

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.				1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 47
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs	FIRST Paula	MI J	OFFICE USE ONLY	
	NICKNAME	LAST McGee	SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; PO Box 781255 San Antonio TX 78278				
	AREA CODE (210)	PHONE NUMBER 665-0816	EXTENSION		
5 CANDIDATE / OFFICEHOLDER PHONE					Date Hand-delivered or Date Postmarked
					Date Processed 1/15/2025 3:39:01PM
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Wesley	MI	Receipt #	Amount \$
	NICKNAME	LAST Reed	SUFFIX Williams	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; 517 Geneseo Road Terrell Hills TX 78209				STATE; ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE (210)	PHONE NUMBER 488-3322	EXTENSION		
9 REPORT TYPE	January 15: Semi-Annual				
10 PERIOD COVERED	Month Day Year 7/1/2024			Month Day Year 12/31/2024	
11 ELECTION	ELECTION DATE Month Day Year 5/3/2025	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special Description _____			
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known) Council District 8	

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Mrs Paula J McGee		15 Filer ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.	
	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS
17 CONTRIBUTION TOTALS EXPENDITURE TOTALS CONTRIBUTION BALANCE OUTSTANDING LOAN TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 34190.00
	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 3906.11
	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 56827.40
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 25000.00
18 AFFIDAVIT		
<p>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.</p> <p style="text-align: right;">* * * Electronically Certified * * *</p> <p style="text-align: right;">_____ Signature of Candidate or Officeholder</p> <p>AFFIX NOTARY STAMP / SEAL ABOVE</p> <p>Sworn to and subscribed before me, by the said <u>Mrs Paula J McGee</u> this the <u>15th</u> day of <u>January</u>, 2025, to certify which, witness my hand and seal of office.</p>		
Signature of officer administering oath		Printed name of officer administering oath
		Title of officer administering oath

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

19 FILER NAME Mrs Paula J McGee	20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 34190.00
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3. <input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 25000.00
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2362.60
6. <input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7. <input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8. <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 1543.51
10. <input checked="" type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11. <input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12. <input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<p>The Instruction Guide explains how to complete this form.</p>			<p>1 Total pages Schedule A1: 1 of 23</p>
<p>2 FILER NAME Mrs Paula J McGee</p>			<p>3 Filer ID (Ethics Commission Filers)</p>
<p>4 Date 8/15/2024</p>	<p>5 Full name of contributor Deborah K McGee</p> <p><input type="checkbox"/> out-of-state PAC (ID#_____)</p>		<p>7 Amount of contribution (\$) 500.00</p>
<p>6 Contributor address; 425 Wyndham Crest Westworth Village, TX 76114-4120</p>			
<p>8 Principal occupation / Job title (See instructions) Retired</p>		<p>9 Employer (See instructions) Retired</p>	
<p>Date 8/17/2024</p>	<p>Full name of contributor Robert J McGee</p> <p><input type="checkbox"/> out-of-state PAC (ID#_____)</p> <p>Contributor address; 205 Main Street #1310 Fort Worth, TX 76102</p>		<p>Amount of contribution (\$) 500.00</p>
<p>Principal occupation / Job title (See instructions) CEO</p>		<p>Employer (See instructions) US Growth Fund</p>	
<p>Date 8/28/2024</p>	<p>Full name of contributor W. R Williams</p> <p><input type="checkbox"/> out-of-state PAC (ID#_____)</p> <p>Contributor address; 517 Geneseo Rd. San Antonio, TX 78209-6165</p>		<p>Amount of contribution (\$) 500.00</p>
<p>Principal occupation / Job title (See instructions) Retired</p>		<p>Employer (See instructions) Retired</p>	
<p>Date 8/28/2024</p>	<p>Full name of contributor Joan P Williams</p> <p><input type="checkbox"/> out-of-state PAC (ID#_____)</p> <p>Contributor address; 517 Geneseo Rd. San Antonio, TX 78209-6165</p>		<p>Amount of contribution (\$) 500.00</p>
<p>Principal occupation / Job title (See instructions) Retired</p>		<p>Employer (See instructions) Retired</p>	
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>			

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<p>The Instruction Guide explains how to complete this form.</p>			1 Total pages Schedule A1: 2 of 23
2 FILER NAME Mrs Paula J McGee			3 Filer ID (Ethics Commission Filers)
4 Date 8/31/2024	5 Full name of contributor Robert Jarrell	<input type="checkbox"/> out-of-state PAC (ID#_____)	7 Amount of contribution (\$) 250.00
6 Contributor address; 4331 Quail Hollow Dr. Dallas, TX 75287			
8 Principal occupation / Job title (See instructions) Banker		9 Employer (See instructions) First Horizon	
Date 8/31/2024	Full name of contributor Ella ONeal	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 100.00
Contributor address; 153 Rainbow Dr. Livingstone, TX 77399			
Principal occupation / Job title (See instructions) Retired		Employer (See instructions) Retired	
Date 9/11/2024	Full name of contributor Manny E Ruiz	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 500.00
Contributor address; 13554 Norland St. San Antonio, TX 78232			
Principal occupation / Job title (See instructions) Banker		Employer (See instructions) American Bank	
Date 9/11/2024	Full name of contributor Cynthia F Ferris	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 500.00
Contributor address; 2881 Bluebottle San Antonio, TX 78260			
Principal occupation / Job title (See instructions) Retired		Employer (See instructions) Retired	
<p style="text-align: center;">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>			

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<p>The Instruction Guide explains how to complete this form.</p>			1 Total pages Schedule A1: 3 of 23
2 FILER NAME Mrs Paula J McGee			3 Filer ID (Ethics Commission Filers)
4 Date 9/11/2024	5 Full name of contributor Mike Beldon	<input type="checkbox"/> out-of-state PAC (ID#_____)	7 Amount of contribution (\$) 500.00
6 Contributor address; 4 Westelm Cir San Antonio, TX 78230			City; State; Zip Code
8 Principal occupation / Job title (See instructions) Retired		9 Employer (See instructions) Retired	
Date 9/24/2024	Full name of contributor Mrs Susan M Berry	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 500.00
Contributor address; 19311 Crystal Bluff San Antonio, TX 78258			City; State; Zip Code
Principal occupation / Job title (See instructions) Physician		Employer (See instructions) Alamo City Eye Physicians	
Date 9/24/2024	Full name of contributor William H Ford	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 500.00
Contributor address; 10001 Reunion Pl. #640 San Antonio, TX 78216			City; State; Zip Code
Principal occupation / Job title (See instructions) Attorney		Employer (See instructions) Ford Murray PLLC	
Date 9/24/2024	Full name of contributor Jim Goudge	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 500.00
Contributor address; 200 Claiborne Way San Antonio, TX 78209			City; State; Zip Code
Principal occupation / Job title (See instructions) Retired		Employer (See instructions) Retired	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements			

