

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00089115		2 Total pages filed: 83	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Ms.		FIRST Sara A.		OFFICE USE ONLY  Date Received ELECTRONICALLY FILED 01/14/2026
	NICKNAME		LAST McGee		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; 31311 Greenville Creek Ln  Hockley, TX 77447		ZIP CODE		Date Hand-delivered or Date Postmarked
	Receipt #		Amount		Date Processed
	Date Imaged				
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Ms.		FIRST Sara A.		OFFICE USE ONLY
	NICKNAME		LAST McGee		
6 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 31311 Greenville Creek Ln  Hockley, TX 77447		APT / SUITE #; CITY; STATE; ZIP CODE		
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
	(832)	877-3004			
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)				
9 PERIOD COVERED	Month	Day	Year	THROUGH	Month Day Year
		07/01/2025			12/31/2025
10 ELECTION	ELECTION DATE Month Day Year 03/03/2026		ELECTION TYPE		
	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special				
11 OFFICE	OFFICE HELD (if any) None District 132 Harris			12 OFFICE SOUGHT (if known) State Representative District 132	

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

2 of 83

13 C / OH NAME	McGee, Sara A. (Ms.)	14 Filer ID	(Ethics Commission Filers)
		00089115	

15 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. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.	
	COMMITTEE TYPE	COMMITTEE NAME
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

16 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)	\$ 22,094.82
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 16,586.35
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 11,713.83
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

## 17 AFFIDAVIT

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.

Ms. Sara A. McGee

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

Signature of officer administering

Printed name of officer administering

Title of officer administering oath

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

3 of 83

<b>18 FILER NAME</b> McGee, Sara A. (Ms.)		<b>19 Filer ID</b> (Ethics Commission Filers) 00089115
<b>20 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 22,094.82
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 16,586.35
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/69 Rpt: 4/83
<b>2</b> FILER NAME McGee, Sara A. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00089115
<b>4</b> Date 08/04/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) A MCMILLIN, CARRIE <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77079	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Healthcare		<b>9</b> Employer (See Instructions) Nova Biomedical
Date 09/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ANNE, WILLIAMS <hr/> Contributor address; City; State; Zip Code  KATY, TX 77494	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ANNE, WILLIAMS <hr/> Contributor address; City; State; Zip Code  KATY, TX 77494	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ARON, ROBERTS <hr/> Contributor address; City; State; Zip Code  PINOLE, CA 94564	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self
Date 08/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aaron, Gangross <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78209	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Supply Tech		Employer (See Instructions) HCA Healthtrust

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/69 Rpt: 5/83
<b>2</b> FILER NAME McGee, Sara A. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00089115
<b>4</b> Date 11/13/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adrian, Bernotti <hr/> <b>6</b> Contributor address; City; State; Zip Code  Cathedral City, CA 92234	<b>7</b> Amount of Contribution (\$)  \$15.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 07/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alan, Rosen <hr/> Contributor address; City; State; Zip Code  Pikesville, MD 21208	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alex, Garcia-Miles <hr/> Contributor address; City; State; Zip Code  Philadelphia, PA 19147	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Digital Skills Specialist		Employer (See Instructions) Esperanza
Date 10/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alexandra, Whittington <hr/> Contributor address; City; State; Zip Code  Brookshire, TX 77423	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) TCS
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen, Williams <hr/> Contributor address; City; State; Zip Code  Conroe, TX 77385	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Safety		Employer (See Instructions) Midsouth electric co-op

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/69 Rpt: 6/83
<b>2</b> FILER NAME McGee, Sara A. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00089115
<b>4</b> Date 12/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alyssa, Williams <hr/> <b>6</b> Contributor address; City; State; Zip Code  Keller, TX 76248	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Web designer		<b>9</b> Employer (See Instructions) Rogers Wealth Group
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ana, Draa <hr/> Contributor address; City; State; Zip Code  Chicago, IL 60601	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Actor		Employer (See Instructions) Self
Date 12/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andrew, Novak <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75208	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Analyst		Employer (See Instructions) American Airlines
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andrew, Skemp <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78209	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self
Date 07/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ann, Kemler <hr/> Contributor address; City; State; Zip Code  Long Beach, NY 11561-2210	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/69 Rpt: 7/83
<b>2</b> FILER NAME McGee, Sara A. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00089115
<b>4</b> Date 07/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Antis, Emily <hr/> <b>6</b> Contributor address; City; State; Zip Code  Katy, TX 77493	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 07/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Armstrong, James <hr/> Contributor address; City; State; Zip Code  Hurst, TX 76053	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Audra, Mosby <hr/> Contributor address; City; State; Zip Code  Van Alstyne, TX 75495-7104	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Audrey, Matias <hr/> Contributor address; City; State; Zip Code  WINDSOR, NY 13865	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) sales		Employer (See Instructions) usherwood
Date 10/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Austin, Hallmark <hr/> Contributor address; City; State; Zip Code  Kyle, TX 76201	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Driver		Employer (See Instructions) Amazon

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/69 Rpt: 8/83
<b>2</b> FILER NAME McGee, Sara A. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00089115
<b>4</b> Date 11/14/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barb, Fitch <hr/> <b>6</b> Contributor address; City; State; Zip Code  Katy, TX 77493	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 07/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barbara, Smith <hr/> Contributor address; City; State; Zip Code  Katy, TX 77494	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bauman, Richard <hr/> Contributor address; City; State; Zip Code  Sealy, TX 77474	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Benita, Trevino <hr/> Contributor address; City; State; Zip Code  Austin, TX 78749	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Project manager		Employer (See Instructions) Schwab
Date 09/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beverly, Robinson <hr/> Contributor address; City; State; Zip Code  Houston, TX 77024	Amount of Contribution (\$)  \$350.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/69 Rpt: 9/83
<b>2</b> FILER NAME McGee, Sara A. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00089115
<b>4</b> Date 12/19/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bonnie, Ngo <hr/> <b>6</b> Contributor address; City; State; Zip Code  Coeur d'Alene, ID 83815	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Assembly line		<b>9</b> Employer (See Instructions) Advanced Input Devices
Date 11/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brian, Smith <hr/> Contributor address; City; State; Zip Code  creston, IA 50801	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) truck driver person		Employer (See Instructions) Maverick
Date 10/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Briana, Fordahl <hr/> Contributor address; City; State; Zip Code  Cotton, MN 55724	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) SAHM		Employer (See Instructions) Home
Date 10/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Briana, Noland <hr/> Contributor address; City; State; Zip Code  North Bend, WA 98045	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Nanny		Employer (See Instructions) private
Date 11/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brianna, Costales <hr/> Contributor address; City; State; Zip Code  San Francisco, CA 94110	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Research Associate		Employer (See Instructions) Evidera

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 7/69 Rpt: 10/83
<b>2</b> FILER NAME McGee, Sara A. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00089115
<b>4</b> Date 11/10/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bruce, May <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Server		<b>9</b> Employer (See Instructions) Luckys cafe
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Butler, Matthew <hr/> Contributor address; City; State; Zip Code  Houston, TX 77074	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Sales Manager		Employer (See Instructions) HGreg
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CARRIE, A MCMILLIN <hr/> Contributor address; City; State; Zip Code  Houston, TX 77079	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Healthcare		Employer (See Instructions) Nova Biomedical
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campbell, Joyelle <hr/> Contributor address; City; State; Zip Code  Holland, NY 14080	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Cashier		Employer (See Instructions) Niagara Produce
Date 07/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campbell, Joyelle <hr/> Contributor address; City; State; Zip Code  Holland, NY 14080	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Sales clerk		Employer (See Instructions) Niagara Produce

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 8/69 Rpt: 11/83
<b>2</b> FILER NAME McGee, Sara A. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00089115
<b>4</b> Date 11/22/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carloso, Rosado <hr/> <b>6</b> Contributor address; City; State; Zip Code  san antonio, TX 78216-7200	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Med Sales		<b>9</b> Employer (See Instructions) Alpha Biomedical
Date 07/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carnes, Molly <hr/> Contributor address; City; State; Zip Code  Houston, TX 77095	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Administrator		Employer (See Instructions) Karst & von oiste
Date 07/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carol, Johnson <hr/> Contributor address; City; State; Zip Code  Mariposa, CA 95338	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carol, Johnson <hr/> Contributor address; City; State; Zip Code  Mariposa, CA 95338	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carol, Johnson <hr/> Contributor address; City; State; Zip Code  Mariposa, CA 95338	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 9/69 Rpt: 12/83
<b>2</b> FILER NAME McGee, Sara A. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00089115
<b>4</b> Date 10/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carol, Johnson <hr/> <b>6</b> Contributor address; City; State; Zip Code  Mariposa, CA 95338	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 11/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carol, Johnson <hr/> Contributor address; City; State; Zip Code  Mariposa, CA 95338	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carol, Johnson <hr/> Contributor address; City; State; Zip Code  Mariposa, CA 95338	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carol, Wheeler <hr/> Contributor address; City; State; Zip Code  Katy, TX 77450	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christen, Towne <hr/> Contributor address; City; State; Zip Code  Katy, TX 77450	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions) US Anesthesia Partners

