal occupation / Job title (See Instructions) Business Owner		9 Employer (See Instructions) MBCO Engineering LLC
4 Date 04/02/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC Lindsay Munoz 6 Contributor address; City; State; Zip Code 1045 Rosepoint St Houston, TX 77018-5224	7 Amount of contribution (\$) \$1,500.00
8 Principal occupation / Job title (See Instructions) Consulting		9 Employer (See Instructions) Whitmire & Munoz LLC
4 Date 05/13/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC Rajesh Murugiah 6 Contributor address; City; State; Zip Code 828 Highland Hills Dr Frisco, TX 75036-8856	7 Amount of contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) Sr. Vice President		9 Employer (See Instructions) Risun Solutions
4 Date 04/14/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC Iyad Muslet 6 Contributor address; City; State; Zip Code 23518 Verge Sims Dr Richmond, TX 77469-2975	7 Amount of contribution (\$) \$100.00
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 04/24/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC Jida Nabulsi 6 Contributor address; City; State; Zip Code 10506 Red Cedar Hollow Dr Katy, TX 77494-1889	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 04/23/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC Wisam Nahhas 6 Contributor address; City; State; Zip Code 5237 Cornish St Unit A Houston, TX 77007-3876	7 Amount of contribution (\$) \$2,000.00
8 Principal occupation / Job title (See Instructions) Self Employed		9 Employer (See Instructions) Farah Abdelhalim
4 Date 04/18/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC Casandra North 6 Contributor address; City; State; Zip Code 3107 Bonney Briar Dr Missouri City, TX 77459-3112	7 Amount of contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 05/04/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC Norton Rose Fulbright Texas Committee PAC 6 Contributor address; City; State; Zip Code 1301 Mckinney St Ste 5100 Houston, TX 77010-3095	7 Amount of contribution (\$) \$2,500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 02/27/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC NKEMDI OHALETE 6 Contributor address; City; State; Zip Code 14903 Rock Mill Ln Sugar Land, TX 77498-0952	7 Amount of contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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 04/18/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Bilkis Olazaran 6 Contributor address; City; State; Zip Code 2901 Providence Ave Mcallen, TX 78504-5490	7 Amount of contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 02/25/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Wanda Oldham 6 Contributor address; City; State; Zip Code 17810 Carrington Woods Ln Richmond, TX 77407-2500	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 04/08/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Wanda Oldham 6 Contributor address; City; State; Zip Code 17810 Carrington Woods Ln Richmond, TX 77407-2500	7 Amount of contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 05/13/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Wanda Oldham 6 Contributor address; City; State; Zip Code 17810 Carrington Woods Ln Richmond, TX 77407-2500	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 03/02/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ dora olivo 6 Contributor address; City; State; Zip Code 2625 Alamo St Rosenberg, TX 77471-6002	7 Amount of contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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 Lorraine-Navario McCoy		3 Filer ID (Ethics Commission Filers)
4 Date 05/15/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC Byron O'Neal 6 Contributor address; City; State; Zip Code 4 Chelsea Blvd Apt 1119 Houston, TX 77006-6267	7 Amount of contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 05/15/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC Dylan Osborne 6 Contributor address; City; State; Zip Code 1418 Vermont St Apt 6 Houston, TX 77006-1051	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 05/13/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC Charles A. Othon 6 Contributor address; City; State; Zip Code 5906 Laguna Falls Ct Houston, TX 77041-6058	7 Amount of contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) President		9 Employer (See Instructions) OTHON Inc.
4 Date 05/04/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC Curtis Outlaw 6 Contributor address; City; State; Zip Code 12715 Oxford Gate Dr Houston, TX 77047-2035	7 Amount of contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 02/23/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC Stephanie Paige 6 Contributor address; City; State; Zip Code 14022 Hampton Cove Dr Houston, TX 77077-2142	7 Amount of contribution (\$) \$1,500.00
8 Principal occupation / Job title (See Instructions) Vice President		9 Employer (See Instructions) Texas Central

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 03/23/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Pape-Dawson Engineers PAC 6 Contributor address; City; State; Zip Code 2000 NW Loop 410 San Antonio, TX 78213-2251	7 Amount of contribution (\$) \$5,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 04/16/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Sandeep Patil 6 Contributor address; City; State; Zip Code 23142 San Nicholas Pl Katy, TX 77494-2506	7 Amount of contribution (\$) \$5,000.00
8 Principal occupation / Job title (See Instructions) CEO		9 Employer (See Instructions) CONSOR
4 Date 05/15/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Bonnie Peterson 6 Contributor address; City; State; Zip Code 2815 Foxfire Cir Missouri City, TX 77459-3124	7 Amount of contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 03/31/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Rhonda Peyton 6 Contributor address; City; State; Zip Code 923 Bent Creek Ct Richmond, TX 77406-1245	7 Amount of contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 05/04/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Gregory Phillips 6 Contributor address; City; State; Zip Code 3711 Drake St Houston, TX 77005-1117	7 Amount of contribution (\$) \$100.00
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 Lorraine-Navario McCoy		3 Filer ID (Ethics Commission Filers)
4 Date 05/05/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC James Phillips 6 Contributor address; City; State; Zip Code 27923 Barker Hollow Dr Katy, TX 77494-1867	7 Amount of contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) BakerHostetler
4 Date 04/18/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC Imani Phillips-Spears 6 Contributor address; City; State; Zip Code 2127 Bravos Manor Ln Fresno, TX 77545-1559	7 Amount of contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 04/18/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC Satya Pilla 6 Contributor address; City; State; Zip Code 4103 Oak Blossom Ct Houston, TX 77059-3265	7 Amount of contribution (\$) \$10,000.00
8 Principal occupation / Job title (See Instructions) Principal		9 Employer (See Instructions) IGET Services, LLC
4 Date 04/27/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC Pipe Fitters Local Union 211 6 Contributor address; City; State; Zip Code 1301 W 13th St Ste A Deer Park, TX 77536-2527	7 Amount of contribution (\$) \$2,500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 04/18/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC Phumbers Local Union 68 6 Contributor address; City; State; Zip Code PO Box 8746 Houston, TX 77249-8746	7 Amount of contribution (\$) \$2,500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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 03/05/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ VASANTH POTDAR 6 Contributor address; City; State; Zip Code 18926 Majestic Vista Ln Richmond, TX 77407-1757	7 Amount of contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 03/31/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ VASANTH POTDAR 6 Contributor address; City; State; Zip Code 18926 Majestic Vista Ln Richmond, TX 77407-1757	7 Amount of contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 03/06/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Wayne M Powell 6 Contributor address; City; State; Zip Code 1710 Bluebeard Ct Sugar Land, TX 77479-6352	7 Amount of contribution (\$) \$52.50
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 04/06/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Wayne M Powell 6 Contributor address; City; State; Zip Code 1710 Bluebeard Ct Sugar Land, TX 77479-6352	7 Amount of contribution (\$) \$52.50
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 05/06/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Wayne M Powell 6 Contributor address; City; State; Zip Code 1710 Bluebeard Ct Sugar Land, TX 77479-6352	7 Amount of contribution (\$) \$52.50
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 Lorance-Navaria McCoy		3 Filer ID (Ethics Commission Filers)
4 Date 02/27/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Tyler Powers 6 Contributor address; City; State; Zip Code 1150 Jasons Bend Dr Sugar Land, TX 77479-5403	7 Amount of contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 02/27/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Jerry Preston 6 Contributor address; City; State; Zip Code 3418 Nathaniel Brown St Houston, TX 77021-5510	7 Amount of contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 04/18/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Raba-Kistner PAC 6 Contributor address; City; State; Zip Code PO Box 690287 San Antonio, TX 78269-0287	7 Amount of contribution (\$) \$1,500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 04/30/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Leticia Raffoul 6 Contributor address; City; State; Zip Code 20643 Garden Ridge Cyn Richmond, TX 77407-4135	7 Amount of contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 04/09/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Randy Randermann 6 Contributor address; City; State; Zip Code 903 Windsor Woods Ln Katy, TX 77494-5000	7 Amount of contribution (\$) \$1,500.00
8 Principal occupation / Job title (See Instructions) Engineer		9 Employer (See Instructions) BGE

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 05/15/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Charanya Ravikumar 6 Contributor address; City; State; Zip Code 5207 Heather Meadow Ln Sugar Land, TX 77479-6813	7 Amount of contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 05/06/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Walter Reed 6 Contributor address; City; State; Zip Code 3623 La Costa Rd Missouri City, TX 77459-2406	7 Amount of contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 03/03/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Danielle Richardson 6 Contributor address; City; State; Zip Code 16536 Boss Gaston Rd Sugar Land, TX 77498-9516	7 Amount of contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 03/30/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Danielle Richardson 6 Contributor address; City; State; Zip Code 16536 Boss Gaston Rd Sugar Land, TX 77498-9516	7 Amount of contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 03/10/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Miguel Rivera 6 Contributor address; City; State; Zip Code 1320 Montrose Blvd Apt 303 Houston, TX 77019-4374	7 Amount of contribution (\$) \$12.50
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 Lorance-Navario McCoy		3 Filer ID (Ethics Commission Filers)
4 Date 04/10/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Miguel Rivera 6 Contributor address; City; State; Zip Code 1320 Montrose Blvd Apt 303 Houston, TX 77019-4374	7 Amount of contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 05/10/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Miguel Rivera 6 Contributor address; City; State; Zip Code 1320 Montrose Blvd Apt 303 Houston, TX 77019-4374	7 Amount of contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 04/07/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Jamie Robbins 6 Contributor address; City; State; Zip Code 22535 Shady Willow Ln Porter, TX 77365-7180	7 Amount of contribution (\$) \$1,500.00
8 Principal occupation / Job title (See Instructions) Emergency Response		9 Employer (See Instructions) Ashbritt
4 Date 05/15/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Brian Roberson 6 Contributor address; City; State; Zip Code 14210 Imperial Wood Ln Rosharon, TX 77583-2099	7 Amount of contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 04/17/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Christopher Robinson 6 Contributor address; City; State; Zip Code 6614 White Rock Ct Rosenberg, TX 77469-1222	7 Amount of contribution (\$) \$70.00