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<p>The Instruction Guide explains how to complete this form.</p>			1 Total pages Schedule A1: 4 of 23
2 FILER NAME Mrs Paula J McGee			3 Filer ID (Ethics Commission Filers)
4 Date 9/24/2024	5 Full name of contributor Suzanne Goudge	<input type="checkbox"/> out-of-state PAC (ID#_____)	7 Amount of contribution (\$) 500.00
6 Contributor address; 200 Claiborne Way San Antonio, TX 78209			City; State; Zip Code
8 Principal occupation / Job title (See instructions) Retired		9 Employer (See instructions) Retired	
Date 9/25/2024	Full name of contributor Curtis V Anastasio	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 500.00
Contributor address; 3103 Old Elm Way San Antonio, TX 78230			City; State; Zip Code
Principal occupation / Job title (See instructions) Retired		Employer (See instructions) Retired	
Date 9/25/2024	Full name of contributor Lorraine Anastasio	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 500.00
Contributor address; 3103 Old Elm Way San Antonio, TX 78230			City; State; Zip Code
Principal occupation / Job title (See instructions) Retired		Employer (See instructions) Retired	
Date 10/1/2024	Full name of contributor Pat Frost	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 500.00
Contributor address; 520 Geneseo Rd. San Antonio, TX 78209			City; State; Zip Code
Principal occupation / Job title (See instructions) Retired		Employer (See instructions) Retired	
<p style="text-align: center;">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>			

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<p>The Instruction Guide explains how to complete this form.</p>			1 Total pages Schedule A1: 5 of 23
2 FILER NAME Mrs Paula J McGee			3 Filer ID (Ethics Commission Filers)
4 Date 10/10/2024	5 Full name of contributor Denise Wood	<input type="checkbox"/> out-of-state PAC (ID#_____)	7 Amount of contribution (\$) 500.00
	6 Contributor address; 11745 Mill Rock Rd. San Antonio, TX 78230	City; State; Zip Code	
8 Principal occupation / Job title (See instructions) Retired		9 Employer (See instructions) Retired	
Date 10/10/2024	Full name of contributor Barry Wood	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 250.00
	Contributor address; 11745 Mill Rock Rd. San Antonio, TX 78230	City; State; Zip Code	
Principal occupation / Job title (See instructions) CFO		Employer (See instructions) XPEL	
Date 10/18/2024	Full name of contributor Henry Gonzalez	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 100.00
	Contributor address; 419 Thelma Drive San Antonio, TX 78212	City; State; Zip Code	
Principal occupation / Job title (See instructions) Attorney		Employer (See instructions) Gonzalez, Chiscano, Angula & Kasson PC	
Date 10/22/2024	Full name of contributor Clay Jett	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 250.00
	Contributor address; 1622 Wood Quail San Antonio, TX 78248	City; State; Zip Code	
Principal occupation / Job title (See instructions) Banking		Employer (See instructions) Amegy Bank	
<p style="text-align: center;">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>			

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<p>The Instruction Guide explains how to complete this form.</p>			1 Total pages Schedule A1: 6 of 23
2 FILER NAME Mrs Paula J McGee			3 Filer ID (Ethics Commission Filers)
4 Date 10/23/2024	5 Full name of contributor Mark Johnson	<input type="checkbox"/> out-of-state PAC (ID#_____)	7 Amount of contribution (\$) 500.00
	6 Contributor address; 7 Osborn Hill San Antonio, TX 78209	City; State; Zip Code	
8 Principal occupation / Job title (See instructions) Banker		9 Employer (See instructions) Bank of Texas	
Date 11/6/2024	Full name of contributor Wayne Alexander	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 250.00
	Contributor address; 2 Lost Timbers San Antonio, TX 78248	City; State; Zip Code	
Principal occupation / Job title (See instructions) Retired		Employer (See instructions) Retired	
Date 11/6/2024	Full name of contributor Danny Kustoff	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 500.00
	Contributor address; 2 West Elm Circle San Antonio, TX 78230	City; State; Zip Code	
Principal occupation / Job title (See instructions) Attorney		Employer (See instructions) Kustoff & Sanders	
Date 11/6/2024	Full name of contributor Allison Kustoff	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 500.00
	Contributor address; 2 West Elm Circle San Antonio, TX 78230	City; State; Zip Code	
Principal occupation / Job title (See instructions) Retired		Employer (See instructions) Retired	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements			

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<p>The Instruction Guide explains how to complete this form.</p>			1 Total pages Schedule A1: 7 of 23
2 FILER NAME Mrs Paula J McGee			3 Filer ID (Ethics Commission Filers)
4 Date 11/6/2024	5 Full name of contributor Henry Gonzalez	<input type="checkbox"/> out-of-state PAC (ID#_____)	7 Amount of contribution (\$) 200.00
6 Contributor address; 419 Thelma Drive San Antonio, TX 78212			City; State; Zip Code
8 Principal occupation / Job title (See instructions) Attorney		9 Employer (See instructions) Gonzalez, Chiscano, Angula & Kasson PC	
Date 11/7/2024	Full name of contributor J. Russell Davis	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 250.00
Contributor address; 755 E. Mulberry San Antonio, TX 78212			City; State; Zip Code
Principal occupation / Job title (See instructions) Attorney		Employer (See instructions) Davis, Cedillo & Mendoza, Inc.	
Date 11/7/2024	Full name of contributor Joseph Krier	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 500.00
Contributor address; 13423 Blanco Rd. #131 San Antonio, TX 78216			City; State; Zip Code
Principal occupation / Job title (See instructions) Retired		Employer (See instructions) Retired	
Date 11/8/2024	Full name of contributor Bonnie Conner	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 200.00
Contributor address; 311 West Nottingham Dr. San Antonio, TX 78209			City; State; Zip Code
Principal occupation / Job title (See instructions) Retired		Employer (See instructions) Retired	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements			

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<p>The Instruction Guide explains how to complete this form.</p>			1 Total pages Schedule A1: 8 of 23
2 FILER NAME Mrs Paula J McGee			3 Filer ID (Ethics Commission Filers)
4 Date 11/8/2024	5 Full name of contributor Clay Jett	<input type="checkbox"/> out-of-state PAC (ID#_____)	7 Amount of contribution (\$) 100.00
6 Contributor address; 1622 Wood Quail San Antonio, TX 78248			City; State; Zip Code
8 Principal occupation / Job title (See instructions) Banker		9 Employer (See instructions) Amegy Bank	
Date 11/14/2024	Full name of contributor Michael Hyche	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 200.00
Contributor address; 1422 E. Grayson St. #110 San Antonio, TX 78208			City; State; Zip Code
Principal occupation / Job title (See instructions) President		Employer (See instructions) Epulum Ventures	
Date 11/14/2024	Full name of contributor Cyndi Krier	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 500.00
Contributor address; 13423 Blanco Rd. #131 San Antonio, TX 78216			City; State; Zip Code
Principal occupation / Job title (See instructions) Retired		Employer (See instructions) Retired	
Date 11/15/2024	Full name of contributor Brad Beldon	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 500.00
Contributor address; 101 Paseo Encinal St. San Antonio, TX 78212			City; State; Zip Code
Principal occupation / Job title (See instructions) CEO		Employer (See instructions) Beldon Roofing Company	
<p style="text-align: center;">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>			