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 10/69 Rpt: 13/83
<b>2</b> FILER NAME McGee, Sara A. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00089115
<b>4</b> Date 12/27/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christina, Milan <b>6</b> Contributor address; City; State; Zip Code  Cypress, TX 77433	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Accountant		<b>9</b> Employer (See Instructions) TMHCC
Date 07/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christy, Wolff Contributor address; City; State; Zip Code  Bellaire, TX 77401	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Caregiver		Employer (See Instructions) Christy Wolff
Date 09/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Colby, Wright Contributor address; City; State; Zip Code  Katy, TX 77449	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Marketing		Employer (See Instructions) Self Employed
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Connie, Cassidy Contributor address; City; State; Zip Code  Girard, OH 44420	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 12/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Corey, Bivens Contributor address; City; State; Zip Code  Reno, NV 89501	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Electrical engineer		Employer (See Instructions) holm electric

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 11/69 Rpt: 14/83
<b>2</b> FILER NAME McGee, Sara A. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00089115
<b>4</b> Date 07/29/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crystal, Metu <hr/> <b>6</b> Contributor address; City; State; Zip Code  Missouri City, TX 77459	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Manager		<b>9</b> Employer (See Instructions) Adamatrix Solutions
Date 08/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crystal, Perry <hr/> Contributor address; City; State; Zip Code  Jacksonville, FL 32218	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) CSA		Employer (See Instructions) Southwest Airlines
Date 07/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daniel, Mckinn <hr/> Contributor address; City; State; Zip Code  Phoenix, AZ 85014	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Paralegal		Employer (See Instructions) Thomas J. Henry, Injury Attorneys
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daniel, Mckinn <hr/> Contributor address; City; State; Zip Code  Austin, TX 78704	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Paralegal		Employer (See Instructions) Segal mccambridge
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daniel, Mckinn <hr/> Contributor address; City; State; Zip Code  Austin, TX 78704	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Paralegal		Employer (See Instructions) Segal & McCambridge

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 12/69 Rpt: 15/83
<b>2</b> FILER NAME McGee, Sara A. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00089115
<b>4</b> Date 07/29/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dawn D, Meifert <hr/> <b>6</b> Contributor address; City; State; Zip Code  Schenectady, NY 12308	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Marketing		<b>9</b> Employer (See Instructions) SGK
Date 07/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Debargedavis, Eileen <hr/> Contributor address; City; State; Zip Code  Spokane, WA 99204	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deborah, McCart <hr/> Contributor address; City; State; Zip Code  Cypress, TX 77433	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Counselor		Employer (See Instructions) Self
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deborah, McCart <hr/> Contributor address; City; State; Zip Code  Cypress, TX 77433	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Counselor		Employer (See Instructions) Self
Date 08/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Debra, Vaello <hr/> Contributor address; City; State; Zip Code  Cypress, TX 77429	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 13/69 Rpt: 16/83
<b>2</b> FILER NAME McGee, Sara A. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00089115
<b>4</b> Date 11/12/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Debra, Vaello <hr/> <b>6</b> Contributor address; City; State; Zip Code  Cypress, TX 77429	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Denise, Wilkerson <hr/> Contributor address; City; State; Zip Code  Arlington, TX 76013	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dennis, Acosta <hr/> Contributor address; City; State; Zip Code  Dublin, OH 43016	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Sys Admin		Employer (See Instructions) Northwoods
Date 07/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dennis, Ober <hr/> Contributor address; City; State; Zip Code  Katy, TX 77449	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Cy-Fair ISD
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Derick, Smith <hr/> Contributor address; City; State; Zip Code  Katy, TX 77450	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Harris County Public Defender's Office



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 14/69 Rpt: 17/83
<b>2</b> FILER NAME McGee, Sara A. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00089115
<b>4</b> Date 10/19/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Devin, Russel <hr/> <b>6</b> Contributor address; City; State; Zip Code  Oro Valley, AZ 85737-3718	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dimple, Hall <hr/> Contributor address; City; State; Zip Code  Katy, TX 77449	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dolan, Jennifer <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78258-6926	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Analyst		Employer (See Instructions) Usaa
Date 07/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dolese, Martha <hr/> Contributor address; City; State; Zip Code  Luling, TX 78648	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) substitute teacher		Employer (See Instructions) Luling ISD
Date 07/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Domokos, Kathleen E <hr/> Contributor address; City; State; Zip Code  CHICAGO, IL 60645	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) designer		Employer (See Instructions) SELF

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 15/69 Rpt: 18/83
<b>2</b> FILER NAME McGee, Sara A. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00089115
<b>4</b> Date 11/18/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dr. Robin, Burks <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77005	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Clinical Psychologist		<b>9</b> Employer (See Instructions) self
Date 07/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) E, O'Halloran <hr/> Contributor address; City; State; Zip Code  Spokane, WA 99208	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ehren, Laughlin <hr/> Contributor address; City; State; Zip Code  Houston, TX 77079	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Electrical Engineer III		Employer (See Instructions) The Employment Solution (TES)- Contracted to Enbridge
Date 08/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ehren, Laughlin <hr/> Contributor address; City; State; Zip Code  Houston, TX 77079	Amount of Contribution (\$)  \$35.00
Principal occupation / Job title (See Instructions) Electrical Engineer III		Employer (See Instructions) The Employment Solution (TES)- Contracted to Enbridge
Date 09/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ehren, Laughlin <hr/> Contributor address; City; State; Zip Code  Houston, TX 77079	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Electrical Engineer III		Employer (See Instructions) The Employment Solution (TES)- Contracted to Enbridge

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 16/69 Rpt: 19/83
<b>2</b> FILER NAME McGee, Sara A. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00089115
<b>4</b> Date 10/31/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ehren, Laughlin <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77079	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Electrical Engineer III		<b>9</b> Employer (See Instructions) The Employment Solution (TES)- Contracted to Enbridge
Date 07/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eileen, Debargedavis <hr/> Contributor address; City; State; Zip Code  Spokane, WA 99204	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elizabeth, Bray <hr/> Contributor address; City; State; Zip Code  Austin, TX 78746	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Finance Director		Employer (See Instructions) Self
Date 10/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elizabeth, Herten <hr/> Contributor address; City; State; Zip Code  Cleveland, OH 44135	Amount of Contribution (\$)  \$2.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elizabeth, Meacham <hr/> Contributor address; City; State; Zip Code  Houston, TX 77098	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 17/69 Rpt: 20/83
<b>2</b> FILER NAME McGee, Sara A. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00089115
<b>4</b> Date 10/21/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ellen, Giurleo <hr/> <b>6</b> Contributor address; City; State; Zip Code  Los Angeles, CA 90034	<b>7</b> Amount of Contribution (\$)  \$10.13
<b>8</b> Principal occupation / Job title (See Instructions) Music Promotions		<b>9</b> Employer (See Instructions) Self
Date 07/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Emily, Antis <hr/> Contributor address; City; State; Zip Code  Katy, TX 77493	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Erinn, Robinson <hr/> Contributor address; City; State; Zip Code  Marietta, GA 30062	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) AT&T
Date 12/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eugene, Wu <hr/> Contributor address; City; State; Zip Code  Houston, TX 77081	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Francesca, Beaumont <hr/> Contributor address; City; State; Zip Code  Houston, TX 77007	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 18/69 Rpt: 21/83
<b>2</b> FILER NAME McGee, Sara A. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00089115
<b>4</b> Date 10/21/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frankie, Harris <hr/> <b>6</b> Contributor address; City; State; Zip Code  Escambia County, FL 32533	<b>7</b> Amount of Contribution (\$)  \$10.13
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Funk, Brenda <hr/> Contributor address; City; State; Zip Code  Houston, TX 77018	Amount of Contribution (\$)  \$2,500.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self Employed
Date 11/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gail, Langendorf <hr/> Contributor address; City; State; Zip Code  Burlington, KY 41005	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Iqor
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gangross, Aaron <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78209	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Supply Tech		Employer (See Instructions) HCA Healthtrust
Date 07/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia-Miles, Alex <hr/> Contributor address; City; State; Zip Code  Philadelphia, PA 19147	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Digital Skills Specialist		Employer (See Instructions) Esperanza

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 19/69 Rpt: 22/83
<b>2</b> FILER NAME McGee, Sara A. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00089115
<b>4</b> Date 12/31/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Geeta, Sood <hr/> <b>6</b> Contributor address; City; State; Zip Code  Norristown, PA 19403	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Johns Hopkins
Date 08/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Glen, Willis <hr/> Contributor address; City; State; Zip Code  Bremerton, WA 98310	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Cybersecurity Consultant		Employer (See Instructions) Volt Workforce Solutions
Date 09/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Glen, Willis <hr/> Contributor address; City; State; Zip Code  Bremerton, WA 98310	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Cybersecurity Consultant		Employer (See Instructions) Volt Workforce Solutions
Date 11/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gloria, Brown <hr/> Contributor address; City; State; Zip Code  Blanco, TX 78606	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Glynn, Hollis <hr/> Contributor address; City; State; Zip Code  Phoenix, AZ 85083	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 20/69 Rpt: 23/83
<b>2</b> FILER NAME McGee, Sara A. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00089115
<b>4</b> Date 07/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greta, Trigg <hr/> <b>6</b> Contributor address; City; State; Zip Code  Iowa Park, TX 76367	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hall, Dimple <hr/> Contributor address; City; State; Zip Code  Katy, TX 77449	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hamons, Monique <hr/> Contributor address; City; State; Zip Code  Frisco, TX 75035	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heather, Frank <hr/> Contributor address; City; State; Zip Code  Oakland, CA 94601	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) PEF
Date 11/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hector, Estrada <hr/> Contributor address; City; State; Zip Code  Santa Ana, CA 92701	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 21/69 Rpt: 24/83
<b>2</b> FILER NAME McGee, Sara A. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00089115
<b>4</b> Date 10/21/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henry, Whiteside <hr/> <b>6</b> Contributor address; City; State; Zip Code  Salt Lake City, UT 84108	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hicks, Pat <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75238	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Self
Date 07/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hollis, Glynn <hr/> Contributor address; City; State; Zip Code  Phoenix, AZ 85083	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hudson, Susan <hr/> Contributor address; City; State; Zip Code  Anderson, IN 46011	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Off asst		Employer (See Instructions) DWD
Date 08/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ian, Rivera <hr/> Contributor address; City; State; Zip Code  Houston, TX 77042	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Regional Political Director		Employer (See Instructions) Democratic Legislative Campaign Committee



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 22/69 Rpt: 25/83
<b>2</b> FILER NAME McGee, Sara A. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00089115
<b>4</b> Date 09/21/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ian, Rivera <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77042	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Regional Political Director		<b>9</b> Employer (See Instructions) Democratic Legislative Campaign Committee
Date 10/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ian, Rivera Contributor address; City; State; Zip Code  Houston, TX 77042	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Regional Political Director		Employer (See Instructions) Democratic Legislative Campaign Committee
Date 11/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ian, Rivera Contributor address; City; State; Zip Code  Houston, TX 77042	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Regional Political Director		Employer (See Instructions) Democratic Legislative Campaign Committee
Date 07/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James, Armstrong Contributor address; City; State; Zip Code  Hurst, TX 76053	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James, Armstrong Contributor address; City; State; Zip Code  Hurst, TX 76053	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 23/69 Rpt: 26/83
<b>2</b> FILER NAME McGee, Sara A. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00089115
<b>4</b> Date 12/23/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James, Goode <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77070	<b>7</b> Amount of Contribution (\$)  \$5.00
<b>8</b> Principal occupation / Job title (See Instructions) Teacher		<b>9</b> Employer (See Instructions) Harmony Public Schools
Date 11/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James, Taylor <hr/> Contributor address; City; State; Zip Code  Katy, TX 77450-8716	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Janet L, Miller <hr/> Contributor address; City; State; Zip Code  Columbus, OH 43215	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Janice, Murphy <hr/> Contributor address; City; State; Zip Code  Denton, TX 76210	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Janie, Simmons <hr/> Contributor address; City; State; Zip Code  COLLEYVILLE, TX 76034-7633	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Trinity Aesthetics

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 24/69 Rpt: 27/83
<b>2</b> FILER NAME McGee, Sara A. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00089115
<b>4</b> Date 11/14/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jason, Yack <hr/> <b>6</b> Contributor address; City; State; Zip Code  Walden, NY 12586	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Supervisor		<b>9</b> Employer (See Instructions) Lowes
Date 11/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Javier, Cantu <hr/> Contributor address; City; State; Zip Code  Houston, TX 77009	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) Javier
Date 11/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeanette, Ojeda <hr/> Contributor address; City; State; Zip Code  houston, TX 77075	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeanne, Sheldon <hr/> Contributor address; City; State; Zip Code  Woodinville, WA 98072	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeannie, Jensen <hr/> Contributor address; City; State; Zip Code  Vidor, TX 77662	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Store Manager		Employer (See Instructions) American Eagle

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 25/69 Rpt: 28/83
<b>2</b> FILER NAME McGee, Sara A. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00089115
<b>4</b> Date 12/19/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeffrey, Brewster <hr/> <b>6</b> Contributor address; City; State; Zip Code  Glenside, PA 19038	<b>7</b> Amount of Contribution (\$)  \$20.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeffrey, Minore <hr/> Contributor address; City; State; Zip Code  Grand Rapids, MI 49506-3522	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeffrey, Redmond <hr/> Contributor address; City; State; Zip Code  Nampa, ID 83687	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Route Specialist		Employer (See Instructions) United States Bakery
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jennifer, Bays <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78238-1624	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Instructional Designer		Employer (See Instructions) Digital Wake LLC
Date 07/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jennifer, Dolan <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78258-6926	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Analyst		Employer (See Instructions) Usaa

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 26/69 Rpt: 29/83
<b>2</b> FILER NAME McGee, Sara A. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00089115
<b>4</b> Date 10/02/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jennifer, Elliott <hr/> <b>6</b> Contributor address; City; State; Zip Code  Garland, TX 75044	<b>7</b> Amount of Contribution (\$) \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired/ Self employed		<b>9</b> Employer (See Instructions) J Elliott Estate Sales
Date 10/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jennifer, Rodriguez <hr/> Contributor address; City; State; Zip Code  Allen, TX 75002	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Simpson
Date 10/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jerome, Humbert <hr/> Contributor address; City; State; Zip Code  Seattle, WA 98146	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Product Designer		Employer (See Instructions) Warner Bros. Discovery
Date 11/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jerry, Wright <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78249	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jesse, Vasquez <hr/> Contributor address; City; State; Zip Code  South St Paul, MN 55075-1629	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 27/69 Rpt: 30/83
<b>2</b> FILER NAME McGee, Sara A. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00089115
<b>4</b> Date 10/17/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jill, Bergus <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75252	<b>7</b> Amount of Contribution (\$)  \$150.00
<b>8</b> Principal occupation / Job title (See Instructions) self		<b>9</b> Employer (See Instructions) self
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joe, Johns <hr/> Contributor address; City; State; Zip Code  Richmond, TX 77407	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Production Operator		Employer (See Instructions) WaaRee Solar
Date 10/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John, Higgins <hr/> Contributor address; City; State; Zip Code  Riverhead, NY 11901	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Vibrant Emotional Health
Date 10/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John, Parnell <hr/> Contributor address; City; State; Zip Code  ROSS, CA 94957	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Parnell Pharmaceuticals
Date 09/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John, Parten <hr/> Contributor address; City; State; Zip Code  Crockett, TX 75835	Amount of Contribution (\$)  \$400.00
Principal occupation / Job title (See Instructions) Executive		Employer (See Instructions) Parten Operating Inc.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 28/69 Rpt: 31/83
<b>2</b> FILER NAME McGee, Sara A. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00089115
<b>4</b> Date 11/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John, Wilburn <hr/> <b>6</b> Contributor address; City; State; Zip Code  Denver, CO 80228	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Sales		<b>9</b> Employer (See Instructions) Westlake Financial
Date 11/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John, Wilburn <hr/> Contributor address; City; State; Zip Code  Denver, CO 80228	Amount of Contribution (\$)  \$7.00
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Westlake Financial
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johns, Joe <hr/> Contributor address; City; State; Zip Code  Richmond, TX 77407	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Production Operator		Employer (See Instructions) WaaRee Solar
Date 07/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Carol <hr/> Contributor address; City; State; Zip Code  Mariposa, CA 95338	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jonathan, Sullivan <hr/> Contributor address; City; State; Zip Code  Houston, TX 77095-4422	Amount of Contribution (\$)  \$20.26
Principal occupation / Job title (See Instructions) Online editor		Employer (See Instructions) iHeartMedia

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 29/69 Rpt: 32/83
<b>2</b> FILER NAME McGee, Sara A. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00089115
<b>4</b> Date 11/24/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jonathan, Sullivan <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77095-4422	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Online editor		<b>9</b> Employer (See Instructions) iHeartMedia
Date 10/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jose, Pulido <hr/> Contributor address; City; State; Zip Code  Edinburg, TX 78542	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Singer		Employer (See Instructions) Self
Date 11/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joseph, Valenti <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75230	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Phyu		Employer (See Instructions) Caring for Women
Date 12/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joshua, Martin <hr/> Contributor address; City; State; Zip Code  Houston, TX 77059	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joyelle, Campbell <hr/> Contributor address; City; State; Zip Code  Holland, NY 14080	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Sales clerk		Employer (See Instructions) Niagara Produce



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 30/69 Rpt: 33/83
<b>2</b> FILER NAME McGee, Sara A. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00089115
<b>4</b> Date 08/06/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joyelle, Campbell <hr/> <b>6</b> Contributor address; City; State; Zip Code  Holland, NY 14080	<b>7</b> Amount of Contribution (\$)  \$5.00
<b>8</b> Principal occupation / Job title (See Instructions) Cashier		<b>9</b> Employer (See Instructions) Niagara Produce
Date 10/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Judi, Bruegger <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75367	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Julie, Sandbo <hr/> Contributor address; City; State; Zip Code  Scottsdale, AZ 85250	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Julie, Sandbo <hr/> Contributor address; City; State; Zip Code  Scottsdale, AZ 85250	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) June, Makower <hr/> Contributor address; City; State; Zip Code  Milpitas, CA 95035-2401	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 31/69 Rpt: 34/83
<b>2</b> FILER NAME McGee, Sara A. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00089115
<b>4</b> Date 08/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KLISE, SONJA <hr/> <b>6</b> Contributor address; City; State; Zip Code  Fulshear, TX 77441	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) JOINT VENTURE AUDITOR		<b>9</b> Employer (See Instructions) CONOCOPHILLIPS
Date 11/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kaleb, Nobles <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76107	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Police		Employer (See Instructions) Tarrant County College District
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Katey, Parker <hr/> Contributor address; City; State; Zip Code  Hoover, AL 35216	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Business Analyst		Employer (See Instructions) America's Thrift Stores
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Katherine, Meehan <hr/> Contributor address; City; State; Zip Code  Golden Valley, MN 55422	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Katherine, Stovring <hr/> Contributor address; City; State; Zip Code  Katy, TX 77450	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 32/69 Rpt: 35/83
<b>2</b> FILER NAME McGee, Sara A. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00089115
<b>4</b> Date 07/29/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kathleen E, Domokos <hr/> <b>6</b> Contributor address; City; State; Zip Code  CHICAGO, IL 60645	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) designer		<b>9</b> Employer (See Instructions) SELF
Date 10/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keith, Bonin <hr/> Contributor address; City; State; Zip Code  Winston-Salem, NC 27106	Amount of Contribution (\$)  \$10.13
Principal occupation / Job title (See Instructions) Professor of Physics		Employer (See Instructions) Wake Forest University
Date 07/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kemler, Ann <hr/> Contributor address; City; State; Zip Code  Long Beach, NY 11561-2210	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kenneth, Sweet <hr/> Contributor address; City; State; Zip Code  Lufkin, TX 75904	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) RCA		Employer (See Instructions) USPS
Date 09/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kevin, Wooton <hr/> Contributor address; City; State; Zip Code  Boerne, TX 78006	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 33/69 Rpt: 36/83
<b>2</b> FILER NAME McGee, Sara A. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00089115
<b>4</b> Date 12/29/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kevin, Wooton <hr/> <b>6</b> Contributor address; City; State; Zip Code  Boerne, TX 78006	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 07/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kraft, Melinda <hr/> Contributor address; City; State; Zip Code  Salt Lake City, UT 84117	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Date Entry		Employer (See Instructions) Corelogic
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kristin, Harkness <hr/> Contributor address; City; State; Zip Code  New London, CT 06320	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kurt, Hull <hr/> Contributor address; City; State; Zip Code  Canyon Lake, TX 78133	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Real estate		Employer (See Instructions) HULL VENTURES
Date 10/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lainie, Hansen <hr/> Contributor address; City; State; Zip Code  Miami, FL 33176	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 34/69 Rpt: 37/83
<b>2</b> FILER NAME McGee, Sara A. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00089115
<b>4</b> Date 11/22/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lainie, Hansen <hr/> <b>6</b> Contributor address; City; State; Zip Code  Miami, FL 33176	<b>7</b> Amount of Contribution (\$)  \$1,000.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 12/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lainie, Hansen <hr/> Contributor address; City; State; Zip Code  Miami, FL 33176	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laraina, Hailey <hr/> Contributor address; City; State; Zip Code  Katy, TX 77450	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laraina, Hailey <hr/> Contributor address; City; State; Zip Code  Katy, TX 77450	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laraina, Hailey <hr/> Contributor address; City; State; Zip Code  Katy, TX 77450	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 35/69 Rpt: 38/83
<b>2</b> FILER NAME McGee, Sara A. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00089115
<b>4</b> Date 09/23/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laraina, Hailey <hr/> <b>6</b> Contributor address; City; State; Zip Code  Katy, TX 77450	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 10/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laraina, Hailey <hr/> Contributor address; City; State; Zip Code  Katy, TX 77450	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laraina, Hailey <hr/> Contributor address; City; State; Zip Code  Katy, TX 77450	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laraina, Hailey <hr/> Contributor address; City; State; Zip Code  Katy, TX 77450	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lars, Boman <hr/> Contributor address; City; State; Zip Code  Beaverton, OR 97005	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Account Executive		Employer (See Instructions) Self Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 36/69 Rpt: 39/83
<b>2</b> FILER NAME McGee, Sara A. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00089115
<b>4</b> Date 12/19/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laura, Scheele <hr/> <b>6</b> Contributor address; City; State; Zip Code  Harriman, TN 37748	<b>7</b> Amount of Contribution (\$)  \$5.00
<b>8</b> Principal occupation / Job title (See Instructions) Analyst		<b>9</b> Employer (See Instructions) ut
Date 11/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lauren, Baker <hr/> Contributor address; City; State; Zip Code  Plano, TX 75025	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Blue Scout Digital
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lauren, Lockhart <hr/> Contributor address; City; State; Zip Code  McKinney, TX 75071	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Director fraud task force		Employer (See Instructions) Publicis's resources
Date 10/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leah, Stephanow <hr/> Contributor address; City; State; Zip Code  CYPRESS, TX 77429	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee B, Jolliffe <hr/> Contributor address; City; State; Zip Code  DES MOINES, IA 50311	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 37/69 Rpt: 40/83
<b>2</b> FILER NAME McGee, Sara A. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00089115
<b>4</b> Date 11/21/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lindsay, Carlson <hr/> <b>6</b> Contributor address; City; State; Zip Code  Culver City, CA 90230	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Information Governance Attorney		<b>9</b> Employer (See Instructions) Latham & Watkins
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lisa, Gapsky <hr/> Contributor address; City; State; Zip Code  Valencia, PA 16059-1113	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lisa, Langford <hr/> Contributor address; City; State; Zip Code  Katy, TX 77494	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lizabeth, Picou <hr/> Contributor address; City; State; Zip Code  Denton, TX 76210	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) ASL Interpreter
Date 12/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lon, Smith <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78229	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) South Texas Oncology and Hematology



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 38/69 Rpt: 41/83
<b>2</b> FILER NAME McGee, Sara A. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00089115
<b>4</b> Date 10/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lorraine, Evanoff <hr/> <b>6</b> Contributor address; City; State; Zip Code  Beverly Hills, CA 90212	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Director of Finance		<b>9</b> Employer (See Instructions) Self
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lynda, Hillman <hr/> Contributor address; City; State; Zip Code  Seattle, WA 98126	Amount of Contribution (\$)  \$60.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lynee, Newton <hr/> Contributor address; City; State; Zip Code  Humble, TX 77346	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) nurse		Employer (See Instructions) hospital
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lynne, Yeager <hr/> Contributor address; City; State; Zip Code  Norman, OK 73071	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions) FAA
Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lynne, Yeager <hr/> Contributor address; City; State; Zip Code  Norman, OK 73071	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions) FAA

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 39/69 Rpt: 42/83
<b>2</b> FILER NAME McGee, Sara A. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00089115
<b>4</b> Date 10/17/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marcel, Gheorghita <hr/> <b>6</b> Contributor address; City; State; Zip Code  Redmond, WA 98052	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Software Engineer		<b>9</b> Employer (See Instructions) Microsoft
Date 11/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Margarette, Boswell <hr/> Contributor address; City; State; Zip Code  Cypress, TX 77433	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) none
Date 12/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Margarette, Boswell <hr/> Contributor address; City; State; Zip Code  Cypress, TX 77433	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) none
Date 12/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Margarette, Boswell <hr/> Contributor address; City; State; Zip Code  Cypress, TX 77433	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) none
Date 09/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mark, Cook <hr/> Contributor address; City; State; Zip Code  Chicago, IL 60605	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Financial Analyst		Employer (See Instructions) HCSC

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 40/69 Rpt: 43/83
<b>2</b> FILER NAME McGee, Sara A. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00089115
<b>4</b> Date 08/24/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marsha, Kamish <hr/> <b>6</b> Contributor address; City; State; Zip Code  Katy, TX 77450	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Not employed		<b>9</b> Employer (See Instructions) Not employed
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marsha, Kamish <hr/> Contributor address; City; State; Zip Code  Katy, TX 77450	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 10/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marsha, Kamish <hr/> Contributor address; City; State; Zip Code  Katy, TX 77450	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 11/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marsha, Kamish <hr/> Contributor address; City; State; Zip Code  Katy, TX 77450	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 07/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martha, Dolese <hr/> Contributor address; City; State; Zip Code  Luling, TX 78648	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) substitute teacher		Employer (See Instructions) Luling ISD

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 41/69 Rpt: 44/83
<b>2</b> FILER NAME McGee, Sara A. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00089115
<b>4</b> Date 07/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martha, Dolese <hr/> <b>6</b> Contributor address; City; State; Zip Code  Luling, TX 78648	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) substitute teacher		<b>9</b> Employer (See Instructions) Luling ISD
Date 12/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martha, Dolese <hr/> Contributor address; City; State; Zip Code  Luling, TX 78648	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) substitute teacher		Employer (See Instructions) Luling ISD
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martha, Kaplan <hr/> Contributor address; City; State; Zip Code  Houston, TX 77005	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Matias, Audrey <hr/> Contributor address; City; State; Zip Code  WINDSOR, NY 13865	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) sales		Employer (See Instructions) usherwood
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Matthew, Butler <hr/> Contributor address; City; State; Zip Code  Houston, TX 77074	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Sales Manager		Employer (See Instructions) HGreg

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 42/69 Rpt: 45/83
<b>2</b> FILER NAME McGee, Sara A. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00089115
<b>4</b> Date 12/31/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Matthew, Lanza <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77005	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Meteorologist		<b>9</b> Employer (See Instructions) CenterPoint Energy
Date 10/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Max, Boyer <hr/> Contributor address; City; State; Zip Code  Los Angeles, CA 90028	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Assistant Editor		Employer (See Instructions) Finnmax, LLC
Date 07/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCart, Deborah <hr/> Contributor address; City; State; Zip Code  Cypress, TX 77433	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Counselor		Employer (See Instructions) Self
Date 07/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mckinn, Daniel <hr/> Contributor address; City; State; Zip Code  Phoenix, AZ 85014	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Paralegal		Employer (See Instructions) Thomas J. Henry, Injury Attorneys
Date 07/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meifert, Dawn D <hr/> Contributor address; City; State; Zip Code  Schenectady, NY 12308	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Marketing		Employer (See Instructions) SGK

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 43/69 Rpt: 46/83
<b>2</b> FILER NAME McGee, Sara A. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00089115
<b>4</b> Date 10/03/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Melaney, Miller <hr/> <b>6</b> Contributor address; City; State; Zip Code  PUEBLO, CO 81003	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) data tech		<b>9</b> Employer (See Instructions) colorado
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Melanie, Roth Lemanski, Ph.D. <hr/> Contributor address; City; State; Zip Code  Houston, TX 77055	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) School Psychologist		Employer (See Instructions) CFISD
Date 10/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Melanie, Roth Lemanski, Ph.D. <hr/> Contributor address; City; State; Zip Code  Houston, TX 77055	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) School Psychologist		Employer (See Instructions) CFISD
Date 10/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Melanie, Roth Lemanski, Ph.D. <hr/> Contributor address; City; State; Zip Code  Houston, TX 77055	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) School Psychologist		Employer (See Instructions) CFISD
Date 07/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Melinda, Kraft <hr/> Contributor address; City; State; Zip Code  Salt Lake City, UT 84117	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Date Entry		Employer (See Instructions) Corelogic

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 44/69 Rpt: 47/83
<b>2</b> FILER NAME McGee, Sara A. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00089115
<b>4</b> Date 07/29/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Metu, Crystal <hr/> <b>6</b> Contributor address; City; State; Zip Code  Missouri City, TX 77459	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Manager		<b>9</b> Employer (See Instructions) Adamatrix Solutions
Date 11/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael, Anderson <hr/> Contributor address; City; State; Zip Code  Elgin, TX 78621	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael, Jones <hr/> Contributor address; City; State; Zip Code  Carmel Valley, CA 93924	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Chef		Employer (See Instructions) Self
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael, McKenzie <hr/> Contributor address; City; State; Zip Code  Valley Park, MO 63088	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Artist		Employer (See Instructions) Art with McKenzie
Date 08/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael, Turner <hr/> Contributor address; City; State; Zip Code  DPO, AE 09777	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Foreign Service Officer		Employer (See Instructions) US Department of State

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 45/69 Rpt: 48/83
<b>2</b> FILER NAME McGee, Sara A. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00089115
<b>4</b> Date 09/23/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael, Turner <hr/> <b>6</b> Contributor address; City; State; Zip Code  DPO, AE 09777	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) FSO		<b>9</b> Employer (See Instructions) Dept of State
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michelle, Onorato <hr/> Contributor address; City; State; Zip Code  Houston, TX 77062	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michelle, Onorato <hr/> Contributor address; City; State; Zip Code  Houston, TX 77062	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Sara <hr/> Contributor address; City; State; Zip Code  Thurmont, MD 21788-1703	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Museum interpreter		Employer (See Instructions) Frederick county parks and rec
Date 07/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Molly, Carnes <hr/> Contributor address; City; State; Zip Code  Houston, TX 77095	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Administrator		Employer (See Instructions) Karst & von oiste



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 46/69 Rpt: 49/83
<b>2</b> FILER NAME McGee, Sara A. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00089115
<b>4</b> Date 08/23/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Molly, Carnes <b>6</b> Contributor address; City; State; Zip Code Houston, TX 77095	<b>7</b> Amount of Contribution (\$) \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Administrator		<b>9</b> Employer (See Instructions) Karst & von oiste
Date 09/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Molly, Carnes Contributor address; City; State; Zip Code Houston, TX 77095	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Administrator		Employer (See Instructions) Karst & von oiste
Date 10/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Molly, Carnes Contributor address; City; State; Zip Code Houston, TX 77095	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Administrator		Employer (See Instructions) Karst & von oiste
Date 11/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Molly, Carnes Contributor address; City; State; Zip Code Houston, TX 77095	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Administrator		Employer (See Instructions) Karst & von oiste
Date 12/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Molly, Carnes Contributor address; City; State; Zip Code Houston, TX 77095	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Administrator		Employer (See Instructions) Karst & von oiste

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 47/69 Rpt: 50/83
<b>2</b> FILER NAME McGee, Sara A. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00089115
<b>4</b> Date 07/29/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monique, Hamons <hr/> <b>6</b> Contributor address; City; State; Zip Code  Frisco, TX 75035	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 08/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murphy, Janice <hr/> Contributor address; City; State; Zip Code  Denton, TX 76210	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NANCY, WHITAKER <hr/> Contributor address; City; State; Zip Code  Katy, TX 77449	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NICHOLAS, DEFABRIZIO <hr/> Contributor address; City; State; Zip Code  Augusta, NJ 07822	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) First Citizens
Date 11/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Natalia, Lombana <hr/> Contributor address; City; State; Zip Code  Houston, TX 77008	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Digital marketing agency founder		Employer (See Instructions) Lombana strategies

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 48/69 Rpt: 51/83
<b>2</b> FILER NAME McGee, Sara A. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00089115
<b>4</b> Date 08/07/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Newton, Lynee <hr/> <b>6</b> Contributor address; City; State; Zip Code  Humble, TX 77346	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) nurse		<b>9</b> Employer (See Instructions) hospital
Date 10/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Noreen, Carver <hr/> Contributor address; City; State; Zip Code  Tucson, AZ 85710	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Lactation Consultant		Employer (See Instructions) Tucson Medical Center
Date 11/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Norma, Smith <hr/> Contributor address; City; State; Zip Code  Danbury, TX 77534	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ober, Dennis <hr/> Contributor address; City; State; Zip Code  Katy, TX 77449	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Cy-Fair ISD
Date 07/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Halloran, E <hr/> Contributor address; City; State; Zip Code  Spokane, WA 99208	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 49/69 Rpt: 52/83
<b>2</b> FILER NAME McGee, Sara A. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00089115
<b>4</b> Date 08/06/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pat, Hicks <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75238	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Sales		<b>9</b> Employer (See Instructions) Self
Date 09/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pat, Hicks Contributor address; City; State; Zip Code  Dallas, TX 75238	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Self
Date 11/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pat, Hicks Contributor address; City; State; Zip Code  Dallas, TX 75238	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Self
Date 08/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patricia A, Hageman Contributor address; City; State; Zip Code  Fulshear, TX 77441	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paul, van Helmond Contributor address; City; State; Zip Code  katy, TX 77450	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) engineer		Employer (See Instructions) Schmidt & Clemens

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 50/69 Rpt: 53/83
<b>2</b> FILER NAME McGee, Sara A. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00089115
<b>4</b> Date 12/21/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paul, van Helmond <hr/> <b>6</b> Contributor address; City; State; Zip Code  katy, TX 77450	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) engineer		<b>9</b> Employer (See Instructions) Schmidt & Clemens
Date 08/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perry, Crystal <hr/> Contributor address; City; State; Zip Code  Jacksonville, FL 32218	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) CSA		Employer (See Instructions) Southwest Airlines
Date 11/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peter, Frato <hr/> Contributor address; City; State; Zip Code  Schererville, IN 46375	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Mattress Firm
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Philip, Barker <hr/> Contributor address; City; State; Zip Code  Salt Lake City, UT 84111	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Intermountain Health
Date 10/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rachel, Sanders <hr/> Contributor address; City; State; Zip Code  Brazoria, TX 77422	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 51/69 Rpt: 54/83
<b>2</b> FILER NAME McGee, Sara A. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00089115
<b>4</b> Date 08/04/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richard, Bauman <b>6</b> Contributor address; City; State; Zip Code  Sealy, TX 77474	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 09/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richard, Bauman Contributor address; City; State; Zip Code  Sealy, TX 77474	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richard, Bauman Contributor address; City; State; Zip Code  Sealy, TX 77474	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richard, Bauman Contributor address; City; State; Zip Code  Sealy, TX 77474	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richard, Bauman Contributor address; City; State; Zip Code  Sealy, TX 77474	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 52/69 Rpt: 55/83
<b>2</b> FILER NAME McGee, Sara A. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00089115
<b>4</b> Date 11/07/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richard A, Mann <hr/> <b>6</b> Contributor address; City; State; Zip Code  Santa Clara, CA 95050-6616	<b>7</b> Amount of Contribution (\$)  \$18.00
<b>8</b> Principal occupation / Job title (See Instructions) Engineer		<b>9</b> Employer (See Instructions) Apple
Date 09/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert, Blain <hr/> Contributor address; City; State; Zip Code  Houston, TX 77069	Amount of Contribution (\$)  \$13.20
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) Aldine ISD
Date 11/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert, Graham <hr/> Contributor address; City; State; Zip Code  Houston, TX 77009-1006	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Nursing		Employer (See Instructions) Memorial Hermann Health System
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert, McGee <hr/> Contributor address; City; State; Zip Code  Spring, TX 77386	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Vice-President		Employer (See Instructions) Coreslab Structures
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert M, Covington <hr/> Contributor address; City; State; Zip Code  Cornelius, NC 28031	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 53/69 Rpt: 56/83
<b>2</b> FILER NAME McGee, Sara A. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00089115
<b>4</b> Date 11/14/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robin, Bauman <hr/> <b>6</b> Contributor address; City; State; Zip Code  Vancouver, WA 98683	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) n/a
Date 12/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robin, Bauman <hr/> Contributor address; City; State; Zip Code  Vancouver, WA 98683	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) n/a
Date 09/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ronald, Coccoaro <hr/> Contributor address; City; State; Zip Code  KATY, TX 77493	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Sales Analyst		Employer (See Instructions) Essilor of America
Date 07/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rosen, Alan <hr/> Contributor address; City; State; Zip Code  Pikesville, MD 21208	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ruei, Tuo <hr/> Contributor address; City; State; Zip Code  Katy, TX 77450	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 54/69 Rpt: 57/83
<b>2</b> FILER NAME McGee, Sara A. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00089115
<b>4</b> Date 09/25/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ruei, Tuo <hr/> <b>6</b> Contributor address; City; State; Zip Code  Katy, TX 77450	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Not employed		<b>9</b> Employer (See Instructions) Not employed
Date 10/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ruei, Tuo <hr/> Contributor address; City; State; Zip Code  Katy, TX 77450	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 11/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ruei, Tuo <hr/> Contributor address; City; State; Zip Code  Katy, TX 77450	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 12/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ruei, Tuo <hr/> Contributor address; City; State; Zip Code  Katy, TX 77450	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 08/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SONJA, KLISE <hr/> Contributor address; City; State; Zip Code  Fulshear, TX 77441	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) JOINT VENTURE AUDITOR		Employer (See Instructions) CONOCOPHILLIPS

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 55/69 Rpt: 58/83
<b>2</b> FILER NAME McGee, Sara A. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00089115
<b>4</b> Date 08/31/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SONJA, KLISE <b>6</b> Contributor address; City; State; Zip Code  Fulshear, TX 77441	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) JOINT VENTURE AUDITOR		<b>9</b> Employer (See Instructions) CONOCOPHILLIPS
Date 09/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SONJA, KLISE Contributor address; City; State; Zip Code  Fulshear, TX 77441	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) JOINT VENTURE AUDITOR		Employer (See Instructions) CONOCOPHILLIPS
Date 10/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SONJA, KLISE Contributor address; City; State; Zip Code  Fulshear, TX 77441	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) JOINT VENTURE AUDITOR		Employer (See Instructions) CONOCOPHILLIPS
Date 11/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SONJA, KLISE Contributor address; City; State; Zip Code  Fulshear, TX 77441	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) JOINT VENTURE AUDITOR		Employer (See Instructions) CONOCOPHILLIPS
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SONJA, KLISE Contributor address; City; State; Zip Code  Fulshear, TX 77441	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) JOINT VENTURE AUDITOR		Employer (See Instructions) CONOCOPHILLIPS

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 56/69 Rpt: 59/83
<b>2</b> FILER NAME McGee, Sara A. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00089115
<b>4</b> Date 08/29/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Samuel, Sherman <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77019	<b>7</b> Amount of Contribution (\$)  \$250.00
<b>8</b> Principal occupation / Job title (See Instructions) Attorney		<b>9</b> Employer (See Instructions) Self
Date 11/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Samuel, Sherman <hr/> Contributor address; City; State; Zip Code  Houston, TX 77019	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Sherman Law Firm
Date 12/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Samuel, Sherman <hr/> Contributor address; City; State; Zip Code  Houston, TX 77019	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Sherman law firm
Date 12/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Samuel, Sherman <hr/> Contributor address; City; State; Zip Code  Houston, TX 77019	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Sherman Law Firm
Date 07/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sandbo, Julie <hr/> Contributor address; City; State; Zip Code  Scottsdale, AZ 85250	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 57/69 Rpt: 60/83
<b>2</b> FILER NAME McGee, Sara A. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00089115
<b>4</b> Date 07/29/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sara, Miller <hr/> <b>6</b> Contributor address; City; State; Zip Code  Thurmont, MD 21788-1703	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Museum interpreter		<b>9</b> Employer (See Instructions) Frederick county parks and rec
Date 10/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sarah, Diekmann <hr/> Contributor address; City; State; Zip Code  Denver, CO 80246	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Patient care coordinator		Employer (See Instructions) Fresenius Medical Care
Date 11/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott, Portney <hr/> Contributor address; City; State; Zip Code  Houston, TX 77077	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Serena, McMillon <hr/> Contributor address; City; State; Zip Code  Austin, TX 78745	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Austin ISD
Date 12/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Serena, McMillon <hr/> Contributor address; City; State; Zip Code  Austin, TX 78745	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Austin ISD

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 58/69 Rpt: 61/83
<b>2</b> FILER NAME McGee, Sara A. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00089115
<b>4</b> Date 12/19/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sharman, Braff <hr/> <b>6</b> Contributor address; City; State; Zip Code  Mendocino, CA 95460	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sharon F, Cooper <hr/> Contributor address; City; State; Zip Code  New Rochelle, NY 10804	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Cuddy & Feder LLP
Date 11/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shelby, Weitzel <hr/> Contributor address; City; State; Zip Code  Shoreline, WA 98177	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Social worker		Employer (See Instructions) Casey Family Programs
Date 11/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shelly, Williams <hr/> Contributor address; City; State; Zip Code  Katy, TX 77494	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sheryl, Powers <hr/> Contributor address; City; State; Zip Code  New Waverly, TX 77358	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) SAIC		Employer (See Instructions) En route instructor

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 59/69 Rpt: 62/83
<b>2</b> FILER NAME McGee, Sara A. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00089115
<b>4</b> Date 08/06/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shoults, Tara <hr/> <b>6</b> Contributor address; City; State; Zip Code  La Porte, TX 77571	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Imaging Director at Woman's Hospital		<b>9</b> Employer (See Instructions) HCA Womans Hospital
Date 10/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shubhada, Hooli <hr/> Contributor address; City; State; Zip Code  Houston, TX 77027	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Baylor College of Medicine
Date 07/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Simms, Veronika <hr/> Contributor address; City; State; Zip Code  Houston, TX 77023	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Information Technology		Employer (See Instructions) Applied Materials
Date 07/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Barbara <hr/> Contributor address; City; State; Zip Code  Katy, TX 77494	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sparo, Vigil <hr/> Contributor address; City; State; Zip Code  Santa Fe, NM 87507	Amount of Contribution (\$)  \$10.13
Principal occupation / Job title (See Instructions) Counselor		Employer (See Instructions) The Life Link

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 60/69 Rpt: 63/83
<b>2</b> FILER NAME McGee, Sara A. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00089115
<b>4</b> Date 09/23/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stacey, Torres <hr/> <b>6</b> Contributor address; City; State; Zip Code  Katy, TX 77493	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Na		<b>9</b> Employer (See Instructions) Na
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephen, Tipps <hr/> Contributor address; City; State; Zip Code  Houston, TX 77019	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steves, Buddy <hr/> Contributor address; City; State; Zip Code  Houston, TX 77030	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 11/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Susan, Crawford <hr/> Contributor address; City; State; Zip Code  Olathe, KS 66061	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Producer		Employer (See Instructions) P3
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Susan, Hartman <hr/> Contributor address; City; State; Zip Code  Hillsboro, OR 97124	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 61/69 Rpt: 64/83
<b>2</b> FILER NAME McGee, Sara A. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00089115
<b>4</b> Date 07/29/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Susan, Hudson <hr/> <b>6</b> Contributor address; City; State; Zip Code  Anderson, IN 46011	<b>7</b> Amount of Contribution (\$)  \$5.00
<b>8</b> Principal occupation / Job title (See Instructions) Off asst		<b>9</b> Employer (See Instructions) DWD
Date 11/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Susan, Rice <hr/> Contributor address; City; State; Zip Code  Katy, TX 77450	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Susan, Rice <hr/> Contributor address; City; State; Zip Code  Katy, TX 77450	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tara, Shoults <hr/> Contributor address; City; State; Zip Code  La Porte, TX 77571	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Imaging Director at Woman's Hospital		Employer (See Instructions) HCA Womans Hospital
Date 08/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Teresa, Hicks <hr/> Contributor address; City; State; Zip Code  Katy, TX 77450	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Legal Secretary		Employer (See Instructions) Andrews Kurth LLP



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 62/69 Rpt: 65/83
<b>2</b> FILER NAME McGee, Sara A. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00089115
<b>4</b> Date 08/29/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Terry, Russell <hr/> <b>6</b> Contributor address; City; State; Zip Code  Arlington, TX 76016	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Sales		<b>9</b> Employer (See Instructions) Self
Date 09/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Terry, Russell <hr/> Contributor address; City; State; Zip Code  Arlington, TX 76016	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Consulting		Employer (See Instructions) Self
Date 11/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Terry, Russell <hr/> Contributor address; City; State; Zip Code  Arlington, TX 76016	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Consulting		Employer (See Instructions) Self
Date 07/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Theodore, Valentiner <hr/> Contributor address; City; State; Zip Code  Cypress, TX 77433	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Director of Procurement		Employer (See Instructions) CTCI Americas
Date 09/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Timothy, Reedy <hr/> Contributor address; City; State; Zip Code  Round Rock, TX 78665	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) Contract Specialist		Employer (See Instructions) State of Texas

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 63/69 Rpt: 66/83
<b>2</b> FILER NAME McGee, Sara A. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00089115
<b>4</b> Date 12/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Timothy, Schauer <hr/> <b>6</b> Contributor address; City; State; Zip Code Katy, TX 77494	<b>7</b> Amount of Contribution (\$) \$500.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 08/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Toby, Hofer <hr/> Contributor address; City; State; Zip Code Huron, SD 57350	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Freight broker		Employer (See Instructions) lcs transportation
Date 12/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Travis, Sheive <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79106	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Restaurant Server		Employer (See Instructions) Shuck It LLC
Date 07/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trigg, Greta <hr/> Contributor address; City; State; Zip Code Iowa Park, TX 76367	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tyler, Smith <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90044	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Regional director		Employer (See Instructions) Everytown

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 64/69 Rpt: 67/83
<b>2</b> FILER NAME McGee, Sara A. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00089115
<b>4</b> Date 07/31/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Valentiner, Theodore <hr/> <b>6</b> Contributor address; City; State; Zip Code  Cypress, TX 77433	<b>7</b> Amount of Contribution (\$)  \$5.00
<b>8</b> Principal occupation / Job title (See Instructions) Director of Procurement		<b>9</b> Employer (See Instructions) CTCI Americas
Date 11/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Veronica, Gaboury <hr/> Contributor address; City; State; Zip Code  Averill Park, NY 12018-3752	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) APHS
Date 07/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Veronika, Simms <hr/> Contributor address; City; State; Zip Code  Houston, TX 77023	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Information Technology		Employer (See Instructions) Applied Materials
Date 11/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wheeler, Carol <hr/> Contributor address; City; State; Zip Code  Katy, TX 77450	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 09/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wil, Jeudy <hr/> Contributor address; City; State; Zip Code  Houston, TX 77008	Amount of Contribution (\$)  \$40.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Next Level Urgent Care

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 65/69 Rpt: 68/83
<b>2</b> FILER NAME McGee, Sara A. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00089115
<b>4</b> Date 12/31/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wil, Jeudy <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77008	<b>7</b> Amount of Contribution (\$)  \$60.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Next Level Urgent Care
Date 08/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William, Akers <hr/> Contributor address; City; State; Zip Code  Houston, TX 77025	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William B., Alsup, III <hr/> Contributor address; City; State; Zip Code  Wa, DC 20016	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Real Estate Development		Employer (See Instructions) Hines
Date 10/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Willie, W Cox III <hr/> Contributor address; City; State; Zip Code  Midwest City, OK 73110	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Customer Support		Employer (See Instructions) Cox
Date 08/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Willis, Glen <hr/> Contributor address; City; State; Zip Code  Bremerton, WA 98310	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Cybersecurity Consultant		Employer (See Instructions) Volt Workforce Solutions

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 66/69 Rpt: 69/83
<b>2</b> FILER NAME McGee, Sara A. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00089115
<b>4</b> Date 07/31/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wolff, Christy <hr/> <b>6</b> Contributor address; City; State; Zip Code  Bellaire, TX 77401	<b>7</b> Amount of Contribution (\$)  \$5.00
<b>8</b> Principal occupation / Job title (See Instructions) Caregiver		<b>9</b> Employer (See Instructions) Christy Wolff
Date 09/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wolfram, Harvey <hr/> Contributor address; City; State; Zip Code  Houston, TX 77006	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yeager, Lynne <hr/> Contributor address; City; State; Zip Code  Norman, OK 73071	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions) FAA
Date 10/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) bryan, cabler <hr/> Contributor address; City; State; Zip Code  Florence, AL 35630	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) accounting		Employer (See Instructions) Sutherland Sight and Sound
Date 11/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) bryan, cabler <hr/> Contributor address; City; State; Zip Code  Florence, AL 35630	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) accounting		Employer (See Instructions) Sutherland Sight and Sound

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 67/69 Rpt: 70/83
<b>2</b> FILER NAME McGee, Sara A. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00089115
<b>4</b> Date 11/14/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) cara, l prentice <hr/> <b>6</b> Contributor address; City; State; Zip Code  Plano, TX 75075	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) christine, waible <hr/> Contributor address; City; State; Zip Code  Wilbraham, MA 01095	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) judith, conley <hr/> Contributor address; City; State; Zip Code  Georgetown, TX 78628	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) louis, bacarisse <hr/> Contributor address; City; State; Zip Code  St George, ME 04855	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) consultant		Employer (See Instructions) self
Date 11/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) meg, smith <hr/> Contributor address; City; State; Zip Code  Flower Mound, TX 75028	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 68/69 Rpt: 71/83
<b>2</b> FILER NAME McGee, Sara A. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00089115
<b>4</b> Date 11/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) meg, smith <b>6</b> Contributor address; City; State; Zip Code  Flower Mound, TX 75028	<b>7</b> Amount of Contribution (\$)  \$52.58
<b>8</b> Principal occupation / Job title (See Instructions) Not employed		<b>9</b> Employer (See Instructions) Not employed
Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) meg, smith Contributor address; City; State; Zip Code  Flower Mound, TX 75028	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 12/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) meg, smith Contributor address; City; State; Zip Code  Flower Mound, TX 75028	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 12/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) meg, smith Contributor address; City; State; Zip Code  Flower Mound, TX 75028	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 12/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) meg, smith Contributor address; City; State; Zip Code  Flower Mound, TX 75028	Amount of Contribution (\$)  \$20.26
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 69/69 Rpt: 72/83
<b>2</b> FILER NAME McGee, Sara A. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00089115
<b>4</b> Date 10/02/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) roberto, Vega <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78759	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Robotics		<b>9</b> Employer (See Instructions) AI-Rey,llc



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 1/11 Rpt: 73/83	<b>2</b> FILER NAME McGee, Sara A. (Ms.)	<b>3</b> Filer ID (Ethics Commission Filers) 00089115
<b>4</b> Date 07/05/2025	<b>5</b> Payee name Campaign Deputy	
<b>6</b> Amount (\$) \$185.00	<b>7</b> Payee address; City; State; Zip Code PO BOX 8141  Louisville , KY 40257	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/02/2025	Candidate/Officeholder name Office sought Office held	
Payee name Campaign Deputy		
Amount (\$) \$185.00	Payee address; City; State; Zip Code PO BOX 8141  Louisville , KY 40257	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/02/2025	Candidate/Officeholder name Office sought Office held	
Payee name Campaign Deputy		
Amount (\$) \$185.00	Payee address; City; State; Zip Code PO BOX 8141  Louisville , KY 40257	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 2/11 Rpt: 74/83	<b>2</b> FILER NAME McGee, Sara A. (Ms.)	<b>3</b> Filer ID (Ethics Commission Filers) 00089115
<b>4</b> Date 10/02/2025	<b>5</b> Payee name Campaign Deputy	
<b>6</b> Amount (\$) \$185.00	<b>7</b> Payee address; City; State; Zip Code PO BOX 8141  Louisville , KY 40257	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/02/2025	Candidate/Officeholder name Office sought Office held	
Payee name Campaign Deputy		
Amount (\$) \$185.00	Payee address; City; State; Zip Code PO BOX 8141  Louisville , KY 40257	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/02/2025	Candidate/Officeholder name Office sought Office held	
Payee name Campaign Deputy		
Amount (\$) \$185.00	Payee address; City; State; Zip Code PO BOX 8141  Louisville , KY 40257	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/02/2025	Candidate/Officeholder name Office sought Office held	
Payee name Campaign Deputy		
Amount (\$) \$185.00	Payee address; City; State; Zip Code PO BOX 8141  Louisville , KY 40257	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 3/11 Rpt: 75/83	<b>2</b> FILER NAME McGee, Sara A. (Ms.)	<b>3</b> Filer ID (Ethics Commission Filers) 00089115
<b>4</b> Date 08/18/2025	<b>5</b> Payee name Fuzzy's Pizza	
<b>6</b> Amount (\$) \$30.98	<b>7</b> Payee address; City; State; Zip Code 613 S Mason Rd  Katy, TX 77450	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Candidate Meet and Greet Food expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/08/2025	Payee name Hammerhead Strategies LLC	
Amount (\$) \$1,118.83	Payee address; City; State; Zip Code 45 Province St Apt 9N  Boston, MA 02018	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Digital consulting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/20/2025	Payee name Hammerhead Strategies LLC	
Amount (\$) \$1,864.74	Payee address; City; State; Zip Code 45 Province St Apt 9N  Boston, MA 02018	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Digital Consulting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 4/11 Rpt: 76/83	<b>2</b> FILER NAME McGee, Sara A. (Ms.)	<b>3</b> Filer ID (Ethics Commission Filers) 00089115
<b>4</b> Date 09/04/2025	<b>5</b> Payee name Hammerhead Strategies LLC	
<b>6</b> Amount (\$) \$928.74	<b>7</b> Payee address; City; State; Zip Code 45 Province St Apt 9N  Boston, MA 02018	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Digital Consulting
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/11/2025	Candidate/Officeholder name Payee name Hammerhead Strategies LLC	
Amount (\$) \$635.73	Payee address; City; State; Zip Code 45 Province St Apt 9N  Boston, MA 02018	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/26/2025	Candidate/Officeholder name Payee name Hammerhead Strategies LLC	
Amount (\$) \$1,422.58	Payee address; City; State; Zip Code 45 Province St Apt 9N  Boston, MA 02018	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 5/11 Rpt: 77/83	<b>2</b> FILER NAME McGee, Sara A. (Ms.)	<b>3</b> Filer ID (Ethics Commission Filers) 00089115
<b>4</b> Date 09/03/2025	<b>5</b> Payee name Katy Democrats	
<b>6</b> Amount (\$) \$250.00	<b>7</b> Payee address; City; State; Zip Code  TX 77450	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation to local political club
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/07/2025	Payee name Katy Democrats	
Amount (\$) \$250.00	Payee address; City; State; Zip Code  Katy, TX 77450	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Katy Area Democrats Palooza sponsorship
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/08/2025	Payee name Katy PRIDE	
Amount (\$) \$250.00	Payee address; City; State; Zip Code NA  Katy, TX 77493	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sponsorship of Katy PRIDE
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 6/11 Rpt: 78/83	<b>2</b> FILER NAME McGee, Sara A. (Ms.)	<b>3</b> Filer ID (Ethics Commission Filers) 00089115
<b>4</b> Date 07/03/2025	<b>5</b> Payee name NGP VAN	
<b>6</b> Amount (\$) \$159.90	<b>7</b> Payee address; City; State; Zip Code 655 15th St NW Suite 650 Washington, DC 02005	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Polling Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense VAN
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/04/2025	Candidate/Officeholder name Office sought Office held	
Payee name NGP VAN		
Amount (\$) \$159.90	Payee address; City; State; Zip Code 655 15th St NW Suite 650 Washington, DC 02005	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense VAN
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/05/2025	Candidate/Officeholder name Office sought Office held	
Payee name NGP VAN		
Amount (\$) \$159.90	Payee address; City; State; Zip Code 655 15th St NW Suite 650 Washington, DC 02005	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense VAN
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 7/11 Rpt: 79/83	<b>2</b> FILER NAME McGee, Sara A. (Ms.)	<b>3</b> Filer ID (Ethics Commission Filers) 00089115
<b>4</b> Date 10/03/2025	<b>5</b> Payee name NGP VAN	
<b>6</b> Amount (\$) \$159.90	<b>7</b> Payee address; City; State; Zip Code 655 15th St NW Suite 650 Washington, DC 02005	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense VAN
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/03/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$159.90	Payee name NGP VAN Payee address; City; State; Zip Code 655 15th St NW Suite 650 Washington, DC 02005	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense VAN
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/03/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$159.90	Payee name NGP VAN Payee address; City; State; Zip Code 655 15th St NW Suite 650 Washington, DC 02005	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense VAN
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 8/11 Rpt: 80/83	<b>2</b> FILER NAME McGee, Sara A. (Ms.)	<b>3</b> Filer ID (Ethics Commission Filers) 00089115
<b>4</b> Date 08/24/2025	<b>5</b> Payee name Postal Plus Cypress	
<b>6</b> Amount (\$) \$43.21	<b>7</b> Payee address; City; State; Zip Code Fairfield Marketplace  Cypress, TX 77433	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign printing services
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/28/2025	Payee name Sephos Strategies	
Amount (\$) \$1,815.00	Payee address; City; State; Zip Code 4919 Valkeith Dr  Houston, TX 77096	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/01/2025	Payee name Sephos Strategies	
Amount (\$) \$2,077.60	Payee address; City; State; Zip Code 4919 Valkeith Dr  Houston, TX 77096	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 9/11 Rpt: 81/83	<b>2</b> FILER NAME McGee, Sara A. (Ms.)	<b>3</b> Filer ID (Ethics Commission Filers) 00089115
<b>4</b> Date 11/19/2025	<b>5</b> Payee name Sephos Strategies	
<b>6</b> Amount (\$) \$2,198.36	<b>7</b> Payee address; City; State; Zip Code 4919 Valkeith Dr  Houston, TX 77096	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/08/2025	Candidate/Officeholder name Office sought Office held	
Payee name Switchboard PBC		
Amount (\$) \$61.37	Payee address; City; State; Zip Code PO BOX 33485  Washington DC, DC 20033	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/09/2025	Candidate/Officeholder name Office sought Office held	
Payee name Switchboard PBC		
Amount (\$) \$35.89	Payee address; City; State; Zip Code PO BOX 33485  Washington DC, DC 20033	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 10/11 Rpt: 82/83	<b>2</b> FILER NAME McGee, Sara A. (Ms.)	<b>3</b> Filer ID (Ethics Commission Filers) 00089115
<b>4</b> Date 11/06/2025	<b>5</b> Payee name Switchboard PBC	
<b>6</b> Amount (\$) \$69.02	<b>7</b> Payee address; City; State; Zip Code PO BOX 33485  Washington DC, DC 20033	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/09/2025	Candidate/Officeholder name Office sought Office held	
Payee name Switchboard PBC		
Amount (\$) \$80.26	Payee address; City; State; Zip Code PO BOX 33485  Washington DC, DC 20033	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/25/2025	Candidate/Officeholder name Office sought Office held	
Payee name Texas Democratic Party		
Amount (\$) \$250.00	Payee address; City; State; Zip Code 3302 Canal St  Houston, TX 77003	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ticket to JJR Dinner
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 11/11 Rpt: 83/83	<b>2</b> FILER NAME McGee, Sara A. (Ms.)	<b>3</b> Filer ID (Ethics Commission Filers) 00089115
<b>4</b> Date 11/24/2025	<b>5</b> Payee name Texas Democratic Party	
<b>6</b> Amount (\$) \$750.00	<b>7</b> Payee address; City; State; Zip Code 3302 Canal St  Houston, TX 77003	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Candidate Filing Fee
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/29/2025	Candidate/Officeholder name Office sought Office held	
Payee name Uprinting		
Amount (\$) \$192.29	Payee address; City; State; Zip Code 8000 Haskell Ave  Van Nuys, CA 91406	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Push cards
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/12/2025	Candidate/Officeholder name Office sought Office held	
Payee name Uprinting		
Amount (\$) \$192.35	Payee address; City; State; Zip Code 8000 Haskell Ave  Van Nuys, CA 91406	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Push Cards
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		