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 05/14/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC Christopher Robinson 6 Contributor address; City; State; Zip Code 6614 White Rock Ct Rosenberg, TX 77469-1222	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 04/30/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC Freddie Robinson 6 Contributor address; City; State; Zip Code 2310 Paradise Canyon Dr Pearland, TX 77584-3297	7 Amount of contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 04/30/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC Rodney Ellis Campaign Committee 6 Contributor address; City; State; Zip Code 2102 Sunset Blvd Houston, TX 77005-1528	7 Amount of contribution (\$) \$10,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 04/17/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC Ali Roshanfekr 6 Contributor address; City; State; Zip Code 15915 Katy Fwy Ste 260 Houston, TX 77094-1713	7 Amount of contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Engineer		9 Employer (See Instructions) Cascade Civil Services
4 Date 04/30/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC Mary Ross 6 Contributor address; City; State; Zip Code 2507 Shadow Oaks Dr Fresno, TX 77545-6071	7 Amount of contribution (\$) \$100.00
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 Lorraine-Navario McCoy		3 Filer ID (Ethics Commission Filers)
4 Date 03/04/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Judy Rowland 6 Contributor address; City; State; Zip Code 1825 Laurel Oaks Dr Richmond, TX 77469-4836	7 Amount of contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 04/04/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Judy Rowland 6 Contributor address; City; State; Zip Code 1825 Laurel Oaks Dr Richmond, TX 77469-4836	7 Amount of contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 05/04/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Judy Rowland 6 Contributor address; City; State; Zip Code 1825 Laurel Oaks Dr Richmond, TX 77469-4836	7 Amount of contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 05/01/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Margo Rubenstein 6 Contributor address; City; State; Zip Code 27 Oakmere Pl Sugar Land, TX 77479-5611	7 Amount of contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 05/07/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Nasruddin Rupani 6 Contributor address; City; State; Zip Code 7500 Bellaire Blvd Ste 900 Houston, TX 77036-5027	7 Amount of contribution (\$) \$5,000.00
8 Principal occupation / Job title (See Instructions) Chairman		9 Employer (See Instructions) Rupani Foundation

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 Lorance-Navario McCoy		3 Filer ID (Ethics Commission Filers)
4 Date 05/14/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Nasruddin Rupani 6 Contributor address; City; State; Zip Code 7500 Bellaire Blvd Ste 900 Houston, TX 77036-5027	7 Amount of contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Chairman		9 Employer (See Instructions) Rupani Foundation
4 Date 03/04/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Dylan Russell 6 Contributor address; City; State; Zip Code 4518 Pebbiestone Dr Missouri City, TX 77459-1615	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 04/03/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Lina Sabouni 6 Contributor address; City; State; Zip Code 23 Palm Blvd Missouri City, TX 77459-4499	7 Amount of contribution (\$) \$5,000.00
8 Principal occupation / Job title (See Instructions) Principal		9 Employer (See Instructions) AUTOTECH Architects
4 Date 03/23/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Sallie Alcorn Campaign 6 Contributor address; City; State; Zip Code PO Box 22110 Houston, TX 77227-2110	7 Amount of contribution (\$) \$2,500.00
8 Principal occupation / Job title (See Instructions) City council member		9 Employer (See Instructions) City of Houston
4 Date 05/14/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Jerrel Samuel 6 Contributor address; City; State; Zip Code 31219 Trinity Park Ln Spring, TX 77386-3066	7 Amount of contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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 Lorance-Navario McCoy		3 Filer ID (Ethics Commission Filers)
4 Date 03/30/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Francisco Sanchez 6 Contributor address; City; State; Zip Code 1051 Hillstar St Houston, TX 77009-1491	7 Amount of contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 05/16/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Vincent Sanders 6 Contributor address; City; State; Zip Code 10907 Villa Lea Ln Houston, TX 77071-1519	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 04/03/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Walt Sass 6 Contributor address; City; State; Zip Code 2707 Autumn Lake Dr Katy, TX 77450-5781	7 Amount of contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) Principal		9 Employer (See Instructions) Weisser Engineering & Surveying
4 Date 04/10/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Priya Sharma 6 Contributor address; City; State; Zip Code 5901 Newcastle St Bellaire, TX 77401-3215	7 Amount of contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 04/23/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Sandra Shaw 6 Contributor address; City; State; Zip Code 2217 Pine Valley Dr Houston, TX 77019-3509	7 Amount of contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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 05/16/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Laurie Shearer 6 Contributor address; City; State; Zip Code 6007 Benny St Rosharon, TX 77583-3125	7 Amount of contribution (\$) \$10.00
8 Principal occupation / Job title (See instructions)		9 Employer (See Instructions)
4 Date 05/15/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Mona Shields 6 Contributor address; City; State; Zip Code 4810 Rebel Ridge Dr Sugar Land, TX 77478-5439	7 Amount of contribution (\$) \$25.00
8 Principal occupation / Job title (See instructions)		9 Employer (See Instructions)
4 Date 04/16/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Danny Signorelli 6 Contributor address; City; State; Zip Code 1401 Woodlands Pkwy Spring, TX 77380-1122	7 Amount of contribution (\$) \$2,500.00
8 Principal occupation / Job title (See instructions) CEO		9 Employer (See Instructions) The Signorelli Company
4 Date 03/01/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Jeremy Simmons 6 Contributor address; City; State; Zip Code 5211 Summer Snow Dr Houston, TX 77041-6593	7 Amount of contribution (\$) \$250.00
8 Principal occupation / Job title (See instructions)		9 Employer (See instructions)
4 Date 05/13/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ King Sims 6 Contributor address; City; State; Zip Code 3303 Arbor St Houston, TX 77004-6351	7 Amount of contribution (\$) \$100.00
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 04/21/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Jasmeeta Singh 6 Contributor address; City; State; Zip Code 2511 STILL HARBOUR Dr Houston, TX 77041	7 Amount of contribution (\$) \$5,000.00
8 Principal occupation / Job title (See Instructions) N/A		9 Employer (See Instructions) N/A
4 Date 04/18/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Bonita Smith 6 Contributor address; City; State; Zip Code 2216 Wentworth St Houston, TX 77004-6046	7 Amount of contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 04/30/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Brenda Smith 6 Contributor address; City; State; Zip Code 17715 Dusty Patty Ct Richmond, TX 77407-4763	7 Amount of contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 04/18/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Brian Smith 6 Contributor address; City; State; Zip Code 1802 Calumet St Houston, TX 77004-7212	7 Amount of contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Construction		9 Employer (See Instructions) BSCI
4 Date 03/11/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Dedre Smith 6 Contributor address; City; State; Zip Code 1020 Brand Ln Stafford, TX 77477-5757	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

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 05/05/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC Hiram Smith 6 Contributor address; City; State; Zip Code 4530 Brazos Bend Dr Missouri City, TX 77459-4098	7 Amount of contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 02/22/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC Sandra Smith 6 Contributor address; City; State; Zip Code 3218 Dandelion Dr Richmond, TX 77469-1972	7 Amount of contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 05/13/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC Sandra Smith 6 Contributor address; City; State; Zip Code 3218 Dandelion Dr Richmond, TX 77469-1972	7 Amount of contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 03/04/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC Terry Smith 6 Contributor address; City; State; Zip Code 2535 North Fwy Ste 200 Houston, TX 77009-4601	7 Amount of contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) Architect		9 Employer (See Instructions) Smith & Company Architects
4 Date 05/12/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC LaRence Snowden 6 Contributor address; City; State; Zip Code 3202 S Macgregor Way Houston, TX 77021-1105	7 Amount of contribution (\$) \$150.00
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 Lorance-Navario McCoy		3 Filer ID (Ethics Commission Filers)
4 Date 04/17/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Jerry Sowell 6 Contributor address; City; State; Zip Code 18022 Blue Ridge Shores Dr Cypress, TX 77433-7056	7 Amount of contribution (\$) \$1,500.00
8 Principal occupation / Job title (See Instructions) Engineer		9 Employer (See Instructions) SEC
4 Date 05/13/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Jerry Sowell 6 Contributor address; City; State; Zip Code 18022 Blue Ridge Shores Dr Cypress, TX 77433-7056	7 Amount of contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Engineer		9 Employer (See Instructions) SEC
4 Date 05/15/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Phillip Stewart 6 Contributor address; City; State; Zip Code 23322 Hillsvie Ln New Caney, TX 77357-1636	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 04/01/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Daniel Stoecker 6 Contributor address; City; State; Zip Code 5911 Ravens Mill Ct Sugar Land, TX 77479-4569	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 05/13/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Daniel Stoecker 6 Contributor address; City; State; Zip Code 5911 Ravens Mill Ct Sugar Land, TX 77479-4569	7 Amount of contribution (\$) \$100.00
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 05/11/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Bryan Stotler 6 Contributor address; City; State; Zip Code 4122 Basin Park Dr Manvel, TX 77578-2163	7 Amount of contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 03/10/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Katherine Stovring 6 Contributor address; City; State; Zip Code 20603 Morning Creek Dr Katy, TX 77450-6621	7 Amount of contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 03/05/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Brittany Switzer 6 Contributor address; City; State; Zip Code 1106 Lavaca St Austin, TX 78701-2169	7 Amount of contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 03/11/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Brittany Switzer 6 Contributor address; City; State; Zip Code 1106 Lavaca St Austin, TX 78701-2169	7 Amount of contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 04/05/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Brittany Switzer 6 Contributor address; City; State; Zip Code 1106 Lavaca St Austin, TX 78701-2169	7 Amount of contribution (\$) \$5.00
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 Lorraine-Navario McCoy		3 Filer ID (Ethics Commission Filers)
4 Date 04/18/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Brittany Switzer 6 Contributor address; City; State; Zip Code 1106 Lavaca St Austin, TX 78701-2169	7 Amount of contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 05/16/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Jeff Syptak 6 Contributor address; City; State; Zip Code 14435 Santee Pass Dr Cypress, TX 77429-4153	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 03/04/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Ted Tankard 6 Contributor address; City; State; Zip Code 10218 Reading Rd Richmond, TX 77469-7328	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 03/23/2026	5 Full name of contributor <input type="checkbox"/> 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)