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<p>The Instruction Guide explains how to complete this form.</p>			1 Total pages Schedule A1: 9 of 23
2 FILER NAME Mrs Paula J McGee			3 Filer ID (Ethics Commission Filers)
4 Date 11/15/2024	5 Full name of contributor Charles Martin Wender	<input type="checkbox"/> out-of-state PAC (ID#_____)	7 Amount of contribution (\$) 500.00
6 Contributor address; 700 E. Hildebrand Ave. #1401 San Antonio, TX 78212			
8 Principal occupation / Job title (See instructions) Retired		9 Employer (See instructions) Retired	
Date 11/15/2024	Full name of contributor Rene Wender	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 500.00
Contributor address; 700 E. Hildebrand Ave. #1401 San Antonio, TX 78212			
Principal occupation / Job title (See instructions) Retired		Employer (See instructions) Retired	
Date 11/15/2024	Full name of contributor Edward Kelley	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 500.00
Contributor address; 7 Links Green San Antonio, TX 78257			
Principal occupation / Job title (See instructions) Retired		Employer (See instructions) Retired	
Date 11/15/2024	Full name of contributor Nancy L Kelley	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 500.00
Contributor address; 7 Links Green San Antonio, TX 78257			
Principal occupation / Job title (See instructions) Retired		Employer (See instructions) Retired	
<p style="text-align: center;">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>			

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<p>The Instruction Guide explains how to complete this form.</p>			1 Total pages Schedule A1: 10 of 23
2 FILER NAME Mrs Paula J McGee			3 Filer ID (Ethics Commission Filers)
4 Date 11/17/2024	5 Full name of contributor Joe McKinney	<input type="checkbox"/> out-of-state PAC (ID#_____)	7 Amount of contribution (\$) 500.00
6 Contributor address; 6110 Yorkshire Drive Spring Branch, TX 78070			City; State; Zip Code
8 Principal occupation / Job title (See instructions) Retired		9 Employer (See instructions) Retired	
Date 11/17/2024	Full name of contributor Dave Crouch	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 500.00
Contributor address; 2055 Oakland Bend San Antonio, TX 78258			City; State; Zip Code
Principal occupation / Job title (See instructions) Retired		Employer (See instructions) Retired	
Date 11/17/2024	Full name of contributor Susan Crouch	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 500.00
Contributor address; 2055 Oakland Bend San Antonio, TX 78258			City; State; Zip Code
Principal occupation / Job title (See instructions) Retired		Employer (See instructions) Retired	
Date 11/18/2024	Full name of contributor Tullos Wells	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 500.00
Contributor address; 321 Burr Rd. San Antonio, TX 78209			City; State; Zip Code
Principal occupation / Job title (See instructions) Retired		Employer (See instructions) Retired	
<p style="text-align: center;">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>			

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<p>The Instruction Guide explains how to complete this form.</p>			1 Total pages Schedule A1: 11 of 23
2 FILER NAME Mrs Paula J McGee			3 Filer ID (Ethics Commission Filers)
4 Date 11/18/2024	5 Full name of contributor Randy Cain	<input type="checkbox"/> out-of-state PAC (ID#_____)	7 Amount of contribution (\$) 250.00
6 Contributor address; 820 Cambridge Oval San Antonio, TX 78209			City; State; Zip Code
8 Principal occupation / Job title (See instructions) Retired		9 Employer (See instructions) Retired	
Date 11/19/2024	Full name of contributor John M Agather	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 500.00
Contributor address; 300 W. French PI San Antonio, TX 78212			City; State; Zip Code
Principal occupation / Job title (See instructions) Retired		Employer (See instructions) Retired	
Date 11/19/2024	Full name of contributor Ruth K Agather	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 500.00
Contributor address; 300 W. French PI San Antonio, TX 78212			City; State; Zip Code
Principal occupation / Job title (See instructions) Attorney		Employer (See instructions) Rosenthal, Pauerstein, Sandolosky & Agather	
Date 11/19/2024	Full name of contributor Gary L Joeris	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 500.00
Contributor address; PO Box 790086 San Antonio, TX 78279			City; State; Zip Code
Principal occupation / Job title (See instructions) CEO		Employer (See instructions) Joeris General Contractors	
<p style="text-align: center;">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>			

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<p>The Instruction Guide explains how to complete this form.</p>			1 Total pages Schedule A1: 12 of 23
2 FILER NAME Mrs Paula J McGee			3 Filer ID (Ethics Commission Filers)
4 Date 11/19/2024	5 Full name of contributor Chris Corso	<input type="checkbox"/> out-of-state PAC (ID#_____)	7 Amount of contribution (\$) 100.00
6 Contributor address; 2307 Camelback Dr. San Antonio, TX 78209			City; State; Zip Code
8 Principal occupation / Job title (See instructions) Construction		9 Employer (See instructions) Joeris General Contractors	
Date 11/19/2024	Full name of contributor Mark Baublit	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 100.00
Contributor address; 25042 Buttermilk Lane San Antonio, TX 78255			City; State; Zip Code
Principal occupation / Job title (See instructions) Owner		Employer (See instructions) Marksmen General Contractors	
Date 11/19/2024	Full name of contributor Ina Minjarez	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 100.00
Contributor address; 9406 Hazelton Ln San Antonio, TX 78251			City; State; Zip Code
Principal occupation / Job title (See instructions) Attorney		Employer (See instructions) Self	
Date 12/4/2024	Full name of contributor Deborah Smith	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 100.00
Contributor address; 1202 Pecan Drive Marble Falls, TX 78654			City; State; Zip Code
Principal occupation / Job title (See instructions) Assistant		Employer (See instructions) Calton	
<p style="text-align: center;">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>			

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<p>The Instruction Guide explains how to complete this form.</p>			1 Total pages Schedule A1: 13 of 23
2 FILER NAME Mrs Paula J McGee			3 Filer ID (Ethics Commission Filers)
4 Date 12/6/2024	5 Full name of contributor Ms Deborah D Di Filippo	<input type="checkbox"/> out-of-state PAC (ID#_____)	7 Amount of contribution (\$) 250.00
6 Contributor address; 14103 Emerald Hill Dr San Antonio, TX 78231			City; State; Zip Code
8 Principal occupation / Job title (See instructions) Retired		9 Employer (See instructions) Retired	
Date 12/9/2024	Full name of contributor Mr Paul Green	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 100.00
Contributor address; 118 Laburnum Dr San Antonio, TX 78209			City; State; Zip Code
Principal occupation / Job title (See instructions) Attorney		Employer (See instructions) Alexander, Dubose & Jefferson LLP	
Date 12/9/2024	Full name of contributor Linebarger, Goggan, Blair & Sampson LLP	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 500.00
Contributor address; PO Box 17428 Austin, TX 78760			City; State; Zip Code
Principal occupation / Job title (See instructions) N/A		Employer (See instructions) N/A	
Date 12/10/2024	Full name of contributor Mrs Kim Smith	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 500.00
Contributor address; 3 Waldenshire San Antonio, TX 78209			City; State; Zip Code
Principal occupation / Job title (See instructions) Realtor		Employer (See instructions) KuperSIR	
<p style="text-align: center;">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>			

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<p>The Instruction Guide explains how to complete this form.</p>			1 Total pages Schedule A1: 14 of 23
2 FILER NAME Mrs Paula J McGee			3 Filer ID (Ethics Commission Filers)
4 Date 12/10/2024	5 Full name of contributor Mr Larry D Smith	<input type="checkbox"/> out-of-state PAC (ID#_____)	7 Amount of contribution (\$) 500.00
6 Contributor address; 3 Waldenshire San Antonio, TX 78209			City; State; Zip Code
8 Principal occupation / Job title (See instructions) Attorney		9 Employer (See instructions) Ogletree Deakins	
Date 12/11/2024	Full name of contributor Mr James E Monnig	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 300.00
Contributor address; 100 W Olmos Dr #103 San Antonio, TX 78212			City; State; Zip Code
Principal occupation / Job title (See instructions) Attorney		Employer (See instructions) Self	
Date 12/11/2024	Full name of contributor Georganne G Leonard	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 100.00
Contributor address; 238 Granville Way Shavano Park, TX 78231			City; State; Zip Code
Principal occupation / Job title (See instructions) Attorney		Employer (See instructions) Georganne G. Leonard Attorney at Law PLLC	
Date 12/12/2024	Full name of contributor Ms Patricia Bridwell	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 100.00
Contributor address; 4001 N. New Braunfels #1004 San Antonio, TX 78209			City; State; Zip Code
Principal occupation / Job title (See instructions) Retired		Employer (See instructions) Retired	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements			

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<p>The Instruction Guide explains how to complete this form.</p>			1 Total pages Schedule A1: 15 of 23
2 FILER NAME Mrs Paula J McGee			3 Filer ID (Ethics Commission Filers)
4 Date 12/12/2024	5 Full name of contributor Mr Michael D Sharow	<input type="checkbox"/> out-of-state PAC (ID#_____)	7 Amount of contribution (\$) 500.00
6 Contributor address; 12811 Laguna Vista Drive San Antonio, TX 78216			City; State; Zip Code
8 Principal occupation / Job title (See instructions) CEO		9 Employer (See instructions) C12 Group	
Date 12/12/2024	Full name of contributor Mr Carroll Schubert	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 250.00
Contributor address; 17 Seaton Green San Antonio, TX 78209			City; State; Zip Code
Principal occupation / Job title (See instructions) Retired		Employer (See instructions) Retired	
Date 12/15/2024	Full name of contributor Ms Jen Buehler	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 500.00
Contributor address; 9010 Highlands Cv Boerne, TX 78006			City; State; Zip Code
Principal occupation / Job title (See instructions) Photographer		Employer (See instructions) Jen Buehler Photography	
Date 12/15/2024	Full name of contributor Mr Brent Buehler	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 500.00
Contributor address; 9010 Highlands Cv San Antonio, TX 78006			City; State; Zip Code
Principal occupation / Job title (See instructions) Wealth Advisor		Employer (See instructions) Amegy Bank	
<p style="text-align: center;">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>			

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<p>The Instruction Guide explains how to complete this form.</p>			1 Total pages Schedule A1: 16 of 23
2 FILER NAME Mrs Paula J McGee			3 Filer ID (Ethics Commission Filers)
4 Date 12/16/2024	5 Full name of contributor Mr Lamont A Jefferson	<input type="checkbox"/> out-of-state PAC (ID#_____)	7 Amount of contribution (\$) 500.00
6 Contributor address; 310 Clay St #2 San Antonio, TX 78204-1717			City; State; Zip Code
8 Principal occupation / Job title (See instructions) Attorney		9 Employer (See instructions) JeffersonCano	
Date 12/16/2024	Full name of contributor Mr Steve R Brook	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 250.00
Contributor address; 745 E Mulberry #700 San Antonio, TX 78212			City; State; Zip Code
Principal occupation / Job title (See instructions) Attorney		Employer (See instructions) Langley & Banack, Inc.	
Date 12/16/2024	Full name of contributor Mr Mike Kreager	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 500.00
Contributor address; 7373 Broadway #500 San Antonio, TX 78209			City; State; Zip Code
Principal occupation / Job title (See instructions) Attorney		Employer (See instructions) Kraeger Mitchell PLLC	
Date 12/16/2024	Full name of contributor Mr Daniel Sciano	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 500.00
Contributor address; 10107 McAllister Fwy San Antonio, TX 78216			City; State; Zip Code
Principal occupation / Job title (See instructions) Attorney		Employer (See instructions) Tinsman & Sciano	
<p style="text-align: center;">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>			

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<p>The Instruction Guide explains how to complete this form.</p>			1 Total pages Schedule A1: 17 of 23
2 FILER NAME Mrs Paula J McGee			3 Filer ID (Ethics Commission Filers)
4 Date 12/16/2024	5 Full name of contributor Ms Amelia Edelman	<input type="checkbox"/> out-of-state PAC (ID#_____)	7 Amount of contribution (\$) 100.00
6 Contributor address; 323 Robinhood PI San Antonio, TX 78209-3334			City; State; Zip Code
8 Principal occupation / Job title (See instructions) Attorney		9 Employer (See instructions) Kraeger Mitchell PLLC	
Date 12/17/2024	Full name of contributor Ms Kara McGee	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 30.00
Contributor address; 1122 Misty Oak Ln Keller, TX 76248			City; State; Zip Code
Principal occupation / Job title (See instructions) Homemaker		Employer (See instructions) Homemaker	
Date 12/17/2024	Full name of contributor Mr Chase Hardy	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 100.00
Contributor address; 111 W Jones #232 San Antonio, TX 78215			City; State; Zip Code
Principal occupation / Job title (See instructions) Attorney		Employer (See instructions) Griffen Purnell	
Date 12/17/2024	Full name of contributor Brown & McDonald PLLC	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 500.00
Contributor address; 100 NE Loop 410 #1385 San Antonio, TX 78216-4700			City; State; Zip Code
Principal occupation / Job title (See instructions) N/A		Employer (See instructions) N/A	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements			

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<p>The Instruction Guide explains how to complete this form.</p>			1 Total pages Schedule A1: 18 of 23
2 FILER NAME Mrs Paula J McGee			3 Filer ID (Ethics Commission Filers)
4 Date 12/19/2024	5 Full name of contributor Reagan Winslow	<input type="checkbox"/> out-of-state PAC (ID#_____)	7 Amount of contribution (\$) 100.00
6 Contributor address; 300 Lilac Ln San Antonio, TX 78209			City; State; Zip Code
8 Principal occupation / Job title (See instructions) Trust Officer		9 Employer (See instructions) Jefferson Bank	
Date 12/21/2024	Full name of contributor Ms Phyllis Gallay	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 100.00
Contributor address; 25507 Mesa Ranch San Antonio, TX 78258			City; State; Zip Code
Principal occupation / Job title (See instructions) Retired		Employer (See instructions) Retired	
Date 12/21/2024	Full name of contributor Ms Debbie Ruiz	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 500.00
Contributor address; 13554 Norland San Antonio, TX 78232			City; State; Zip Code
Principal occupation / Job title (See instructions) Retired		Employer (See instructions) Retired	
Date 12/21/2024	Full name of contributor Mr Wade Shelton	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 250.00
Contributor address; 13319 Thornridge Lane San Antonio, TX 78232			City; State; Zip Code
Principal occupation / Job title (See instructions) Mediator/ADR		Employer (See instructions) Wade B Shelton Attorney Mediator PLLC	
<p style="text-align: center;">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>			

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<p>The Instruction Guide explains how to complete this form.</p>			1 Total pages Schedule A1: 19 of 23
2 FILER NAME Mrs Paula J McGee			3 Filer ID (Ethics Commission Filers)
4 Date 12/22/2024	5 Full name of contributor Mr Bob Rapp	<input type="checkbox"/> out-of-state PAC (ID#_____)	7 Amount of contribution (\$) 150.00
6 Contributor address; 206 Switch Oak Shavano Park, TX 78230			City; State; Zip Code
8 Principal occupation / Job title (See instructions) Attorney		9 Employer (See instructions) The Rapp Law Firm	
Date 12/23/2024	Full name of contributor Mr Mario A Barrera	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 500.00
Contributor address; 135 W Gramercy PI San Antonio, TX 78212-2354			City; State; Zip Code
Principal occupation / Job title (See instructions) Attorney		Employer (See instructions) Norton Rose Fulbright US LLP	
Date 12/23/2024	Full name of contributor Mr Jonathan Pauerstein	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 500.00
Contributor address; 301 Hill Country Lane San Antonio, TX 78232			City; State; Zip Code
Principal occupation / Job title (See instructions) Attorney		Employer (See instructions) RPSA LLP	
Date 12/23/2024	Full name of contributor Mr Roland Gonzales	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 500.00
Contributor address; 5103 Newcastle Lane San Antonio, TX 78249			City; State; Zip Code
Principal occupation / Job title (See instructions) Attorney		Employer (See instructions) Germer PLLC	
<p style="text-align: center;">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>			

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<p>The Instruction Guide explains how to complete this form.</p>			1 Total pages Schedule A1: 20 of 23
2 FILER NAME Mrs Paula J McGee			3 Filer ID (Ethics Commission Filers)
4 Date 12/26/2024	5 Full name of contributor Mr Charles Leddy	<input type="checkbox"/> out-of-state PAC (ID# _____)	7 Amount of contribution (\$) 500.00
6 Contributor address; 9000 Tesoro Dr #300 San Antonio, TX 78217			City; State; Zip Code
8 Principal occupation / Job title (See instructions) Employee		9 Employer (See instructions) Escalera Capital	
Date 12/26/2024	Full name of contributor Mr Marshall B Miller Jr	<input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$) 500.00
Contributor address; 1900 Broadway #1200 San Antonio, TX 78215			City; State; Zip Code
Principal occupation / Job title (See instructions) Attorney		Employer (See instructions) Jackson Walker LLP	
Date 12/27/2024	Full name of contributor Mr George Cowden	<input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$) 500.00
Contributor address; 3 Lost Timbers San Antonio, TX 78248			City; State; Zip Code
Principal occupation / Job title (See instructions) Attorney		Employer (See instructions) George Cowden III PC	
Date 12/27/2024	Full name of contributor Mr Louis Barrios	<input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$) 100.00
Contributor address; 1102 Morgans Peak San Antonio, TX 78258			City; State; Zip Code
Principal occupation / Job title (See instructions) President		Employer (See instructions) Los Barrios	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements			

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<p>The Instruction Guide explains how to complete this form.</p>			1 Total pages Schedule A1: 21 of 23
2 FILER NAME Mrs Paula J McGee			3 Filer ID (Ethics Commission Filers)
4 Date 12/30/2024	5 Full name of contributor Bob & Delaina Wimpee	<input type="checkbox"/> out-of-state PAC (ID#_____)	7 Amount of contribution (\$) 250.00
6 Contributor address; 3611 Skinner Road Midlothian, TX 76065			City; State; Zip Code
8 Principal occupation / Job title (See instructions) Retired		9 Employer (See instructions) Retired	
Date 12/30/2024	Full name of contributor Mr Samuel Turcotte	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 10.00
Contributor address; 12630 Old Wick Road San Antonio, TX 78230			City; State; Zip Code
Principal occupation / Job title (See instructions) Software Developer		Employer (See instructions) Zukor Interactive	
Date 12/30/2024	Full name of contributor Mr Chad McNair	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 500.00
Contributor address; 1400 Mint Trail Dr San Antonio, TX 78232			City; State; Zip Code
Principal occupation / Job title (See instructions) Executive		Employer (See instructions) Self	
Date 12/30/2024	Full name of contributor Mrs Shelly McNair	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 500.00
Contributor address; 1400 Mint Trail Dr San Antonio, TX 78232			City; State; Zip Code
Principal occupation / Job title (See instructions) Physician		Employer (See instructions) SWCC	
<p style="text-align: center;">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>			

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<p>The Instruction Guide explains how to complete this form.</p>			1 Total pages Schedule A1: 22 of 23
2 FILER NAME Mrs Paula J McGee			3 Filer ID (Ethics Commission Filers)
4 Date 12/30/2024	5 Full name of contributor Ms Jessica Phillips	<input type="checkbox"/> out-of-state PAC (ID#_____)	7 Amount of contribution (\$) 100.00
6 Contributor address; 103 Umbria San Antonio, TX 78230			City; State; Zip Code
8 Principal occupation / Job title (See instructions) Retired		9 Employer (See instructions) Retired	
Date 12/30/2024	Full name of contributor David P McGee	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 500.00
Contributor address; 11603 Mill Rock Rd. SAN ANTONIO, TX 78230			City; State; Zip Code
Principal occupation / Job title (See instructions) CEO		Employer (See instructions) Amegy Bank	
Date 12/30/2024	Full name of contributor Mark N Jenkins	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 500.00
Contributor address; 3115 Raleigh La Grange Dr. Rossville, TN 38066			City; State; Zip Code
Principal occupation / Job title (See instructions) Principal/EVP		Employer (See instructions) Commercial Advisors LLC	
Date 12/30/2024	Full name of contributor Mary R Jenkins	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) 500.00
Contributor address; 3115 Raleigh La Grange Dr. Rossville, TN 38066			City; State; Zip Code
Principal occupation / Job title (See instructions) Retired		Employer (See instructions) Retired	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements			

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<p>The Instruction Guide explains how to complete this form.</p>			1 Total pages Schedule A1: 23 of 23
2 FILER NAME Mrs Paula J McGee			3 Filer ID (Ethics Commission Filers)
4 Date 12/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Amegy Bank of Texas Political Action Committee	6 Contributor address; 1717 West Loop S Houston, TX 77027 City; State; Zip Code	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See instructions) N/A		9 Employer (See instructions) N/A	
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ms Virginia Sasser	Amount of contribution (\$) 250.00	
	Contributor address; 110 Ridgemont Ave San Antonio, TX 78209 City; State; Zip Code		
Principal occupation / Job title (See instructions) Self-employed		Employer (See instructions) STEP Investment Partners	
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr Steven Green	Amount of contribution (\$) 500.00	
	Contributor address; 17721 Rogers Ranch Pkwy #150 San Antonio, TX 78258 City; State; Zip Code		
Principal occupation / Job title (See instructions) Employee		Employer (See instructions) Anvil II Management	
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ms Cindy Sinclair	Amount of contribution (\$) 500.00	
	Contributor address; 33 Inwood Manor San Antonio, TX 78248 City; State; Zip Code		
Principal occupation / Job title (See instructions) Retired		Employer (See instructions) Retired	
<p style="text-align: center;">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

<p>The Instruction Guide explains how to complete this form.</p>		<p>1 Total pages Schedule A2: 1 of 1</p>
<p>2 FILER NAME Mrs Paula J McGee</p>		<p>3 Filer ID (Ethics Commission Filers)</p>
<p>4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS</p>		<p>\$ 0</p>
<p>5 Date</p>	<p>6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)</p>	<p>8 Amount of Contribution \$ 9 In-kind contribution description</p>
	<p>7 Contributor address; City; State; Zip Code</p>	<p><input type="checkbox"/> Check if travel outside of Texas, complete Schedule T</p>
<p>10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)</p>		<p>11 Employer (FOR NON-JUDICIAL) (See instructions)</p>
<p>12 Contributor's principal occupation (FOR JUDICIAL)</p>		<p>13 Contributor's job title (FOR JUDICIAL) (See instructions)</p>
<p>14 Contributor's employer/law firm (FOR JUDICIAL)</p>		<p>15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>
<p>16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>		
<p>Date</p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)</p>	<p>Amount of Contribution \$ In-kind contribution description</p>
	<p>Contributor address; City; State; Zip Code</p>	<p><input type="checkbox"/> Check if travel outside of Texas, complete Schedule T</p>
<p>Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)</p>		<p>Employer (FOR NON-JUDICIAL) (See instructions)</p>
<p>Contributor's principal occupation (FOR JUDICIAL)</p>		<p>Contributor's job title (FOR JUDICIAL) (See instructions)</p>
<p>Contributor's employer/law firm (FOR JUDICIAL)</p>		<p>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>
<p>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>		
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p>		
<p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>		

PLEDGED CONTRIBUTIONS

SCHEDULE B

<p>The Instruction Guide explains how to complete this form.</p>		<p>1 Total pages Schedule B: 1 of 1</p>
<p>2 FILER NAME Mrs Paula J McGee</p>		<p>3 Filer ID (Ethics Commission Filers)</p>
<p>4 TOTAL OF UNITEMIZED PLEDGES</p>		<p>\$ 0</p>
<p>5 Date</p>	<p>6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)</p>	<p>8 Amount of Pledge \$ 9 In-kind contribution description</p>
	<p>7 Pledgor address; City; State; Zip Code</p>	<p><input type="checkbox"/> Check if travel outside of Texas, complete Schedule T</p>
<p>10 Principal occupation / Job title (See instructions)</p>		<p>11 Employer (See instructions)</p>
<p>Date</p>	<p>Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)</p>	<p>Amount of Pledge \$ In-kind contribution description</p>
	<p>Pledgor address; City; State; Zip Code</p>	<p><input type="checkbox"/> Check if travel outside of Texas, complete Schedule T</p>
<p>Principal occupation / Job title (See instructions)</p>		<p>Employer (See instructions)</p>
<p>Date</p>	<p>Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)</p>	<p>Amount of Pledge \$ In-kind contribution description</p>
	<p>Pledgor address; City; State; Zip Code</p>	<p><input type="checkbox"/> Check if travel outside of Texas, complete Schedule T</p>
<p>Principal occupation / Job title (See instructions)</p>		<p>Employer (See instructions)</p>
<p>Date</p>	<p>Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)</p>	<p>Amount of Pledge \$ In-kind contribution description</p>
	<p>Pledgor address; City; State; Zip Code</p>	<p><input type="checkbox"/> Check if travel outside of Texas, complete Schedule T</p>
<p>Principal occupation / Job title (See instructions)</p>		<p>Employer (See instructions)</p>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

LOANS**SCHEDULE E**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: 1 of 1	
2 FILER NAME Mrs Paula J McGee		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED LOANS		\$ 0	
5 Date of loan 12/31/2024	7 Name of lender Paula McGee	8 Lender address; City; State; Zip Code 11603 Mill Rock Rd. SAN ANTONIO TX 78230	9 Loan Amount (\$) 25000.00
6 Is lender a financial institution? N			10 Interest rate 0.000000
		11 Maturity date	
12 Principal occupation / Job title (See instructions) Attorney		13 Employer (See instructions) McGee Law PLLC	
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input type="checkbox"/> Check if personal funds were deposited into political account (See instructions)	
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor 18 Guarantor address; City; State; Zip Code		19 Amount Guaranteed (\$) 0.00
20 Principal occupation (See instructions)		21 Employer (See instructions)	
Date of loan	Name of lender	<input type="checkbox"/> out-of-state PAC (ID# _____)	Loan Amount (\$)
Is lender a financial institution?	Lender address; City; State; Zip Code	Interest rate	
		Maturity date	
Principal occupation / Job title (See instructions)		Employer (See instructions)	
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)	
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)	
Principal occupation (See instructions)		Employer (See instructions)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements			

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	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	Gifts/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: 1 of 8	2 FILER NAME Mrs Paula J McGee	3 Filer ID (Ethics Commission Filers)	
4 Date 8/31/2024	5 Payee name Anedot		
6 Amount (\$) 10.30	7 Payee address; City; State; Zip Code 1349 Poydras St. #1770 New Orleans, LA 70112		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Accounting/Banking	(b) Description Credit card processing	
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 9/20/2024	Payee name Anedot		
Amount (\$) 40.30	Payee address; City; State; Zip Code 1349 Poydras St. #1770 New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Accounting/Banking	Description Credit card processing	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 10/1/2024	Payee name Anedot		
Amount (\$) 20.30	Payee address; City; State; Zip Code 1349 Poydras St. #1770 New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Accounting/Banking	Description Credit card processing	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	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	Gifts/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: 2 of 8	2 FILER NAME Mrs Paula J McGee	3 Filer ID (Ethics Commission Filers)	
4 Date 10/10/2024	5 Payee name Anedot		
6 Amount (\$) 20.30	7 Payee address; City; State; Zip Code 1349 Poydras St. #1770 New Orleans, LA 70112		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Accounting/Banking	(b) Description Credit card processing	
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date 10/10/2024	Payee name Anedot		
Amount (\$) 10.30	Payee address; City; State; Zip Code 1349 Poydras St. #1770 New Orleans, LA 70112		
 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Accounting/Banking	Description Credit card processing	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date 10/17/2024	Payee name Anedot		
Amount (\$) 4.30	Payee address; City; State; Zip Code 1349 Poydras St. #1770 New Orleans, LA 70112		
 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Accounting/Banking	Description Credit card processing	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	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	Gifts/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: 3 of 8	2 FILER NAME Mrs Paula J McGee	3 Filer ID (Ethics Commission Filers)	
4 Date 11/6/2024	5 Payee name Anedot		
6 Amount (\$) 8.30	7 Payee address; City; State; Zip Code 1349 Poydras St. #1770 New Orleans, LA 70112		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Accounting/Banking	(b) Description Credit card processing	
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date 11/7/2024	Payee name Anedot		
Amount (\$) 10.30	Payee address; City; State; Zip Code 1349 Poydras St. #1770 New Orleans, LA 70112		
 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Accounting/Banking	Description Credit card processing	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date 11/17/2024	Payee name Anedot		
Amount (\$) 40.30	Payee address; City; State; Zip Code 1349 Poydras St. #1770 New Orleans, LA 70112		
 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Accounting/Banking	Description Credit card processing	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	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	Gifts/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: 4 of 8	2 FILER NAME Mrs Paula J McGee	3 Filer ID (Ethics Commission Filers)	
4 Date 11/19/2024	5 Payee name Anedot		
6 Amount (\$) 4.30	7 Payee address; City; State; Zip Code 1349 Poydras St. #1770 New Orleans, LA 70112		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Accounting/Banking	(b) Description Credit card processing	
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date 11/19/2024	Payee name Anedot		
Amount (\$) 4.30	Payee address; City; State; Zip Code 1349 Poydras St. #1770 New Orleans, LA 70112		
 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Accounting/Banking	Description Credit card processing	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date 12/4/2024	Payee name Anedot		
Amount (\$) 4.30	Payee address; City; State; Zip Code 1349 Poydras St. #1770 New Orleans, LA 70112		
 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Accounting/Banking	Description Credit card processing	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	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	Gifts/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: 5 of 8	2 FILER NAME Mrs Paula J McGee	3 Filer ID (Ethics Commission Filers)	
4 Date 12/9/2024	5 Payee name Anedot		
6 Amount (\$) 4.30	7 Payee address; City; State; Zip Code 1349 Poydras St. #1770 New Orleans, LA 70112		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Accounting/Banking	(b) Description Credit card processing	
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date 12/10/2024	Payee name Anedot		
Amount (\$) 40.30	Payee address; City; State; Zip Code 1349 Poydras St. #1770 New Orleans, LA 70112		
 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Accounting/Banking	Description Credit card processing	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date 12/11/2024	Payee name Raconteur Media Company		
Amount (\$) 2000.00	Payee address; City; State; Zip Code PO Box 26511 Austin, TX 78755		
 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting Expense	Description Digital consulting	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	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	Gifts/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: 6 of 8	2 FILER NAME Mrs Paula J McGee	3 Filer ID (Ethics Commission Filers)	
4 Date 12/12/2024	5 Payee name Anedot		
6 Amount (\$) 20.30	7 Payee address; City; State; Zip Code 1349 Poydras St. #1770 New Orleans, LA 70112		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Accounting/Banking	(b) Description Credit card processing	
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date 12/16/2024	Payee name Anedot		
Amount (\$) 20.30	Payee address; City; State; Zip Code 1349 Poydras St. #1770 New Orleans, LA 70112		
 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Accounting/Banking	Description Credit card processing	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date 12/17/2024	Payee name Anedot		
Amount (\$) 4.30	Payee address; City; State; Zip Code 1349 Poydras St. #1770 New Orleans, LA 70112		
 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Accounting/Banking	Description Credit card processing	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	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	Gifts/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: 7 of 8	2 FILER NAME Mrs Paula J McGee	3 Filer ID (Ethics Commission Filers)	
4 Date 12/23/2024	5 Payee name Anedot		
6 Amount (\$) 20.30	7 Payee address; City; State; Zip Code 1349 Poydras St. #1770 New Orleans, LA 70112		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Accounting/Banking	(b) Description Credit card processing	
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date 12/23/2024	Payee name Anedot		
Amount (\$) 20.30	Payee address; City; State; Zip Code 1349 Poydras St. #1770 New Orleans, LA 70112		
 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Accounting/Banking	Description Credit card processing	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date 12/27/2024	Payee name Anedot		
Amount (\$) 4.30	Payee address; City; State; Zip Code 1349 Poydras St. #1770 New Orleans, LA 70112		
 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Accounting/Banking	Description Credit card processing	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	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	Gifts/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: 8 of 8	2 FILER NAME Mrs Paula J McGee	3 Filer ID (Ethics Commission Filers)	
4 Date 12/30/2024	5 Payee name Anedot		
6 Amount (\$) 40.30	7 Payee address; City; State; Zip Code 1349 Poydras St. #1770 New Orleans, LA 70112		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Accounting/Banking	(b) Description Credit card processing	
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date 12/31/2024	Payee name Anedot		
Amount (\$) 10.30	Payee address; City; State; Zip Code 1349 Poydras St. #1770 New Orleans, LA 70112		
 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Accounting/Banking		Description Credit card processing
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)		Description
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	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	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
	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 F2: 1 of 1	2 FILER NAME Mrs Paula J McGee	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$ 0
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5 Date	6 Payee name
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7 Amount (\$)	8 Payee address; City; State; Zip Code
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9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

<p>The Instruction Guide explains how to complete this form.</p>		<p>1 Total pages Schedule F3: 1 of 1</p>	
<p>2 FILER NAME Mrs Paula J McGee</p>		<p>3 Filer ID (Ethics Commission Filers)</p>	
<p>4 Date</p>	<p>5 Name of person from whom investment is purchased</p> <p>.....</p> <p>6 Address of person from whom investment is purchased; City; State; Zip Code</p>		
	<p>7 Description of investment</p>		
	<p>8 Amount of investment (\$)</p>		
<p>Date</p>	<p>Name of person from whom investment is purchased</p> <p>.....</p> <p>Address of person from whom investment is purchased; City; State; Zip Code</p>		
	<p>Description of investment</p>		
	<p>Amount of investment (\$)</p>		
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p>			

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	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	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
	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 F4: 1 of 1	2 FILER NAME Mrs Paula J McGee	3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ 0	
5 Date	6 Payee name		
7 Amount (\$)	8 Payee address; City; State; Zip Code		
9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political		
10 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description	
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)		Description
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	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	Gifts/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 G: 1 of 2	2 FILER NAME Mrs Paula J McGee	3 Filer ID (Ethics Commission Filers)	
4 Date 9/12/2024	5 Payee Name Jonathan Alonzo Photography		
6 Amount (\$) 866.00 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 518 Cherry Ridge San Antonio, TX 78213		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other: Photography	(b) Description Photography	
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 9/25/2024	Payee name US Postal Service		
Amount (\$) 73.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 12951 Huebner Rd. San Antonio, TX 78230		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Postage	Description Postage	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 9/26/2024	Payee name HEB		
Amount (\$) 9.98 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 8503 NW Military Hwy. San Antonio, TX 78231		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing Expense	Description Stationery paper	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	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	Gifts/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 G: 2 of 2	2 FILER NAME Mrs Paula J McGee	3 Filer ID (Ethics Commission Filers)
4 Date 11/1/2024	5 Payee Name Prestige Printing	
6 Amount (\$) 515.27 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 8 Burwood Lane San Antonio, TX 78216	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Printing Expense	(b) Description Collateral material
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
		Office held
Date 11/11/2024	Payee name Prestige Printing	
Amount (\$) 69.28 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 8 Burwood Lane San Antonio, TX 78216	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing Expense	Description Collateral material
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
		Office held
Date 11/17/2024	Payee name HEB	
Amount (\$) 9.98 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 8503 NW Military Hwy. San Antonio, TX 78231	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing Expense	Description Stationery paper
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
		Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	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	Gifts/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 H: 1 of 1	2 FILER NAME Mrs Paula J McGee	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Business name		
6 Amount (\$)	7 Business address; City; State; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description	
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Business name		
Amount (\$)	Business address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)		Description
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Business name		
Amount (\$)	Business address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)		Description
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: 1 of 1	2 FILER NAME Mrs Paula J McGee	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
 PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
 PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
 PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)

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INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

<p>The Instruction Guide explains how to complete this form.</p>		<p>1 Total pages Schedule K: 1 of 1</p>
<p>2 FILER NAME Mrs Paula J McGee</p>		<p>3 Filer ID (Ethics Commission Filers)</p>
<p>4 Date</p>	<p>5 Name of person from whom amount is received</p> <p>6 Address of person from whom amount is received; City; State; Zip Code</p>	<p>8 Amount (\$)</p>
	<p>7 Purpose for which amount is received</p>	<input type="checkbox"/> Check if political contribution returned to filer
	<p>Name of person from whom amount is received</p> <p>Address of person from whom amount is received; City; State; Zip Code</p>	
<p>Date</p>	<p>Name of person from whom amount is received</p> <p>Address of person from whom amount is received; City; State; Zip Code</p>	<p>Amount (\$)</p>
	<p>Purpose for which amount is received</p>	<input type="checkbox"/> Check if political contribution returned to filer
	<p>Name of person from whom amount is received</p> <p>Address of person from whom amount is received; City; State; Zip Code</p>	
<p>Date</p>	<p>Name of person from whom amount is received</p> <p>Address of person from whom amount is received; City; State; Zip Code</p>	<p>Amount (\$)</p>
	<p>Purpose for which amount is received</p>	<input type="checkbox"/> Check if political contribution returned to filer
	<p>Name of person from whom amount is received</p> <p>Address of person from whom amount is received; City; State; Zip Code</p>	
<p>Date</p>	<p>Name of person from whom amount is received</p> <p>Address of person from whom amount is received; City; State; Zip Code</p>	<p>Amount (\$)</p>
	<p>Purpose for which amount is received</p>	<input type="checkbox"/> Check if political contribution returned to filer
	<p>Name of person from whom amount is received</p> <p>Address of person from whom amount is received; City; State; Zip Code</p>	

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IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

<p>The Instruction Guide explains how to complete this form.</p>		<p>1 Total pages Schedule T: 1 of 1</p>												
<p>2 FILER NAME Mrs Paula J McGee</p>		<p>3 Filer ID (Ethics Commission Filers)</p>												
<p>4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee</p>														
<p>5 Contribution / Expenditure reported on:</p> <table> <tr> <td><input type="checkbox"/> Schedule A2</td> <td><input type="checkbox"/> Schedule B</td> <td><input type="checkbox"/> Schedule B(J)</td> <td><input type="checkbox"/> Schedule C2</td> <td><input type="checkbox"/> Schedule D</td> <td><input type="checkbox"/> Schedule F1</td> </tr> <tr> <td><input type="checkbox"/> Schedule F2</td> <td><input type="checkbox"/> Schedule F4</td> <td><input type="checkbox"/> Schedule G</td> <td><input type="checkbox"/> Schedule H</td> <td><input type="checkbox"/> Schedule COH-UC</td> <td><input type="checkbox"/> Schedule B-SS</td> </tr> </table>			<input type="checkbox"/> Schedule A2	<input type="checkbox"/> Schedule B	<input type="checkbox"/> Schedule B(J)	<input type="checkbox"/> Schedule C2	<input type="checkbox"/> Schedule D	<input type="checkbox"/> Schedule F1	<input type="checkbox"/> Schedule F2	<input type="checkbox"/> Schedule F4	<input type="checkbox"/> Schedule G	<input type="checkbox"/> Schedule H	<input type="checkbox"/> Schedule COH-UC	<input type="checkbox"/> Schedule B-SS
<input type="checkbox"/> Schedule A2	<input type="checkbox"/> Schedule B	<input type="checkbox"/> Schedule B(J)	<input type="checkbox"/> Schedule C2	<input type="checkbox"/> Schedule D	<input type="checkbox"/> Schedule F1									
<input type="checkbox"/> Schedule F2	<input type="checkbox"/> Schedule F4	<input type="checkbox"/> Schedule G	<input type="checkbox"/> Schedule H	<input type="checkbox"/> Schedule COH-UC	<input type="checkbox"/> Schedule B-SS									
<p>6 Dates of travel</p>	<p>7 Name of person(s) traveling</p>													
	<p>8 Departure city or name of departure location</p>													
	<p>9 Destination city or name of destination location</p>													
<p>10 Means of transportation</p>	<p>11 Purpose of travel (including name of conference, seminar, or other event)</p>													
<p>Name of Contributor / Corporation or Labor Organization / Pledgor / Payee</p>														
<p>Contribution / Expenditure reported on:</p> <table> <tr> <td><input type="checkbox"/> Schedule A2</td> <td><input type="checkbox"/> Schedule B</td> <td><input type="checkbox"/> Schedule B(J)</td> <td><input type="checkbox"/> Schedule C2</td> <td><input type="checkbox"/> Schedule D</td> <td><input type="checkbox"/> Schedule F1</td> </tr> <tr> <td><input type="checkbox"/> Schedule F2</td> <td><input type="checkbox"/> Schedule F4</td> <td><input type="checkbox"/> Schedule G</td> <td><input type="checkbox"/> Schedule H</td> <td><input type="checkbox"/> Schedule COH-UC</td> <td><input type="checkbox"/> Schedule B-SS</td> </tr> </table>			<input type="checkbox"/> Schedule A2	<input type="checkbox"/> Schedule B	<input type="checkbox"/> Schedule B(J)	<input type="checkbox"/> Schedule C2	<input type="checkbox"/> Schedule D	<input type="checkbox"/> Schedule F1	<input type="checkbox"/> Schedule F2	<input type="checkbox"/> Schedule F4	<input type="checkbox"/> Schedule G	<input type="checkbox"/> Schedule H	<input type="checkbox"/> Schedule COH-UC	<input type="checkbox"/> Schedule B-SS
<input type="checkbox"/> Schedule A2	<input type="checkbox"/> Schedule B	<input type="checkbox"/> Schedule B(J)	<input type="checkbox"/> Schedule C2	<input type="checkbox"/> Schedule D	<input type="checkbox"/> Schedule F1									
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<p>Dates of travel</p>	<p>Name of person(s) traveling</p>													
	<p>Departure city or name of departure location</p>													
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<p>Means of transportation</p>	<p>Purpose of travel (including name of conference, seminar, or other event)</p>													
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p>														

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.
•• Complete only if "Report Type" on page 1 is marked "Final Report" ••

C/OH NAME
Mrs Paula J McGee

Filer ID (Ethics Commission Filers)

SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Signature of Candidate / Officeholder

FILER WHO IS NOT AN OFFICEHOLDER

•• Complete A & B below *only* if you are not an officeholder. ••

A. CAMPAIGN FUNDS

Check only one:

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

I do not retain assets purchased with political contributions or interest or other income from political contributions.

I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate

OFFICEHOLDER

•• Complete this section *only* if you are an officeholder. ••

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder