

**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.	MI	OFFICE USE ONLY		
	NICKNAME	LAST McGee	SUFFIX	Date Received ELECTRONICALLY FILED 01/14/2026		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; 31311 Greenville Creek Ln			Date Hand-delivered or Date Postmarked		
	Hockley, TX 77447			Receipt #	Amount	
				Date Processed		
				Date Imaged		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Ms.	FIRST Sara A.	MI			
	NICKNAME	LAST McGee	SUFFIX			
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 31311 Greenville Creek Ln		APT / SUITE #;	CITY;	STATE;	ZIP CODE
	Hockley, TX 77447					
7 CAMPAIGN TREASURER PHONE	AREA CODE (832) 877-3004	PHONE NUMBER EXTENSION				
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 07/01/2025	Day	Year	Month 12/31/2025	Day	Year
10 ELECTION	ELECTION DATE Month Day Year 03/03/2026		<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 00089115	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	<p>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.</p>			
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME		
		COMMITTEE ADDRESS		
		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

18 FILER NAME McGee, Sara A. (Ms.)		19 Filer ID (Ethics Commission Filers) 00089115
20 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
NAME OF SCHEDULE		
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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/69 Rpt: 4/83
2 FILER NAME McGee, Sara A. (Ms.)		3 Filer ID (Ethics Commission Filers) 00089115
4 Date 08/04/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) A MCMILLIN, CARRIE	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Houston, TX 77079	
8 Principal occupation / Job title (See Instructions) Healthcare		9 Employer (See Instructions) Nova Biomedical
Date 09/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ANNE, WILLIAMS	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code KATY, TX 77494	
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	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code KATY, TX 77494	
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	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code PINOLE, CA 94564	
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	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code San Antonio, TX 78209	
Principal occupation / Job title (See Instructions) Supply Tech		Employer (See Instructions) HCA Healthtrust

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/69 Rpt: 13/83
2 FILER NAME McGee, Sara A. (Ms.)		3 Filer ID (Ethics Commission Filers) 00089115
4 Date 12/27/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christina, Milan	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Cypress, TX 77433	
8 Principal occupation / Job title (See Instructions) Accountant		9 Employer (See Instructions) TMHCC
Date 07/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christy, Wolff	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Bellaire, TX 77401	
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	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Katy, TX 77449	
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	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Girard, OH 44420	
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	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Reno, NV 89501	
Principal occupation / Job title (See Instructions) Electrical engineer		Employer (See Instructions) holm electric

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/69 Rpt: 18/83
2 FILER NAME McGee, Sara A. (Ms.)		3 Filer ID (Ethics Commission Filers) 00089115
4 Date 11/18/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dr. Robin, Burks	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Houston, TX 77005	
8 Principal occupation / Job title (See Instructions) Clinical Psychologist		9 Employer (See Instructions) self
Date 07/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) E, O'Halloran	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Spokane, WA 99208	
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	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Houston, TX 77079	
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	Amount of Contribution (\$) \$35.00
	Contributor address; City; State; Zip Code Houston, TX 77079	
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	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Houston, TX 77079	
Principal occupation / Job title (See Instructions) Electrical Engineer III		Employer (See Instructions) The Employment Solution (TES)- Contracted to Enbridge

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 23/69 Rpt: 26/83
2 FILER NAME McGee, Sara A. (Ms.)		3 Filer ID (Ethics Commission Filers) 00089115
4 Date 12/23/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James, Goode	7 Amount of Contribution (\$) \$5.00
	6 Contributor address; City; State; Zip Code Houston, TX 77070	
8 Principal occupation / Job title (See Instructions) Teacher		9 Employer (See Instructions) Harmony Public Schools
Date 11/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James, Taylor	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Katy, TX 77450-8716	
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	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Columbus, OH 43215	
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	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Denton, TX 76210	
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	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code COLLEYVILLE, TX 76034-7633	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Trinity Aesthetics

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 24/69 Rpt: 27/83
2 FILER NAME McGee, Sara A. (Ms.)		3 Filer ID (Ethics Commission Filers) 00089115
4 Date 11/14/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jason, Yack	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Walden, NY 12586	
8 Principal occupation / Job title (See Instructions) Supervisor		9 Employer (See Instructions) Lowes
Date 11/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Javier, Cantu	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Houston, TX 77009	
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	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code houston, TX 77075	
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	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Woodinville, WA 98072	
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	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Vidor, TX 77662	
Principal occupation / Job title (See Instructions) Store Manager		Employer (See Instructions) American Eagle

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 27/69 Rpt: 30/83
2 FILER NAME McGee, Sara A. (Ms.)		3 Filer ID (Ethics Commission Filers) 00089115
4 Date 10/17/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jill, Bergus 6 Contributor address; City; State; Zip Code Dallas, TX 75252	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) self		9 Employer (See Instructions) self
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joe, Johns 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 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 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 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

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: Sch: 28/69 Rpt: 31/83
2 FILER NAME McGee, Sara A. (Ms.)			3 Filer ID (Ethics Commission Filers) 00089115
4 Date 11/01/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John, Wilburn	7 Amount of Contribution (\$) \$100.00	
	6 Contributor address; City; State; Zip Code Denver, CO 80228		
8 Principal occupation / Job title (See Instructions) Sales		9 Employer (See Instructions) Westlake Financial	
Date 11/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John, Wilburn	Amount of Contribution (\$) \$7.00	
	Contributor address; City; State; Zip Code Denver, CO 80228		
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	Amount of Contribution (\$) \$5.00	
	Contributor address; City; State; Zip Code Richmond, TX 77407		
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	Amount of Contribution (\$) \$10.00	
	Contributor address; City; State; Zip Code Mariposa, CA 95338		
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	Amount of Contribution (\$) \$20.26	
	Contributor address; City; State; Zip Code Houston, TX 77095-4422		
Principal occupation / Job title (See Instructions) Online editor		Employer (See Instructions) iHeartMedia	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 29/69 Rpt: 32/83
2 FILER NAME McGee, Sara A. (Ms.)		3 Filer ID (Ethics Commission Filers) 00089115
4 Date 11/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jonathan, Sullivan	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Houston, TX 77095-4422	
8 Principal occupation / Job title (See Instructions) Online editor		9 Employer (See Instructions) iHeartMedia
Date 10/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jose, Pulido	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Edinburg, TX 78542	
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	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Dallas, TX 75230	
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	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Houston, TX 77059	
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	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Holland, NY 14080	
Principal occupation / Job title (See Instructions) Sales clerk		Employer (See Instructions) Niagara Produce

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 37/69 Rpt: 40/83
2 FILER NAME McGee, Sara A. (Ms.)		3 Filer ID (Ethics Commission Filers) 00089115
4 Date 11/21/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lindsay, Carlson	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code Culver City, CA 90230	
8 Principal occupation / Job title (See Instructions) Information Governance Attorney		9 Employer (See Instructions) Latham & Watkins
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lisa, Gapsky	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Valencia, PA 16059-1113	
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	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Katy, TX 77494	
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	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Denton, TX 76210	
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	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code San Antonio, TX 78229	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) South Texas Oncology and Hematology

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 38/69 Rpt: 41/83
2 FILER NAME McGee, Sara A. (Ms.)		3 Filer ID (Ethics Commission Filers) 00089115
4 Date 10/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lorraine, Evanoff	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Beverly Hills, CA 90212	
8 Principal occupation / Job title (See Instructions) Director of Finance		9 Employer (See Instructions) Self
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lynda, Hillman	Amount of Contribution (\$) \$60.00
	Contributor address; City; State; Zip Code Seattle, WA 98126	
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	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Humble, TX 77346	
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	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Norman, OK 73071	
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	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Norman, OK 73071	
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions) FAA

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 39/69 Rpt: 42/83
2 FILER NAME McGee, Sara A. (Ms.)		3 Filer ID (Ethics Commission Filers) 00089115
4 Date 10/17/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marcel, Gheorghita	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Redmond, WA 98052	
8 Principal occupation / Job title (See Instructions) Software Engineer		9 Employer (See Instructions) Microsoft
Date 11/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Margarette, Boswell	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Cypress, TX 77433	
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	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code Cypress, TX 77433	
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	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Cypress, TX 77433	
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	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Chicago, IL 60605	
Principal occupation / Job title (See Instructions) Financial Analyst		Employer (See Instructions) HCSC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 41/69 Rpt: 44/83
2 FILER NAME McGee, Sara A. (Ms.)		3 Filer ID (Ethics Commission Filers) 00089115
4 Date 07/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martha, Dolese 6 Contributor address; City; State; Zip Code Luling, TX 78648	7 Amount of Contribution (\$) \$10.00
	8 Principal occupation / Job title (See Instructions) substitute teacher	9 Employer (See Instructions) Luling ISD
Date 12/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martha, Dolese 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 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 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 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

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 44/69 Rpt: 47/83
2 FILER NAME McGee, Sara A. (Ms.)		3 Filer ID (Ethics Commission Filers) 00089115
4 Date 07/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Metu, Crystal	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code Missouri City, TX 77459	
8 Principal occupation / Job title (See Instructions) Manager		9 Employer (See Instructions) Adametrix Solutions
Date 11/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael, Anderson	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Elgin, TX 78621	
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	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Carmel Valley, CA 93924	
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	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Valley Park, MO 63088	
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	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code DPO, AE 09777	
Principal occupation / Job title (See Instructions) Foreign Service Officer		Employer (See Instructions) US Department of State

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 45/69 Rpt: 48/83
2 FILER NAME McGee, Sara A. (Ms.)		3 Filer ID (Ethics Commission Filers) 00089115
4 Date 09/23/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael, Turner	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code DPO, AE 09777	
8 Principal occupation / Job title (See Instructions) FSO		9 Employer (See Instructions) Dept of State
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michelle, Onorato	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Houston, TX 77062	
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	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Houston, TX 77062	
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	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Thurmont, MD 21788-1703	
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	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Houston, TX 77095	
Principal occupation / Job title (See Instructions) Administrator		Employer (See Instructions) Karst & von oiste

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 49/69 Rpt: 52/83
2 FILER NAME McGee, Sara A. (Ms.)		3 Filer ID (Ethics Commission Filers) 00089115
4 Date 08/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pat, Hicks 6 Contributor address; City; State; Zip Code Dallas, TX 75238	7 Amount of Contribution (\$) \$50.00
	8 Principal occupation / Job title (See Instructions) Sales	9 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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 50/69 Rpt: 53/83
2 FILER NAME McGee, Sara A. (Ms.)		3 Filer ID (Ethics Commission Filers) 00089115
4 Date 12/21/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paul, van Helmond 6 Contributor address; City; State; Zip Code katy, TX 77450	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) engineer		9 Employer (See Instructions) Schmidt & Clemens
Date 08/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perry, Crystal 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 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 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 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

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

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: Sch: 52/69 Rpt: 55/83
2 FILER NAME McGee, Sara A. (Ms.)			3 Filer ID (Ethics Commission Filers) 00089115
4 Date 11/07/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richard A, Mann 6 Contributor address; City; State; Zip Code Santa Clara, CA 95050-6616	7 Amount of Contribution (\$) \$18.00	
8 Principal occupation / Job title (See Instructions) Engineer		9 Employer (See Instructions) Apple	
Date 09/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert, Blain 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 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 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 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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 53/69 Rpt: 56/83
2 FILER NAME McGee, Sara A. (Ms.)		3 Filer ID (Ethics Commission Filers) 00089115
4 Date 11/14/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robin, Bauman 6 Contributor address; City; State; Zip Code Vancouver, WA 98683	7 Amount of Contribution (\$) \$50.00
	8 Principal occupation / Job title (See Instructions) Retired	9 Employer (See Instructions) n/a
Date 12/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robin, Bauman 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, Coccaro 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 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 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

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

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

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 57/69 Rpt: 60/83
2 FILER NAME McGee, Sara A. (Ms.)		3 Filer ID (Ethics Commission Filers) 00089115
4 Date 07/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sara, Miller	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Thurmont, MD 21788-1703	
8 Principal occupation / Job title (See Instructions) Museum interpreter		9 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	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Denver, CO 80246	
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	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Houston, TX 77077	
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	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Austin, TX 78745	
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	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Austin, TX 78745	
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Austin ISD

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 59/69 Rpt: 62/83
2 FILER NAME McGee, Sara A. (Ms.)		3 Filer ID (Ethics Commission Filers) 00089115
4 Date 08/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shoultz, Tara	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code La Porte, TX 77571	
8 Principal occupation / Job title (See Instructions) Imaging Director at Woman's Hospital		9 Employer (See Instructions) HCA Womans Hospital
Date 10/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shubhada, Hooli	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Houston, TX 77027	
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	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Houston, TX 77023	
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	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Katy, TX 77494	
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	Amount of Contribution (\$) \$10.13
	Contributor address; City; State; Zip Code Santa Fe, NM 87507	
Principal occupation / Job title (See Instructions) Counselor		Employer (See Instructions) The Life Link

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 61/69 Rpt: 64/83
2 FILER NAME McGee, Sara A. (Ms.)		3 Filer ID (Ethics Commission Filers) 00089115
4 Date 07/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Susan, Hudson	7 Amount of Contribution (\$) \$5.00
	6 Contributor address; City; State; Zip Code Anderson, IN 46011	
8 Principal occupation / Job title (See Instructions) Off asst		9 Employer (See Instructions) DWD
Date 11/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Susan, Rice	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Katy, TX 77450	
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	Amount of Contribution (\$) \$3.00
	Contributor address; City; State; Zip Code Katy, TX 77450	
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, Shoultz	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code La Porte, TX 77571	
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	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Katy, TX 77450	
Principal occupation / Job title (See Instructions) Legal Secretary		Employer (See Instructions) Andrews Kurth LLP

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 62/69 Rpt: 65/83
2 FILER NAME McGee, Sara A. (Ms.)		3 Filer ID (Ethics Commission Filers) 00089115
4 Date 08/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Terry, Russell 6 Contributor address; City; State; Zip Code Arlington, TX 76016	7 Amount of Contribution (\$) \$25.00
	8 Principal occupation / Job title (See Instructions) Sales	9 Employer (See Instructions) Self
Date 09/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Terry, Russell 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 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 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 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

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 64/69 Rpt: 67/83
2 FILER NAME McGee, Sara A. (Ms.)		3 Filer ID (Ethics Commission Filers) 00089115
4 Date 07/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Valentiner, Theodore	7 Amount of Contribution (\$) \$5.00
	6 Contributor address; City; State; Zip Code Cypress, TX 77433	
8 Principal occupation / Job title (See Instructions) Director of Procurement		9 Employer (See Instructions) CTCI Americas
Date 11/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Veronica, Gaboury	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Averill Park, NY 12018-3752	
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	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Houston, TX 77023	
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	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Katy, TX 77450	
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	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code Houston, TX 77008	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Next Level Urgent Care

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 65/69 Rpt: 68/83
2 FILER NAME McGee, Sara A. (Ms.)		3 Filer ID (Ethics Commission Filers) 00089115
4 Date 12/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wil, Jeudy	7 Amount of Contribution (\$) \$60.00
	6 Contributor address; City; State; Zip Code Houston, TX 77008	
8 Principal occupation / Job title (See Instructions) Physician		9 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	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Houston, TX 77025	
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	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Wa, DC 20016	
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	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Midwest City, OK 73110	
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	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Bremerton, WA 98310	
Principal occupation / Job title (See Instructions) Cybersecurity Consultant		Employer (See Instructions) Volt Workforce Solutions

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 66/69 Rpt: 69/83
2 FILER NAME McGee, Sara A. (Ms.)		3 Filer ID (Ethics Commission Filers) 00089115
4 Date 07/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wolff, Christy	7 Amount of Contribution (\$) \$5.00
	6 Contributor address; City; State; Zip Code Bellaire, TX 77401	
8 Principal occupation / Job title (See Instructions) Caregiver		9 Employer (See Instructions) Christy Wolff
Date 09/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wolfram, Harvey	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Houston, TX 77006	
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	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Norman, OK 73071	
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	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Florence, AL 35630	
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	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Florence, AL 35630	
Principal occupation / Job title (See Instructions) accounting		Employer (See Instructions) Sutherland Sight and Sound

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 67/69 Rpt: 70/83
2 FILER NAME McGee, Sara A. (Ms.)		3 Filer ID (Ethics Commission Filers) 00089115
4 Date 11/14/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) cara, I prentice 6 Contributor address; City; State; Zip Code Plano, TX 75075	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) christine, waible 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 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 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 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

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

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

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

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/11 Rpt: 73/83	2 FILER NAME McGee, Sara A. (Ms.)	3 Filer ID (Ethics Commission Filers) 00089115
4 Date 07/05/2025	5 Payee name Campaign Deputy	
6 Amount (\$) \$185.00	7 Payee address; City; PO BOX 8141 Louisville , KY 40257	
8 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
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/02/2025	Payee name Campaign Deputy	
Amount (\$) \$185.00	Payee address; City; 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/02/2025	Payee name Campaign Deputy	
Amount (\$) \$185.00	Payee address; City; 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 ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/11 Rpt: 74/83	2 FILER NAME McGee, Sara A. (Ms.)	3 Filer ID (Ethics Commission Filers) 00089115
4 Date 10/02/2025	5 Payee name Campaign Deputy	
6 Amount (\$) \$185.00	7 Payee address; City; PO BOX 8141 Louisville , KY 40257	
8 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
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/02/2025	Payee name Campaign Deputy	
Amount (\$) \$185.00	Payee address; City; 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/02/2025	Payee name Campaign Deputy	
Amount (\$) \$185.00	Payee address; City; 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 ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/11 Rpt: 75/83	2 FILER NAME McGee, Sara A. (Ms.)	3 Filer ID (Ethics Commission Filers) 00089115
4 Date 08/18/2025	5 Payee name Fuzzy's Pizza	
6 Amount (\$) \$30.98	7 Payee address; City; 613 S Mason Rd Katy, TX 77450	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 Candidate Meet and Greet Food expense
9 Complete ONLY 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; 45 Province St Apt 9N Boston, MA 02018	
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 Digital consulting
Complete ONLY 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; 45 Province St Apt 9N Boston, MA 02018	
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 Digital Consulting
Complete ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/11 Rpt: 76/83	2 FILER NAME McGee, Sara A. (Ms.)	3 Filer ID (Ethics Commission Filers) 00089115	
4 Date 09/04/2025	5 Payee name Hammerhead Strategies LLC		
6 Amount (\$) \$928.74	7 Payee address; City; 45 Province St Apt 9N Boston, MA 02018	State; Zip Code	
8 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 Digital Consulting	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 10/11/2025	Payee name Hammerhead Strategies LLC		
Amount (\$) \$635.73	Payee address; City; 45 Province St Apt 9N Boston, MA 02018	State; Zip Code	
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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 11/26/2025	Payee name Hammerhead Strategies LLC		
Amount (\$) \$1,422.58	Payee address; City; 45 Province St Apt 9N Boston, MA 02018	State; Zip Code	
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 ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/11 Rpt: 77/83	2 FILER NAME McGee, Sara A. (Ms.)	3 Filer ID (Ethics Commission Filers) 00089115
4 Date 09/03/2025	5 Payee name Katy Democrats	
6 Amount (\$) \$250.00	7 Payee address; City; State; Zip Code TX 77450	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <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
9 Complete ONLY 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	(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 Katy Area Democrats Palooza sponsorship
Complete ONLY 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	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(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 ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 6/11 Rpt: 78/83	2 FILER NAME McGee, Sara A. (Ms.)	3 Filer ID (Ethics Commission Filers) 00089115
4 Date 07/03/2025	5 Payee name NGP VAN	
6 Amount (\$) \$159.90	7 Payee address; City; State; Zip Code 655 15th St NW Suite 650 Washington, DC 02005	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Polling 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
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/04/2025	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	(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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/05/2025	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	(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 ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 7/11 Rpt: 79/83	2 FILER NAME McGee, Sara A. (Ms.)	3 Filer ID (Ethics Commission Filers) 00089115
4 Date 10/03/2025	5 Payee name NGP VAN	
6 Amount (\$) \$159.90	7 Payee address; City; State; Zip Code 655 15th St NW Suite 650 Washington, DC 02005	
8 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
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/03/2025	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	(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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/03/2025	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	(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 ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 8/11 Rpt: 80/83	2 FILER NAME McGee, Sara A. (Ms.)	3 Filer ID (Ethics Commission Filers) 00089115	
4 Date 08/24/2025	5 Payee name Postal Plus Cypress		
6 Amount (\$) \$43.21	7 Payee address; City; Fairfield Marketplace Cypress, TX 77433	State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing 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 Campaign printing services	
9 Complete ONLY 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; 4919 Valkeith Dr Houston, TX 77096	State; Zip Code	
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 ONLY 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; 4919 Valkeith Dr Houston, TX 77096	State; Zip Code	
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 ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 9/11 Rpt: 81/83	2 FILER NAME McGee, Sara A. (Ms.)	3 Filer ID (Ethics Commission Filers) 00089115
4 Date 11/19/2025	5 Payee name Sephos Strategies	
6 Amount (\$) \$2,198.36	7 Payee address; City; 4919 Valkeith Dr Houston, TX 77096	
8 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
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/08/2025	Payee name Switchboard PBC	
Amount (\$) \$61.37	Payee address; City; 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/09/2025	Payee name Switchboard PBC	
Amount (\$) \$35.89	Payee address; City; 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 ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 10/11 Rpt: 82/83	2 FILER NAME McGee, Sara A. (Ms.)	3 Filer ID (Ethics Commission Filers) 00089115
4 Date 11/06/2025	5 Payee name Switchboard PBC	
6 Amount (\$) \$69.02	7 Payee address; City; PO BOX 33485 Washington DC, DC 20033	
8 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
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/09/2025	Payee name Switchboard PBC	
Amount (\$) \$80.26	Payee address; City; 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/25/2025	Payee name Texas Democratic Party	
Amount (\$) \$250.00	Payee address; City; 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 ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

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