4 Date 04/01/2026	5 Full name of contributor <input type="checkbox"/> 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 04/10/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Ted Tankard 6 Contributor address; City; State; Zip Code 10218 Reading Rd Richmond, TX 77469-7328	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 05/01/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Gay Taylor 6 Contributor address; City; State; Zip Code 203 Catchlaw Ct Richmond, TX 77469-2095	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 03/10/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Keith Taylor 6 Contributor address; City; State; Zip Code 203 Catchlaw Ct Richmond, TX 77469-2095	7 Amount of contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 03/26/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Caleb Tewolde 6 Contributor address; City; State; Zip Code 8310 Blue Quail Dr Missouri City, TX 77489-5373	7 Amount of contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) Operations Manager		9 Employer (See Instructions) All-Terra Engineering
4 Date 03/05/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Haddis Tewolde 6 Contributor address; City; State; Zip Code 2415 Calling Bird Ct Missouri City, TX 77459-1955	7 Amount of contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Engineer		9 Employer (See Instructions) All-Terra

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 Lorance-Navario McCoy		3 Filer ID (Ethics Commission Filers)
4 Date 04/05/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC Haddis Tewolde 6 Contributor address; City; State; Zip Code 2415 Calling Bird Ct Missouri City, TX 77459-1955	7 Amount of contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Engineer		9 Employer (See Instructions) All-Terra
4 Date 05/05/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC Haddis Tewolde 6 Contributor address; City; State; Zip Code 2415 Calling Bird Ct Missouri City, TX 77459-1955	7 Amount of contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Engineer		9 Employer (See Instructions) All-Terra
4 Date 03/27/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC Texans for Good Government 6 Contributor address; City; State; Zip Code 99 Detering St Ste 164 Houston, TX 77007-8259	7 Amount of contribution (\$) \$10,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 04/10/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC DONNA THOMAS 6 Contributor address; City; State; Zip Code 16110 Boot Ridge Rd Houston, TX 77053-4727	7 Amount of contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 05/04/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC Garland Thompson 6 Contributor address; City; State; Zip Code 19806 Primrose Glen Ln Cypress, TX 77429-2915	7 Amount of contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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 05/08/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC Harry Thompson 6 Contributor address; City; State; Zip Code 4719 Shetland Ln Houston, TX 77027-6209	7 Amount of contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) ABHR
4 Date 03/04/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC Jahan Tolliver 6 Contributor address; City; State; Zip Code 8234 Gunston Commons Way Lorton, VA 22079-5027	7 Amount of contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 04/23/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC Alexandra Trosic 6 Contributor address; City; State; Zip Code 1135 Shadeland Dr Houston, TX 77043-5213	7 Amount of contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) Investor		9 Employer (See Instructions) Self-Employed
4 Date 04/24/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC Alexandra Trosic 6 Contributor address; City; State; Zip Code 1135 Shadeland Dr Houston, TX 77043-5213	7 Amount of contribution (\$) \$1,500.00
8 Principal occupation / Job title (See Instructions) Investor		9 Employer (See Instructions) Self-Employed
4 Date 03/05/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC Beverly Trotman 6 Contributor address; City; State; Zip Code 612 E 57th St Brooklyn, NY 11234-1282	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

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 Lorance-Navario McCoy		3 Filer ID (Ethics Commission Filers)
4 Date 05/15/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC Beverly Trotman 6 Contributor address; City; State; Zip Code 612 E 57th St Brooklyn, NY 11234-1282	7 Amount of contribution (\$) \$31.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 04/07/2026	5 Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC C00457853 TSVC, Inc. Political Action Committee (Terracon PAC) 6 Contributor address; City; State; Zip Code 10841 S Ridgeview Rd Olathe, KS 66061-6456	7 Amount of contribution (\$) \$1,500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 05/07/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC Fredrick Turner 6 Contributor address; City; State; Zip Code 13601 Mooring Pointe Dr Pearland, TX 77584-3710	7 Amount of contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 03/23/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC joshua ulibbari 6 Contributor address; City; State; Zip Code 717 W Palo Verde Dr Phoenix, AZ 85013-1627	7 Amount of contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 05/05/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC Gregory Ulmer 6 Contributor address; City; State; Zip Code 4394 Harvest Ln Houston, TX 77004-6606	7 Amount of contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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 04/03/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Ahmed Valdez 6 Contributor address; City; State; Zip Code 15310 Skyhill Dr Cypress, TX 77433-4073	7 Amount of contribution (\$) \$2,500.00
8 Principal occupation / Job title (See Instructions) Civil Engineering		9 Employer (See Instructions) AKV Consulting Engineers
4 Date 05/01/2026	5 Full name of contributor <input type="checkbox"/> 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 04/23/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Mitchell VerVoort 6 Contributor address; City; State; Zip Code 2250 Bering Dr Apt 28 Houston, TX 77057-4718	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 05/15/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Bradley Vessel 6 Contributor address; City; State; Zip Code 8138 Spreadwing St Conroe, TX 77385-1114	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 05/08/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Alia Vinson 6 Contributor address; City; State; Zip Code 2420 Locke Ln Houston, TX 77019-6323	7 Amount of contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Allen Boone Humphries Robinson

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 Lorance-Navario McCoy		3 Filer ID (Ethics Commission Filers)
4 Date 05/15/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Phyllis Wade 6 Contributor address; City; State; Zip Code 6105 W Orem Dr Apt 139 Houston, TX 77085-1283	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 05/07/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Andre Ward 6 Contributor address; City; State; Zip Code 5002 Teton St Houston, TX 77033-3533	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 03/25/2026	5 Full name of contributor <input type="checkbox"/> 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 (\$) \$75.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 03/04/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Terrie Weary 6 Contributor address; City; State; Zip Code 3337 Jasons Way Marion, TX 78124-1373	7 Amount of contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 04/06/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Matthew Webster 6 Contributor address; City; State; Zip Code 21114 Idle Wind Dr Richmond, TX 77406-7161	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 04/17/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Roxanne Werner 6 Contributor address; City; State; Zip Code 1411 Nashua St # B Houston, TX 77008-3747	7 Amount of contribution (\$) \$60.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 04/18/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Brandon West 6 Contributor address; City; State; Zip Code 3420 Harvest Meadow Ln Rosenberg, TX 77471-1748	7 Amount of contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 04/23/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Westwood PAC 6 Contributor address; City; State; Zip Code PO Box 42307 Portland, OR 97242-0307	7 Amount of contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 04/17/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Carol Wetterauer 6 Contributor address; City; State; Zip Code 3010 Fair Dawn Ct Katy, TX 77450-8638	7 Amount of contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 05/15/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Malou Wheeler 6 Contributor address; City; State; Zip Code 3642 Yankee Ct Missouri City, TX 77459-4819	7 Amount of contribution (\$) \$150.00
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 05/16/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Bob White 6 Contributor address; City; State; Zip Code 323 Champions Colony III Houston, TX 77069-1853	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 04/18/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Emma 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)
4 Date 04/18/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Shelia Whitley 6 Contributor address; City; State; Zip Code 2518 Mossberg Ct Humble, TX 77396-4767	7 Amount of contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 05/15/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Virgil Wilder 6 Contributor address; City; State; Zip Code 3235 Golden Eagle Way Richmond, TX 77469-4591	7 Amount of contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 05/15/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Virgil Wilder 6 Contributor address; City; State; Zip Code 3235 Golden Eagle Way Richmond, TX 77469-4591	7 Amount of contribution (\$) \$15.00
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 05/12/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Jeffery Williams 6 Contributor address; City; State; Zip Code 9414 Oakland Lake Way Missouri City, TX 77459-6446	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 03/01/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ wanda williams 6 Contributor address; City; State; Zip Code 4311 Canadian River Dr Sugar Land, TX 77478-5401	7 Amount of contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 05/13/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ wanda williams 6 Contributor address; City; State; Zip Code 4311 Canadian River Dr Sugar Land, TX 77478-5401	7 Amount of contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 03/24/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Gerald Wilson 6 Contributor address; City; State; Zip Code 4611 Biggam Dr Fresno, TX 77545-2172	7 Amount of contribution (\$) \$550.00
8 Principal occupation / Job title (See Instructions) Engineer		9 Employer (See Instructions) Wilson Engineering & Construction Services
4 Date 05/13/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Gerald Wilson 6 Contributor address; City; State; Zip Code 4611 Biggam Dr Fresno, TX 77545-2172	7 Amount of contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Engineer		9 Employer (See Instructions) Wilson Engineering & Construction Services

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 Lorraine-Navario McCoy		3 Filer ID (Ethics Commission Filers)
4 Date 02/25/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC Gerald Womack	7 Amount of contribution (\$) \$500.00
6 Contributor address; City; State; Zip Code 4412 Alameda Rd Houston, TX 77004-4902		
8 Principal occupation / Job title (See Instructions) Owner/President		9 Employer (See Instructions) Womack Development & Investment Realtors
4 Date 05/16/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC Lyme Woods	7 Amount of contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code 5034 Beckman Dr Missouri City, TX 77459-1210		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 05/15/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC Regina Woolfoik	7 Amount of contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code 4519 Magnolia Ln Sugar Land, TX 77478-5457		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 04/17/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC Robin Wrice	7 Amount of contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code 1239 Vine House Dr Richmond, TX 77406-3094		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 05/16/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC Ravi Yanamandala	7 Amount of contribution (\$) \$1,000.00
6 Contributor address; City; State; Zip Code 2504 Bayfront Dr Pearland, TX 77584-4312		
8 Principal occupation / Job title (See Instructions) Engineer		9 Employer (See Instructions) Geotest Engineering Inc.

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

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 03/04/2026	5 Full name of contributor <input type="checkbox"/> 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 05/15/2026	5 Full name of contributor <input type="checkbox"/> 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 04/18/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC Aundrea Young 6 Contributor address; City; State; Zip Code PO Box 35743 Houston, TX 77235-5743	7 Amount of contribution (\$) \$1,025.00
8 Principal occupation / Job title (See Instructions) Manager		9 Employer (See Instructions) Competitive Choice
4 Date 05/05/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC Joyce Young 6 Contributor address; City; State; Zip Code 1730 Foxwood Ct Missouri City, TX 77489-2156	7 Amount of contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 05/15/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC Anwar Zahid 6 Contributor address; City; State; Zip Code 19 Lake Como Dr Missouri City, TX 77459-1484	7 Amount of contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Engineer		9 Employer (See Instructions) infraTECH

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 Lorance-Navario McCoy		3 Filer ID (Ethics Commission Filers)
4 Date 03/23/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Giti Zarinkelk 6 Contributor address; City; State; Zip Code 18 Berry Blossom Dr Spring, TX 77380-3388	7 Amount of contribution (\$) \$1,500.00
8 Principal occupation / Job title (See Instructions) Engineer/owner		9 Employer (See Instructions) Zarinkelk Engineering Services Inc.

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2: not available	
2 FILER NAME Dexter Lorange-Navario McCoy		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$0.00	
5 Date 04/23/2026	6 Full name of contributor <input type="checkbox"/> out-of-state PAC Yousof Allam	8 Amount of Contribution (\$) \$1,835.00	9 In-kind contribution description Catering for fundraiser
	7 Contributor address; City; State; Zip Code 6342 Culberson St Houston, TX 77021-2216		
10 Principal occupation / Job Title (FOR NON-JUDICIAL) (See Instructions) COO and Co-Founder		11 Employer (FOR NON-JUDICIAL) (See Instructions) JuryQ	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
5 Date 04/18/2026	6 Full name of contributor <input type="checkbox"/> out-of-state PAC EHRA Engineering PAC	8 Amount of Contribution (\$) \$195.85	9 In-kind contribution description Drinks for Crawfish boil
	7 Contributor address; City; State; Zip Code 10011 Meadowglen Ln Houston, TX 77042-3760		
10 Principal occupation / Job Title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2: not available	
2 FILER NAME Dexter Lorange-Navario McCoy		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$0.00	
5 Date 02/23/2026	6 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Texas Organizing Project PAC	8 Amount of Contribution (\$) \$19.23	9 In-kind contribution description office supplies
	7 Contributor address; City; State; Zip Code PO Box 120296 San Antonio, TX 78212-9496		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job Title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
5 Date 02/23/2026	6 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Texas Organizing Project PAC	8 Amount of Contribution (\$) \$23.67	9 In-kind contribution description Printing
	7 Contributor address; City; State; Zip Code PO Box 120296 San Antonio, TX 78212-9496		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job Title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2: not available	
2 FILER NAME Dexter Lorange-Navario McCoy		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$0.00	
5 Date 02/23/2026	6 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Texas Organizing Project PAC	8 Amount of Contribution (\$) \$273.71	9 In-kind contribution description Food & Beverage
	7 Contributor address; City; State; Zip Code PO Box 120296 San Antonio, TX 78212-9496		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job Title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
5 Date 02/23/2026	6 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Texas Organizing Project PAC	8 Amount of Contribution (\$) \$308.34	9 In-kind contribution description Consulting Services
	7 Contributor address; City; State; Zip Code PO Box 120296 San Antonio, TX 78212-9496		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job Title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2: not available
2 FILER NAME Dexter Lorance-Navario McCoy	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS	\$0.00

5 Date 02/23/2026	6 Full name of contributor <input type="checkbox"/> out-of-state PAC Texas Organizing Project PAC 7 Contributor address; City; State; Zip Code PO Box 120296 San Antonio, TX 78212-9496	8 Amount of Contribution (\$) \$464.94	9 In-kind contribution description Travel <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job Title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

5 Date 02/24/2026	6 Full name of contributor <input type="checkbox"/> out-of-state PAC Texas Organizing Project PAC 7 Contributor address; City; State; Zip Code PO Box 120296 San Antonio, TX 78212-9496	8 Amount of Contribution (\$) \$99.01	9 In-kind contribution description Printing <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job Title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2: not available	
2 FILER NAME Dexter Lorange-Navario McCoy		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$0.00	
5 Date 02/25/2026	6 Full name of contributor <input type="checkbox"/> out-of-state PAC Texas Organizing Project PAC	8 Amount of Contribution (\$) \$754.32	9 In-kind contribution description Printing
	7 Contributor address; City; State; Zip Code PO Box 120296 San Antonio, TX 78212-9496		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job Title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
5 Date 02/25/2026	6 Full name of contributor <input type="checkbox"/> out-of-state PAC Texas Organizing Project PAC	8 Amount of Contribution (\$) \$3,659.69	9 In-kind contribution description Staff Salaries & Benefits
	7 Contributor address; City; State; Zip Code PO Box 120296 San Antonio, TX 78212-9496		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job Title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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 02/22/2026	5 Payee name ActBlue	
6 Amount (\$) \$139.49	7 Payee address; City: State: Zip Code 366 Summer St Somerville, MA 02144-3132	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description Service Fee
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
4 Date 03/01/2026	5 Payee name ActBlue	
6 Amount (\$) \$159.24	7 Payee address; City: State: Zip Code 366 Summer St Somerville, MA 02144-3132	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description Service Fee
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 Lorraine-Navario McCoy	3 Filer ID (Ethics Commission Filers)
4 Date 03/03/2026	5 Payee name ActBlue	
6 Amount (\$) \$1.39	7 Payee address; City: State: Zip Code 366 Summer St Somerville, MA 02144-3132	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description Service Fee
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
4 Date 03/08/2026	5 Payee name ActBlue	
6 Amount (\$) \$298.02	7 Payee address; City: State: Zip Code 366 Summer St Somerville, MA 02144-3132	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description Service Fee
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 03/15/2026	5 Payee name ActBlue	
6 Amount (\$) \$13.77	7 Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144-3132	
PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description Service Fee
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
4 Date 03/22/2026	5 Payee name ActBlue	
6 Amount (\$) \$62.23	7 Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144-3132	
PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description Service Fee
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 03/29/2026	5 Payee name ActBlue	
6 Amount (\$) \$407.27	7 Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144-3132	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description Service Fee
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
4 Date 03/31/2026	5 Payee name ActBlue	
6 Amount (\$) \$205.90	7 Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144-3132	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description Service Fee
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 Lorraine-Navario McCoy	3 Filer ID (Ethics Commission Filers)	
4 Date 04/05/2026	5 Payee name ActBlue		
6 Amount (\$) \$211.94	7 Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144-3132		
PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description Service Fee	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
4 Date 04/12/2026	5 Payee name ActBlue		
6 Amount (\$) \$209.40	7 Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144-3132		
PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description Service Fee	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 04/19/2026	5 Payee name ActBlue	
6 Amount (\$) \$588.08	7 Payee address; City: State: Zip Code 366 Summer St Somerville, MA 02144-3132	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description Service Fee
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
4 Date 04/26/2026	5 Payee name ActBlue	
6 Amount (\$) \$444.38	7 Payee address; City: State: Zip Code 366 Summer St Somerville, MA 02144-3132	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description Service Fee
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 05/03/2026	5 Payee name ActBlue		
6 Amount (\$) \$138.94	7 Payee address; 366 Summer St Somerville, MA 02144-3132	City; MA	State: Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees		(b) Description Service Fee
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
4 Date 05/10/2026	5 Payee name ActBlue		
6 Amount (\$) \$463.04	7 Payee address; 366 Summer St Somerville, MA 02144-3132	City; MA	State: Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees		(b) Description Service Fee
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: not available	2 FILER NAME Dexter Lorange-Navario McCoy	3 Filer ID (Ethics Commission Filers)
4 Date 03/16/2026	5 Payee name Agha Juice & Café	
6 Amount (\$) \$15.16	7 Payee address; City: State: Zip Code 11920 S TEXAS 6 # 800 Sugar Land, TX 77498	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Campaign 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 03/16/2026	5 Payee name Agha Juice & Café	
6 Amount (\$) \$19.32	7 Payee address; City: State: Zip Code 11920 S TEXAS 6 # 800 Sugar Land, TX 77498	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Campaign 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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 03/16/2026	5 Payee name Delilah Agho-Otoghile	
6 Amount (\$) \$5,000.00	7 Payee address; City: State: Zip Code 11615 Radford Ln Houston, TX 77099-4640	
PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Consulting Expense	(b) Description Consulting 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 04/20/2026	5 Payee name Delilah Agho-Otoghile	
6 Amount (\$) \$5,000.00	7 Payee address; City: State: Zip Code 11615 Radford Ln Houston, TX 77099-4640	
PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Consulting Expense	(b) Description Consulting 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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 02/27/2026	5 Payee name Mohammed Ahmed	
6 Amount (\$) \$150.00	7 Payee address; City; State; Zip Code 10823 Braes Bend Dr Houston, TX 77071-1141	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description Poll greeting
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
4 Date 03/18/2026	5 Payee name Nayna Ahuja	
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code 5303 Manor Dr Sugar Land, TX 77479-9626	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description Internship stipend
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 04/13/2026	5 Payee name Allied Signs		
6 Amount (\$) \$1,648.11	7 Payee address; 6820 Harwin Dr Houston, TX 77036-2210	City: Houston, TX	State: TX Zip Code: 77036-2210
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Printing Expense	(b) Description Printing	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
4 Date 03/11/2026	5 Payee name Amazon		
6 Amount (\$) \$32.82	7 Payee address; 410 Terry Ave N Seattle, WA 98109-5210	City: Seattle, WA	State: WA Zip Code: 98109-5210
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Office Supplies	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 04/06/2026	5 Payee name Amazon	
6 Amount (\$) \$132.01	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) Event Expense	(b) Description Event supplies
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
4 Date 04/15/2026	5 Payee name Amazon	
6 Amount (\$) \$36.79	7 Payee address; City; State; Zip Code 410 Terry Ave N Seattle, WA 98109-5210	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Office Supplies
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 Loran-Navario McCoy	3 Filer ID (Ethics Commission Filers)
4 Date 04/15/2026	5 Payee name Amazon	
6 Amount (\$) \$74.10	7 Payee address; City: State: Zip Code 410 Terry Ave N Seattle, WA 98109-5210	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Office Supplies
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
4 Date 03/18/2026	5 Payee name Ethan Arce	
6 Amount (\$) \$500.00	7 Payee address; City: State: Zip Code 2606 Old River Ln Richmond, TX 77406-2768	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description Internship stipend
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 03/03/2026	5 Payee name Aztec Events & Tents	
6 Amount (\$) \$503.34	7 Payee address; City; State; Zip Code 5515 Brittnoore Rd Houston, TX 77041-7113	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Event Expense	(b) Description Election night A/V
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
4 Date 03/05/2026	5 Payee name Aztec Events & Tents	
6 Amount (\$) \$237.07	7 Payee address; City; State; Zip Code 5515 Brittnoore Rd Houston, TX 77041-7113	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Event Expense	(b) Description Election night A/V
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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/Rentals	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 03/18/2026	5 Payee name Adil Baig	
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code 19710 Florence Crest Dr Richmond, TX 77407-2235	
PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description Internship stipend
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
4 Date 03/03/2026	5 Payee name Bar Louie	
6 Amount (\$) \$3,606.22	7 Payee address; City; State; Zip Code 16089 City Walk Sugar Land, TX 77479-6540	
PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Event Expense	(b) Description Election night watch party
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 02/27/2026	5 Payee name Cynthia A. Bennett	
6 Amount (\$) \$200.00	7 Payee address; City; State; Zip Code 3418 Sunningdale Ln Missouri City, TX 77459-2456	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description Fee for Mardi Gras Gala
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
4 Date 03/04/2026	5 Payee name James Cardona	
6 Amount (\$) \$5,000.00	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 Consulting 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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 04/24/2026	5 Payee name James Cardona	
6 Amount (\$) \$5,000.00	7 Payee address; City; State; Zip Code 5216 Leeland St Houston, TX 77023-2022	
PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Consulting Expense	(b) Description Consulting 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 05/06/2026	5 Payee name James Cardona	
6 Amount (\$) \$5,000.00	7 Payee address; City; State; Zip Code 5216 Leeland St Houston, TX 77023-2022	
PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Consulting Expense	(b) Description Consulting 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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 04/24/2026	5 Payee name City of Rosenberg	
6 Amount (\$) \$721.17	7 Payee address; City: State: Zip Code 2220 4th St Rosenberg, TX 77471-5126	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Event Expense	(b) Description 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
4 Date 03/04/2026	5 Payee name Coco Crepes & Coffee	
6 Amount (\$) \$59.84	7 Payee address; City: State: Zip Code 13533 University Blvd Ste 200 Sugar Land, TX 77479-4931	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Volunteer meal
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 03/16/2026	5 Payee name Crypto Burger	
6 Amount (\$) \$37.81	7 Payee address; City: State: Zip Code 11910 S TEXAS 6 Sugar Land, TX 77498	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Campaign 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 03/18/2026	5 Payee name Ronmille Dillon	
6 Amount (\$) \$500.00	7 Payee address; City: State: Zip Code 4971 Martin Luther King Blvd Houston, TX 77021-2909	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description Internship stipend
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 Lorance-Navario McCoy	3 Filer ID (Ethics Commission Filers)
4 Date 05/15/2026	5 Payee name Drury Inn	
6 Amount (\$) \$284.63	7 Payee address; City: State: Zip Code 1124 Eastern Blvd Montgomery, AL 36117-1941	
PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Travel Out Of District	(b) Description Hotel for Freedom Tour
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
4 Date 03/04/2026	5 Payee name Evelynn Dupree	
6 Amount (\$) \$672.00	7 Payee address; City: State: Zip Code 3901 Emancipation Ave Houston, TX 77004-4351	
PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description Canvassing
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 04/18/2026	5 Payee name Rita Earlz	
6 Amount (\$) \$50.00	7 Payee address; City: State: Zip Code 7990 N Stadium Dr # 26 Houston, TX 77030-4410	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description Crawfish boil 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
4 Date 04/18/2026	5 Payee name Yvonne Edwards	
6 Amount (\$) \$60.00	7 Payee address; City: State: Zip Code 16218 Waiting Spring Cir Houston, TX 77095-4548	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description Crawfish boil 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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 Lorraine-Navario McCoy	3 Filer ID (Ethics Commission Filers)
4 Date 04/20/2026	5 Payee name Fadi's Mediterranean Grill	
6 Amount (\$) \$262.19	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 meeting lunch
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
4 Date 03/16/2026	5 Payee name Filli Cafe	
6 Amount (\$) \$36.35	7 Payee address; City; State; Zip Code 5600 Hillcroft Ave Houston, TX 77036-2214	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Campaign 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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 04/08/2026	5 Payee name Fort Bend County Black Nurses Assoc.	
6 Amount (\$) \$350.00	7 Payee address; City; State; Zip Code 15426 Indian Woods Dr Missouri City, TX 77489-2717	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description Donation
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
4 Date 04/20/2026	5 Payee name Fort Bend County Pride	
6 Amount (\$) \$2,500.00	7 Payee address; City; State; Zip Code 3027 Crestone Dr Rosenberg, TX 77471-1944	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description Donation
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 Lorraine-Navario McCoy	3 Filer ID (Ethics Commission Filers)
4 Date 04/24/2026	5 Payee name Fort Bend Iftar	
6 Amount (\$) \$500.00	7 Payee address; City: State: Zip Code 123 Requested Missouri City, TX 77489	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description Donation
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
4 Date 03/02/2026	5 Payee name Frost Bank	
6 Amount (\$) \$16.00	7 Payee address; City: State: Zip Code PO Box 1600 San Antonio, TX 78296-1600	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description wire transfer fee
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 Lorraine-Navario McCoy	3 Filer ID (Ethics Commission Filers)
4 Date 03/09/2026	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) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
4 Date 03/16/2026	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) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: not available	2 FILER NAME Dexter Lorange-Navario McCoy	3 Filer ID (Ethics Commission Filers)
4 Date 04/01/2026	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) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
4 Date 04/13/2026	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) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 04/20/2026	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) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
4 Date 05/04/2026	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) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 Lorance-Navario McCoy	3 Filer ID (Ethics Commission Filers)
4 Date 05/11/2026	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) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
4 Date 03/18/2026	5 Payee name Rylee Fulton	
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code 5135 Maunee River Dr Sugar Land, TX 77479-7183	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description Internship stipend
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 Lomnce-Navario McCoy	3 Filer ID (Ethics Commission Filers)	
4 Date 05/12/2026	5 Payee name Antonio Gage		
6 Amount (\$) \$100.00	7 Payee address; 2212 Wentworth St Houston, TX 77004-6046	City;	State: Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description Crawfish boil 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
4 Date 04/18/2026	5 Payee name Braylon Gage		
6 Amount (\$) \$100.00	7 Payee address; 2216 Wentworth St Houston, TX 77004-6046	City;	State: Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description Crawfish boil 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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 03/02/2026	5 Payee name Google	
6 Amount (\$) \$62.68	7 Payee address; City: State: Zip Code 1600 Amphitheatre Pkwy Mountain View, CA 94043-1351	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Campaign emails
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
4 Date 04/01/2026	5 Payee name Google	
6 Amount (\$) \$62.68	7 Payee address; City: State: Zip Code 1600 Amphitheatre Pkwy Mountain View, CA 94043-1351	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Campaign emails
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 05/01/2026	5 Payee name Google		
6 Amount (\$) \$62.68	7 Payee address; 1600 Amphitheatre Pkwy Mountain View, CA 94043-1351	City; Mountain View, CA	State: Zip Code CA 94043
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Campaign emails	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
4 Date 03/09/2026	5 Payee name Greater Houston Frontiers Club, Inc.		
6 Amount (\$) \$1,000.00	7 Payee address; 15814 Champion Forest Dr Spring, TX 77379-7141	City; Spring, TX	State: Zip Code TX 77379
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description Donation	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: not available	2 FILER NAME Dexter Lorange-Navario McCoy	3 Filer ID (Ethics Commission Filers)
4 Date 03/05/2026	5 Payee name Gusto	
6 Amount (\$) \$1,065.46	7 Payee address; 525 20th St San Francisco, CA 94107-4345	City; State: Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description Payroll taxes
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
4 Date 03/05/2026	5 Payee name Gusto	
6 Amount (\$) \$1,072.92	7 Payee address; 525 20th St San Francisco, CA 94107-4345	City; State: Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description Payroll taxes
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 03/12/2026	5 Payee name Gusto	
6 Amount (\$) \$1,010.35	7 Payee address; City; State; Zip Code 525 20th St San Francisco, CA 94107-4345	
PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description Payroll taxes
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
4 Date 03/30/2026	5 Payee name Gusto	
6 Amount (\$) \$953.09	7 Payee address; City; State; Zip Code 525 20th St San Francisco, CA 94107-4345	
PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description Payroll taxes
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 04/02/2026	5 Payee name Gusto	
6 Amount (\$) \$316.05	7 Payee address; City: State: Zip Code 525 20th St San Francisco, CA 94107-4345	
PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description Processing 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 04/15/2026	5 Payee name Gusto	
6 Amount (\$) \$937.62	7 Payee address; City: State: Zip Code 525 20th St San Francisco, CA 94107-4345	
PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description Payroll taxes
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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/Rent/	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: not available	2 FILER NAME Dexter Lorange-Navario McCoy	3 Filer ID (Ethics Commission Filers)
4 Date 04/29/2026	5 Payee name Gusto	
6 Amount (\$) \$937.66	7 Payee address; City: State: Zip Code 525 20th St San Francisco, CA 94107-4345	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description Payroll taxes
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
4 Date 05/05/2026	5 Payee name Gusto	
6 Amount (\$) \$175.35	7 Payee address; City: State: Zip Code 525 20th St San Francisco, CA 94107-4345	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description Processing 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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 02/23/2026	5 Payee name H-E-B	
6 Amount (\$) \$111.58	7 Payee address; City; State; Zip Code 19988 Southwest Fwy Sugar Land, TX 77479-6505	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Refreshment
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
4 Date 03/13/2026	5 Payee name H-E-B	
6 Amount (\$) \$17.95	7 Payee address; City; State; Zip Code 19988 Southwest Fwy Sugar Land, TX 77479-6505	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description 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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 03/25/2026	5 Payee name Harland Clarke	
6 Amount (\$) \$54.60	7 Payee address; City: State: Zip Code 15955 La Cantera Pkwy San Antonio, TX 78256-2589	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Campaign Checks
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
4 Date 03/19/2026	5 Payee name Robert Hightower	
6 Amount (\$) \$880.00	7 Payee address; City: State: Zip Code 5239 Honeyvine Dr Houston, TX 77048-4171	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description Sign placement
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 03/18/2026	5 Payee name Breanna Hodges	
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code 8030 Silverspot Ln Missouri City, TX 77459-5137	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description Internship stipend
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
4 Date 03/03/2026	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) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 04/02/2026	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	
PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Transportation Equipment & Related Expense	(b) Description Campaign vehicle
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
4 Date 05/04/2026	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	
PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Transportation Equipment & Related Expense	(b) Description Campaign vehicle
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 04/18/2026	5 Payee name Houston Trackless Train	
6 Amount (\$) \$2,100.00	7 Payee address; City: State: Zip Code 2426 Crossmill Ln Katy, TX 77450-6794	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Event Expense	(b) Description 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 02/27/2026	5 Payee name HP Instant Ink	
6 Amount (\$) \$1.90	7 Payee address; City: State: Zip Code 1501 Page Mill Rd Palo Alto, CA 94304-1126	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Primer 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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 03/30/2026	5 Payee name HP Instant Ink	
6 Amount (\$) \$1.90	7 Payee address; City: State: Zip Code 1501 Page Mill Rd Palo Alto, CA 94304-1126	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Printer ink
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
4 Date 05/01/2026	5 Payee name HP Instant Ink	
6 Amount (\$) \$1.90	7 Payee address; City: State: Zip Code 1501 Page Mill Rd Palo Alto, CA 94304-1126	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Printer ink
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 Lorance-Navario McCoy	3 Filer ID (Ethics Commission Filers)
4 Date 04/25/2026	5 Payee name Tamara Hudgen	
6 Amount (\$) \$70.00	7 Payee address; City; State; Zip Code 1671 SONATA Ct Houston, TX 77053	
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 for Community candidate event
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
4 Date 04/21/2026	5 Payee name Human Age Digital	
6 Amount (\$) \$17,000.00	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 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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 05/06/2026	5 Payee name Human Age Digital	
6 Amount (\$) \$8,000.00	7 Payee address; City: State: Zip Code 2700 Post Oak Blvd F1 21 Houston, TX 77056-5798	
PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description Digital 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
4 Date 03/06/2026	5 Payee name InFocus Campaigns	
6 Amount (\$) \$14,999.13	7 Payee address; City: State: Zip Code PO Box 10726 Fort Worth, TX 76114-0726	
PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description Voter contact
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 02/27/2026	5 Payee name Intacart	
6 Amount (\$) \$67.63	7 Payee address; City; State; Zip Code 50 Beale St Ste 600 San Francisco, CA 94105-1871	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Volunteer meal
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
4 Date 03/31/2026	5 Payee name Jaguar Tent & Events LLC	
6 Amount (\$) \$3,727.70	7 Payee address; City; State; Zip Code 17016 Bamwood Dr Houston, TX 77090-2428	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Event Expense	(b) Description 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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 02/26/2026	5 Payee name Andrea Johnson		
6 Amount (\$) \$112.50	7 Payee address; 5006 Jackson St Houston, TX 77004-5987	City;	State: Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description Poll Greeting	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
4 Date 03/03/2026	5 Payee name Andrea Johnson		
6 Amount (\$) \$112.50	7 Payee address; 5006 Jackson St Houston, TX 77004-5987	City;	State: Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description Poll Greeting	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 03/18/2026	5 Payee name Brandt Keckler	
6 Amount (\$) \$500.00	7 Payee address; City; State: Zip Code 1302 Village Court Blvd Rosenberg, TX 77471-6129	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description Internship stipend
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
4 Date 04/18/2026	5 Payee name Kickin' Crawfish, LLC	
6 Amount (\$) \$5,620.00	7 Payee address; City; State: Zip Code 16218 Waiting Spring Cir Houston, TX 77095-4548	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Catering
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 04/17/2026	5 Payee name Los Tios Sugar	
6 Amount (\$) \$32.09	7 Payee address; City; State; Zip Code 3308 Highway 6 Sugar Land, TX 77478-4406	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Campaign 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 02/23/2026	5 Payee name Curtis Ray Lucas	
6 Amount (\$) \$250.00	7 Payee address; City; State; Zip Code 303 N 10th St Richmond, TX 77469-2943	
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 Church event 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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 Lorance-Navario McCoy	3 Filer ID (Ethics Commission Filers)
4 Date 03/09/2026	5 Payee name Sheryl Mayers	
6 Amount (\$) \$997.50	7 Payee address; City; State; Zip Code 17411 Canton Frst Richmond, TX 77407-8573	
PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description Poll greater
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
4 Date 04/14/2026	5 Payee name McAllisters Craft	
6 Amount (\$) \$475.00	7 Payee address; City; State; Zip Code Requested Fresno, TX 77545	
PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Event Expense	(b) Description Crawfish Bowl Balloon Setup
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 04/13/2026	5 Payee name Mercy Goods	
6 Amount (\$) \$100.00	7 Payee address; City: State: Zip Code 501 Morton St Richmond, TX 77469-3122	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description Donation
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
4 Date 03/05/2026	5 Payee name Merci Mohagheghi	
6 Amount (\$) \$4,300.00	7 Payee address; City: State: Zip Code 1010 Rosine St Apt 25 Houston, TX 77019-3871	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Consulting Expense	(b) Description Consulting 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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 Lorance-Navario McCoy	3 Filer ID (Ethics Commission Filers)
4 Date 05/05/2026	5 Payee name Merci Mohagheghi	
6 Amount (\$) \$4,300.00	7 Payee address; 1010 Rosine St Apt 25 Houston, TX 77019-3871	City: State: Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Consulting Expense	(b) Description Consulting 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 03/05/2026	5 Payee name Hajar Mohammad	
6 Amount (\$) \$450.00	7 Payee address; 7515 Timber Ridge Trl Sugar Land, TX 77479-6121	City: State: Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description Healthcare and fuel stipend
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 Lorance-Navario McCoy	3 Filer ID (Ethics Commission Filers)
4 Date 03/05/2026	5 Payee name Hajar Mohammad	
6 Amount (\$) \$1,577.30	7 Payee address; City: State: Zip Code 7515 Timber Ridge Trl Sugar Land, TX 77479-6121	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description Payroll
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
4 Date 03/05/2026	5 Payee name Hajar Mohammad	
6 Amount (\$) \$1,577.31	7 Payee address; City: State: Zip Code 7515 Timber Ridge Trl Sugar Land, TX 77479-6121	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description Payroll
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 03/13/2026	5 Payee name Hajar Mohammad	
6 Amount (\$) \$1,577.31	7 Payee address; City: State: Zip Code 7515 Timber Ridge Trl Sugar Land, TX 77479-6121	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description Payroll
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
4 Date 03/30/2026	5 Payee name Hajar Mohammad	
6 Amount (\$) \$450.00	7 Payee address; City: State: Zip Code 7515 Timber Ridge Trl Sugar Land, TX 77479-6121	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description Healthcare and fuel stipend
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 03/31/2026	5 Payee name Hajar Mohammad	
6 Amount (\$) \$1,577.30	7 Payee address; City; State; Zip Code 7515 Timber Ridge Trl Sugar Land, TX 77479-6121	
PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description Payroll
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
4 Date 04/16/2026	5 Payee name Hajar Mohammad	
6 Amount (\$) \$1,577.31	7 Payee address; City; State; Zip Code 7515 Timber Ridge Trl Sugar Land, TX 77479-6121	
PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description Payroll
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 Lorance-Navario McCoy	3 Filer ID (Ethics Commission Filers)
4 Date 04/29/2026	5 Payee name Hajar Mohammad	
6 Amount (\$) \$450.00	7 Payee address; City; State; Zip Code 7515 Timber Ridge Trl Sugar Land, TX 77479-6121	
PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description Healthcare and fuel stipend
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
4 Date 04/30/2026	5 Payee name Hajar Mohammad	
6 Amount (\$) \$1,577.30	7 Payee address; City; State; Zip Code 7515 Timber Ridge Trl Sugar Land, TX 77479-6121	
PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description Payroll
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 04/18/2026	5 Payee name David Nerocker	
6 Amount (\$) \$60.00	7 Payee address; City; State; Zip Code 8655 Jones Rd Jersey Village, TX 77065-5100	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description Crawfish boil 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
4 Date 03/13/2026	5 Payee name Nesbitt Research	
6 Amount (\$) \$1,395.00	7 Payee address; City; State; Zip Code 44 Montgomery St San Francisco, CA 94104-4602	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Consulting Expense	(b) Description Opposition research
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 Lorraine-Navario McCoy	3 Filer ID (Ethics Commission Filers)
4 Date 02/25/2026	5 Payee name Piu Mounil	
6 Amount (\$) \$150.00	7 Payee address; City: State: Zip Code 2602 MARBLE Katy, TX 77449	
PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description Poll Greeting
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
4 Date 02/27/2026	5 Payee name Piu Mounil	
6 Amount (\$) \$150.00	7 Payee address; City: State: Zip Code 2602 MARBLE Katy, TX 77449	
PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description Poll Greeting
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 Lorraine-Navario McCoy	3 Filer ID (Ethics Commission Filers)
4 Date 04/13/2026	5 Payee name Nesbitt Research	
6 Amount (\$) \$1,395.00	7 Payee address; City; State; Zip Code 44 Montgomery St San Francisco, CA 94104-4602	
PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Consulting Expense	(b) Description Opposition research
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
4 Date 02/24/2026	5 Payee name NGP VAN	
6 Amount (\$) \$96.54	7 Payee address; City; State; Zip Code 1445 New York Ave NW Ste 200 Washington, DC 20005-2158	
PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Database
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 02/24/2026	5 Payee name NGP VAN	
6 Amount (\$) \$632.76	7 Payee address; City; State; Zip Code 1445 New York Ave NW Ste 200 Washington, DC 20005-2158	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Database
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
4 Date 02/27/2026	5 Payee name NGP VAN	
6 Amount (\$) \$36.72	7 Payee address; City; State; Zip Code 1445 New York Ave NW Ste 200 Washington, DC 20005-2158	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Database
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 03/03/2026	5 Payee name NGP VAN	
6 Amount (\$) \$36.83	7 Payee address; City: State: Zip Code 1445 New York Ave NW Ste 200 Washington, DC 20005-2158	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Database
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
4 Date 03/04/2026	5 Payee name NGP VAN	
6 Amount (\$) \$277.25	7 Payee address; City: State: Zip Code 1445 New York Ave NW Ste 200 Washington, DC 20005-2158	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Database
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 Lorance-Navario McCoy	3 Filer ID (Ethics Commission Filers)
4 Date 04/01/2026	5 Payee name NGP VAN	
6 Amount (\$) \$1,503.06	7 Payee address; City: State: Zip Code 1445 New York Ave NW Ste 200 Washington, DC 20005-2158	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Database
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
4 Date 04/08/2026	5 Payee name NGP VAN	
6 Amount (\$) \$788.84	7 Payee address; City: State: Zip Code 1445 New York Ave NW Ste 200 Washington, DC 20005-2158	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Database
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 04/20/2026	5 Payee name NGP VAN	
6 Amount (\$) \$75.05	7 Payee address; City: State: Zip Code 1445 New York Ave NW Ste 200 Washington, DC 20005-2158	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Database
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
4 Date 05/06/2026	5 Payee name NGP VAN	
6 Amount (\$) \$788.84	7 Payee address; City: State: Zip Code 1445 New York Ave NW Ste 200 Washington, DC 20005-2158	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Database
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 Lorraine-Navario McCoy	3 Filer ID (Ethics Commission Filers)
4 Date 04/18/2026	5 Payee name Office Depot	
6 Amount (\$) \$89.84	7 Payee address; City; State; Zip Code 5400 FM 1640 Rd Richmond, TX 77469-5431	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Office supplies
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
4 Date 03/02/2026	5 Payee name Omg Burger	
6 Amount (\$) \$668.68	7 Payee address; City; State; Zip Code 13425 University Blvd Ste 500 Sugar Land, TX 77479-3700	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Early voting event
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 Loran-Navario McCoy	3 Filer ID (Ethics Commission Filers)
4 Date 03/13/2026	5 Payee name Pepperonis	
6 Amount (\$) \$123.75	7 Payee address; City: State: Zip Code 1800 FM 359 Rd Ste 160 Richmond, TX 77406-5274	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Interns 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 04/18/2026	5 Payee name POWER FACTORY PRODUCTION	
6 Amount (\$) \$1,708.79	7 Payee address; City: State: Zip Code 4344 Gessner Rd Houston, TX 77041-8802	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Event Expense	(b) Description LED screen for 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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 Lorraine-Navario McCoy	3 Filer ID (Ethics Commission Filers)
4 Date 02/25/2026	5 Payee name Jason Randolph	
6 Amount (\$) \$730.00	7 Payee address; City: State: Zip Code 3905 Alameda Genoa Rd Houston, TX 77047-3850	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description install signs
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
4 Date 03/04/2026	5 Payee name Jason Randolph	
6 Amount (\$) \$730.00	7 Payee address; City: State: Zip Code 3905 Alameda Genoa Rd Houston, TX 77047-3850	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description install signs
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 05/15/2026	5 Payee name Jason Randolph	
6 Amount (\$) \$1,250.00	7 Payee address; City: State: Zip Code 3905 Alameda Genoa Rd Houston, TX 77047-3850	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description install signs
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
4 Date 02/24/2026	5 Payee name Resonance Campaigns, LLC	
6 Amount (\$) \$11,855.34	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, direct mail
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 02/25/2026	5 Payee name Resonance Campaigns, LLC	
6 Amount (\$) \$1,107.90	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, push card
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
4 Date 03/17/2026	5 Payee name Resonance Campaigns, LLC	
6 Amount (\$) \$1,800.00	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, push cards
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 04/30/2026	5 Payee name Resonance Campaigns, LLC	
6 Amount (\$) \$1,800.00	7 Payee address; City: State: Zip Code 1319 F St NW Ste # 301 Washington, DC 20004-1140	
PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description Production and Design, push card
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
4 Date 05/12/2026	5 Payee name Resonance Campaigns, LLC	
6 Amount (\$) \$692.11	7 Payee address; City: State: Zip Code 1319 F St NW Ste # 301 Washington, DC 20004-1140	
PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description Production and Design, post cards
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 05/12/2026	5 Payee name Resonance Campaigns, LLC	
6 Amount (\$) \$21,778.30	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, direct mail
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
4 Date 05/12/2026	5 Payee name Resonance Campaigns, LLC	
6 Amount (\$) \$27,406.40	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, direct mail
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 03/02/2026	5 Payee name ReStream Inc.	
6 Amount (\$) \$53.04	7 Payee address, City: State: Zip Code 515 Congress Ave Ste 1050 Austin, TX 78701-3504	
PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Live streaming service
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
4 Date 03/31/2026	5 Payee name ReStream Inc.	
6 Amount (\$) \$53.04	7 Payee address, City: State: Zip Code 515 Congress Ave Ste 1050 Austin, TX 78701-3504	
PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Live streaming service
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: not available	2 FILER NAME Dexter Lorance-Navario McCoy	3 Filer ID (Ethics Commission Filers)
4 Date 04/30/2026	5 Payee name ReStream Inc.	
6 Amount (\$) \$53.04	7 Payee address; City; State: Zip Code 515 Congress Ave Ste 1050 Austin, TX 78701-3504	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Live streaming service
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
4 Date 04/18/2026	5 Payee name Mona Rhodes	
6 Amount (\$) \$60.00	7 Payee address; City; State: Zip Code 2011 Winged Foot Dr Missouri City, TX 77459-3625	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description Crawfish boil 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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 04/18/2026	5 Payee name Rosenberg Railroad Museum	
6 Amount (\$) \$3,200.00	7 Payee address; City; State; Zip Code PO Box 369 Rosenberg, TX 77471-0369	
PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Event Expense	(b) Description 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
4 Date 04/27/2026	5 Payee name Royal Sonesta Hotel	
6 Amount (\$) \$12.00	7 Payee address; City; State; Zip Code 2222 West Loop S Houston, TX 77027-3502	
PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description Parking
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: not available	2 FILER NAME Dexter Lorange-Navario McCoy	3 Filer ID (Ethics Commission Filers)
4 Date 03/18/2026	5 Payee name Sam Sajo	
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code 5306 Heath River Ln Sugar Land, TX 77479-3382	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description Internship stipend
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
4 Date 04/17/2026	5 Payee name Sam's Club	
6 Amount (\$) \$233.95	7 Payee address; City; State; Zip Code 351 Highway 6 Sugar Land, TX 77478-4933	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Event Expense	(b) Description Supplies for 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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 Lorraine-Navario McCoy	3 Filer ID (Ethics Commission Filers)
4 Date 03/18/2026	5 Payee name Temi Samuel	
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code 4802 Pecos Ridge Ln Sugar Land, TX 77479-7176	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description Internship stipend
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
4 Date 02/25/2026	5 Payee name Scale to Win	
6 Amount (\$) \$3,986.85	7 Payee address; City; State; Zip Code 455 Market St Ste 1940 San Francisco, CA 94105-2448	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description Text messages
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 Lorance-Navario McCoy	3 Filer ID (Ethics Commission Filers)	
4 Date 03/05/2026	5 Payee name Scale to Win		
6 Amount (\$) \$3,764.72	7 Payee address; 455 Market St Ste 1940 San Francisco, CA 94105-2448	City;	State: Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description Text messages	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
4 Date 04/02/2026	5 Payee name Scale to Win		
6 Amount (\$) \$120.09	7 Payee address; 455 Market St Ste 1940 San Francisco, CA 94105-2448	City;	State: Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description Text messages	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 05/04/2026	5 Payee name Scale to Win	
6 Amount (\$) \$79.44	7 Payee address; City: State: Zip Code 455 Market St Ste 1940 San Francisco, CA 94105-2448	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description Text messages
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
4 Date 02/26/2026	5 Payee name Shipley Do-nuts	
6 Amount (\$) \$178.74	7 Payee address; City: State: Zip Code 4519 Reading Rd Rosenberg, TX 77471-2144	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Poll greeters meal
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 03/05/2026	5 Payee name Eos Sison	
6 Amount (\$) \$450.00	7 Payee address; City; State; Zip Code 623 Hawthorne St Apt 1 Houston, TX 77006-4056	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description Healthcare and fuel stipend
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
4 Date 03/06/2026	5 Payee name Eos Sison	
6 Amount (\$) \$1,898.70	7 Payee address; City; State; Zip Code 623 Hawthorne St Apt 1 Houston, TX 77006-4056	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description Payroll
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 03/06/2026	5 Payee name Eos Sison	
6 Amount (\$) \$1,898.71	7 Payee address; City: State: Zip Code 623 Hawthorne St Apt 1 Houston, TX 77006-4056	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description Payroll
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
4 Date 03/13/2026	5 Payee name Eos Sison	
6 Amount (\$) \$1,898.71	7 Payee address; City: State: Zip Code 623 Hawthorne St Apt 1 Houston, TX 77006-4056	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description Payroll
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 03/30/2026	5 Payee name Eos Sison	
6 Amount (\$) \$450.00	7 Payee address; City; State: Zip Code 623 Hawthorne St Apt 1 Houston, TX 77006-4056	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description Healthcare and fuel stipend
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
4 Date 03/31/2026	5 Payee name Eos Sison	
6 Amount (\$) \$1,898.70	7 Payee address; City; State: Zip Code 623 Hawthorne St Apt 1 Houston, TX 77006-4056	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description Payroll
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 04/16/2026	5 Payee name Eos Sison	
6 Amount (\$) \$1,898.71	7 Payee address; City; State; Zip Code 623 Hawthorne St Apt 1 Houston, TX 77006-4056	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description Payroll
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
4 Date 04/29/2026	5 Payee name Eos Sison	
6 Amount (\$) \$450.00	7 Payee address; City; State; Zip Code 623 Hawthorne St Apt 1 Houston, TX 77006-4056	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description Healthcare and fuel stipend
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 04/30/2026	5 Payee name Eos Sison	
6 Amount (\$) \$1,898.70	7 Payee address; City; State; Zip Code 623 Hawthorne St Apt 1 Houston, TX 77006-4056	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description Payroll
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
4 Date 03/12/2026	5 Payee name Skai Live Event	
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code 20914 Montana Bend Ln # L Cypress, TX 77433-7706	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Event Expense	(b) Description 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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 05/12/2026	5 Payee name Sprint to Print	
6 Amount (\$) \$2,002.63	7 Payee address; City: State: Zip Code 8750 Clay Rd Houston, TX 77080-1859	
PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Printing Expense	(b) Description Yard signs
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
4 Date 03/12/2026	5 Payee name State Farm	
6 Amount (\$) \$54.42	7 Payee address; City: State: Zip Code PO Box 588002 North Metro, GA 30029-8002	
PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description 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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 04/09/2026	5 Payee name State Farm	
6 Amount (\$) \$82.08	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) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
4 Date 04/09/2026	5 Payee name State Farm	
6 Amount (\$) \$82.12	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) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 02/25/2026	5 Payee name Texas Coalition of Black Democrats – Fort Bend Chapter	
6 Amount (\$) \$100.00	7 Payee address; City; State; Zip Code PO Box 1491 Fresno, TX 77545-1491	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description Donation
	(c) <input type="checkbox"/> Check if travel outside of Texas Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
4 Date 04/17/2026	5 Payee name Texas Organizing Project PAC	
6 Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code PO Box 120296 San Antonio, TX 78212-9496	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description Donation
	(c) <input type="checkbox"/> Check if travel outside of Texas Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 04/14/2026	5 Payee name The Jolly Trolley	
6 Amount (\$) \$605.00	7 Payee address; City; State; Zip Code 1800 Sherwood Forest St Houston, TX 77043-3025	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Event Expense	(b) Description mobile kids activities
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
4 Date 03/30/2026	5 Payee name Third Way Strategies	
6 Amount (\$) \$3,000.00	7 Payee address; City; State; Zip Code 1543 Cheshire Ln Houston, TX 77018-4136	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Consulting Expense	(b) Description Consulting 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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 04/13/2026	5 Payee name Third Way Strategies	
6 Amount (\$) \$3,000.00	7 Payee address; City: State: Zip Code 1543 Cheshire Ln Houston, TX 77018-4136	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Consulting Expense	(b) Description Consulting 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 03/18/2026	5 Payee name Michelle Torres	
6 Amount (\$) \$500.00	7 Payee address; City: State: Zip Code 6601 Harbor Town Dr Apt 1031 Houston, TX 77036-4041	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description Internship stipend
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 Lorance-Navario McCoy	3 Filer ID (Ethics Commission Filers)
4 Date 03/20/2026	5 Payee name Verizon	
6 Amount (\$) \$128.13	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) Office Overhead/Rental Expense	(b) Description Campaign 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 04/20/2026	5 Payee name Verizon	
6 Amount (\$) \$128.13	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) Office Overhead/Rental Expense	(b) Description Campaign 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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 03/10/2026	5 Payee name VM Solutions	
6 Amount (\$) \$9,076.00	7 Payee address; City; State; Zip Code 12727 Coppers Break Dr Humble, TX 77346	
PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Canvassing
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
4 Date 04/18/2026	5 Payee name WOW Party Art	
6 Amount (\$) \$390.00	7 Payee address; City; State; Zip Code 2802 Hardy St Apt C Houston, TX 77009-7065	
PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Event Expense	(b) Description 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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 04/09/2026	5 Payee name Wristband Express	
6 Amount (\$) \$81.73	7 Payee address; City; State: Zip Code 16000 W Rogers Dr Ste 100 New Berlin, WI 53151-2257	
PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Event Expense	(b) Description Wristbands for 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 03/17/2026	5 Payee name Yalternative Strategies	
6 Amount (\$) \$3,000.00	7 Payee address; City; State: Zip Code 247 W Main St Fredericksburg, TX 78624-3709	
PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Consulting Expense	(b) Description Digital fundraising
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 Lorance-Navario McCoy	3 Filer ID (Ethics Commission Filers)	
4 Date 03/17/2026	5 Payee name Yalternative Strategies		
6 Amount (\$) \$3,000.00	7 Payee address; 247 W Main St Fredericksburg, TX 78624-3709	City;	State: Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Consulting Expense		(b) Description Digital fundraising
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
4 Date 04/27/2026	5 Payee name Yalternative Strategies		
6 Amount (\$) \$3,000.00	7 Payee address; 247 W Main St Fredericksburg, TX 78624-3709	City;	State: Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Consulting Expense		(b) Description Digital fundraising
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 03/05/2026	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) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
4 Date 04/06/2026	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) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 Lorraine-Navario McCoy	3 Filer ID (Ethics Commission Filers)
4 Date 05/05/2026	5 Payee name Zoom	
6 Amount (\$) \$17.84	7 Payee address; City; State; Zip Code 6601 College Blvd Leawood, KS 66211-1504	
PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Video conferencing software
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED