

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 Date Received 1/15/2025 3:39:01PM	
	NICKNAME McGee	LAST	SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 781255 San Antonio TX 78278			Date Hand-delivered or Date Postmarked	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (210)	PHONE NUMBER 665-0816	EXTENSION		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Reed	FIRST Wesley	MI	Receipt #	Amount \$
	NICKNAME Williams	LAST	SUFFIX	Date Processed 1/15/2025 3:39:01PM	
	Date Imaged				
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 517 Geneseo Road Terrell Hills TX 78209				
8 CAMPAIGN TREASURER PHONE	AREA CODE (210)	PHONE NUMBER 488-3322	EXTENSION		
9 REPORT TYPE	January 15: Semi-Annual				
10 PERIOD COVERED	<div>Month Day Year</div> <div>7/1/2024 THROUGH 12/31/2024</div>				
11 ELECTION	ELECTION DATE		ELECTION TYPE		
	Month Day Year 5/3/2025	<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		

GO TO PAGE 2

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	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
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 3906.11
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 56827.40
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 25000.00

18 AFFIDAVIT		
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.		
*** Electronically Certified ***		
_____ Signature of Candidate or Officeholder		
AFFIX NOTARY STAMP / SEAL ABOVE		
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> , <u>2025</u> , to certify which, witness my hand and seal of office.		
_____ 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**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
1 of 23

2 FILER NAME
Mrs Paula J McGee

3 Filer ID (Ethics Commission Filers)

4 Date
8/15/2024

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Deborah K McGee

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**425 Wyndham Crest
Westworth Village, TX 76114-4120**

8 Principal occupation / Job title (See instructions)
Retired

9 Employer (See instructions)
Retired

Date
8/17/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Robert J McGee

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**205 Main Street #1310
Fort Worth, TX 76102**

Principal occupation / Job title (See instructions)
CEO

Employer (See instructions)
US Growth Fund

Date
8/28/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
W. R Williams

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**517 Geneseo Rd.
San Antonio, TX 78209-6165**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
Retired

Date
8/28/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Joan P Williams

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**517 Geneseo Rd.
San Antonio, TX 78209-6165**

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**

The Instruction Guide explains how to complete this form.

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 ☐ out-of-state PAC (ID# _____)
Robert Jarrell

7 Amount of contribution (\$)
250.00

6 Contributor address; City; State; Zip Code
**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 ☐ out-of-state PAC (ID# _____)
Ella ONeal

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**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 ☐ out-of-state PAC (ID# _____)
Manny E Ruiz

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**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 ☐ out-of-state PAC (ID# _____)
Cynthia F Ferris

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**2881 Bluebottle
San Antonio, TX 78260**

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**

The Instruction Guide explains how to complete this form.

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 ☐ out-of-state PAC (ID# _____)
Mike Beldon

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**4 Westelm Cir
San Antonio, TX 78230**

8 Principal occupation / Job title (See instructions)
Retired

9 Employer (See instructions)
Retired

Date
9/24/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Mrs Susan M Berry

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**19311 Crystal Bluff
San Antonio, TX 78258**

Principal occupation / Job title (See instructions)
Physician

Employer (See instructions)
Alamo City Eye Physicians

Date
9/24/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
William H Ford

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**10001 Reunion Pl. #640
San Antonio, TX 78216**

Principal occupation / Job title (See instructions)
Attorney

Employer (See instructions)
Ford Murray PLLC

Date
9/24/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Jim Goudge

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**200 Claiborne Way
San Antonio, TX 78209**

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**

The Instruction Guide explains how to complete this form.

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 ☐ out-of-state PAC (ID# _____)
Suzanne Goudge

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**200 Claiborne Way
San Antonio, TX 78209**

8 Principal occupation / Job title (See instructions)
Retired

9 Employer (See instructions)
Retired

Date
9/25/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Curtis V Anastasio

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**3103 Old Elm Way
San Antonio, TX 78230**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
Retired

Date
9/25/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Lorraine Anastasio

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**3103 Old Elm Way
San Antonio, TX 78230**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
Retired

Date
10/1/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Pat Frost

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**520 Geneseo Rd.
San Antonio, TX 78209**

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**

The Instruction Guide explains how to complete this form.

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 ☐ out-of-state PAC (ID# _____)
Denise Wood

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**11745 Mill Rock Rd.
San Antonio, TX 78230**

8 Principal occupation / Job title (See instructions)
Retired

9 Employer (See instructions)
Retired

Date
10/10/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Barry Wood

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**11745 Mill Rock Rd.
San Antonio, TX 78230**

Principal occupation / Job title (See instructions)
CFO

Employer (See instructions)
XPEL

Date
10/18/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Henry Gonzalez

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**419 Thelma Drive
San Antonio, TX 78212**

Principal occupation / Job title (See instructions)
Attorney

Employer (See instructions)
Gonzalez, Chiscano, Angula & Kasson PC

Date
10/22/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Clay Jett

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**1622 Wood Quail
San Antonio, TX 78248**

Principal occupation / Job title (See instructions)
Banking

Employer (See instructions)
Amegy Bank

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**

The Instruction Guide explains how to complete this form.

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 ☐ out-of-state PAC (ID# _____)
Mark Johnson

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
7 Osborn Hill
San Antonio, TX 78209

8 Principal occupation / Job title (See instructions)
Banker

9 Employer (See instructions)
Bank of Texas

Date
11/6/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Wayne Alexander

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
2 Lost Timbers
San Antonio, TX 78248

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
Retired

Date
11/6/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Danny Kustoff

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
2 West Elm Circle
San Antonio, TX 78230

Principal occupation / Job title (See instructions)
Attorney

Employer (See instructions)
Kustoff & Sanders

Date
11/6/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Allison Kustoff

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
2 West Elm Circle
San Antonio, TX 78230

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**

The Instruction Guide explains how to complete this form.

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 ☐ out-of-state PAC (ID# _____)
Henry Gonzalez

7 Amount of contribution (\$)
200.00

6 Contributor address; City; State; Zip Code
**419 Thelma Drive
San Antonio, TX 78212**

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 ☐ out-of-state PAC (ID# _____)
J. Russell Davis

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**755 E. Mulberry
San Antonio, TX 78212**

Principal occupation / Job title (See instructions)
Attorney

Employer (See instructions)
Davis, Cedillo & Mendoza, Inc.

Date
11/7/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Joseph Krier

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**13423 Blanco Rd. #131
San Antonio, TX 78216**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
Retired

Date
11/8/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Bonnie Conner

Amount of contribution (\$)
200.00

Contributor address; City; State; Zip Code
**311 West Nottingham Dr.
San Antonio, TX 78209**

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**

The Instruction Guide explains how to complete this form.

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 ☐ out-of-state PAC (ID# _____)
Clay Jett

7 Amount of contribution (\$)
100.00

6 Contributor address; City; State; Zip Code
**1622 Wood Quail
San Antonio, TX 78248**

8 Principal occupation / Job title (See instructions)
Banker

9 Employer (See instructions)
Amegy Bank

Date
11/14/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Michael Hyche

Amount of contribution (\$)
200.00

Contributor address; City; State; Zip Code
**1422 E. Grayson St. #110
San Antonio, TX 78208**

Principal occupation / Job title (See instructions)
President

Employer (See instructions)
Epulum Ventures

Date
11/14/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Cyndi Krier

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**13423 Blanco Rd. #131
San Antonio, TX 78216**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
Retired

Date
11/15/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Brad Beldon

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**101 Paseo Encinal St.
San Antonio, TX 78212**

Principal occupation / Job title (See instructions)
CEO

Employer (See instructions)
Beldon Roofing Company

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**

The Instruction Guide explains how to complete this form.

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 ☐ out-of-state PAC (ID# _____)
Charles Martin Wender

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**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 ☐ out-of-state PAC (ID# _____)
Rene Wender

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**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 ☐ out-of-state PAC (ID# _____)
Edward Kelley

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**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 ☐ out-of-state PAC (ID# _____)
Nancy L Kelley

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**7 Links Green
San Antonio, TX 78257**

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**

The Instruction Guide explains how to complete this form.		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 <input type="checkbox"/> out-of-state PAC (ID# _____) Joe McKinney 6 Contributor address; City; State; Zip Code 6110 Yorkshire Drive Spring Branch, TX 78070	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See instructions) Retired		9 Employer (See instructions) Retired
Date 11/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dave Crouch Contributor address; City; State; Zip Code 2055 Oakland Bend San Antonio, TX 78258	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Retired		Employer (See instructions) Retired
Date 11/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Susan Crouch Contributor address; City; State; Zip Code 2055 Oakland Bend San Antonio, TX 78258	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Retired		Employer (See instructions) Retired
Date 11/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tullos Wells Contributor address; City; State; Zip Code 321 Burr Rd. San Antonio, TX 78209	Amount of contribution (\$) 500.00
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**

The Instruction Guide explains how to complete this form.

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 ☐ out-of-state PAC (ID# _____)
Randy Cain

7 Amount of contribution (\$)
250.00

6 Contributor address; City; State; Zip Code
**820 Cambridge Oval
San Antonio, TX 78209**

8 Principal occupation / Job title (See instructions)
Retired

9 Employer (See instructions)
Retired

Date
11/19/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
John M Agather

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**300 W. French PI
San Antonio, TX 78212**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
Retired

Date
11/19/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Ruth K Agather

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**300 W. French PI
San Antonio, TX 78212**

Principal occupation / Job title (See instructions)
Attorney

Employer (See instructions)
Rosenthal, Pauerstein, Sandolosky & Agather

Date
11/19/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Gary L Joeris

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**PO Box 790086
San Antonio, TX 78279**

Principal occupation / Job title (See instructions)
CEO

Employer (See instructions)
Joeris General Contractors

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**

The Instruction Guide explains how to complete this form.

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 ☐ out-of-state PAC (ID# _____)
Chris Corso

7 Amount of contribution (\$)
100.00

6 Contributor address; City; State; Zip Code
**2307 Camelback Dr.
San Antonio, TX 78209**

8 Principal occupation / Job title (See instructions)
Construction

9 Employer (See instructions)
Joeris General Contractors

Date
11/19/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Mark Baublitz

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**25042 Buttermilk Lane
San Antonio, TX 78255**

Principal occupation / Job title (See instructions)
Owner

Employer (See instructions)
Marksmen General Contractors

Date
11/19/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Ina Minjarez

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**9406 Hazelton Ln
San Antonio, TX 78251**

Principal occupation / Job title (See instructions)
Attorney

Employer (See instructions)
Self

Date
12/4/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Deborah Smith

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**1202 Pecan Drive
Marble Falls, TX 78654**

Principal occupation / Job title (See instructions)
Assistant

Employer (See instructions)
Calton

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**

The Instruction Guide explains how to complete this form.

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 ☐ out-of-state PAC (ID# _____)
Ms Deborah D Di Filippo

7 Amount of contribution (\$)
250.00

6 Contributor address; City; State; Zip Code
**14103 Emerald Hill Dr
San Antonio, TX 78231**

8 Principal occupation / Job title (See instructions)
Retired

9 Employer (See instructions)
Retired

Date
12/9/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Mr Paul Green

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**118 Laburnum Dr
San Antonio, TX 78209**

Principal occupation / Job title (See instructions)
Attorney

Employer (See instructions)
Alexander, Dubose & Jefferson LLP

Date
12/9/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Linebarger, Goggan, Blair & Sampson LLP

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**PO Box 17428
Austin, TX 78760**

Principal occupation / Job title (See instructions)
N/A

Employer (See instructions)
N/A

Date
12/10/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Mrs Kim Smith

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**3 Waldenshire
San Antonio, TX 78209**

Principal occupation / Job title (See instructions)
Realtor

Employer (See instructions)
KuperSIR

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**

The Instruction Guide explains how to complete this form.

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 ☐ out-of-state PAC (ID# _____)
Mr Larry D Smith

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**3 Waldenshire
San Antonio, TX 78209**

8 Principal occupation / Job title (See instructions)
Attorney

9 Employer (See instructions)
Ogletree Deakins

Date
12/11/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Mr James E Monnig

Amount of contribution (\$)
300.00

Contributor address; City; State; Zip Code
**100 W Olmos Dr #103
San Antonio, TX 78212**

Principal occupation / Job title (See instructions)
Attorney

Employer (See instructions)
Self

Date
12/11/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Georganne G Leonard

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**238 Granville Way
Shavano Park, TX 78231**

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 ☐ out-of-state PAC (ID# _____)
Ms Patricia Bridwell

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**4001 N. New Braunfels #1004
San Antonio, TX 78209**

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**

The Instruction Guide explains how to complete this form.

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 ☐ out-of-state PAC (ID# _____)
Mr Michael D Sharrow

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**12811 Laguna Vista Drive
San Antonio, TX 78216**

8 Principal occupation / Job title (See instructions)
CEO

9 Employer (See instructions)
C12 Group

Date
12/12/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Mr Carroll Schubert

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**17 Seaton Green
San Antonio, TX 78209**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
Retired

Date
12/15/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Ms Jen Buehler

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**9010 Highlands Cv
Boerne, TX 78006**

Principal occupation / Job title (See instructions)
Photographer

Employer (See instructions)
Jen Buehler Photography

Date
12/15/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Mr Brent Buehler

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**9010 Highlands Cv
San Antonio, TX 78006**

Principal occupation / Job title (See instructions)
Wealth Advisor

Employer (See instructions)
Amegy Bank

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**

The Instruction Guide explains how to complete this form.

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 ☐ out-of-state PAC (ID# _____)
Mr Lamont A Jefferson

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**310 Clay St #2
San Antonio, TX 78204-1717**

8 Principal occupation / Job title (See instructions)
Attorney

9 Employer (See instructions)
JeffersonCano

Date
12/16/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Mr Steve R Brook

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**745 E Mulberry #700
San Antonio, TX 78212**

Principal occupation / Job title (See instructions)
Attorney

Employer (See instructions)
Langley & Banack, Inc.

Date
12/16/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Mr Mike Kreager

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**7373 Broadway #500
San Antonio, TX 78209**

Principal occupation / Job title (See instructions)
Attorney

Employer (See instructions)
Kraeger Mitchell PLLC

Date
12/16/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Mr Daniel Sciano

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**10107 McAllister Fwy
San Antonio, TX 78216**

Principal occupation / Job title (See instructions)
Attorney

Employer (See instructions)
Tinsman & Sciano

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**

The Instruction Guide explains how to complete this form.

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 ☐ out-of-state PAC (ID# _____)
Ms Amelia Edelman

7 Amount of contribution (\$)
100.00

6 Contributor address; City; State; Zip Code
**323 Robinhood Pl
San Antonio, TX 78209-3334**

8 Principal occupation / Job title (See instructions)
Attorney

9 Employer (See instructions)
Kraeger Mitchell PLLC

Date
12/17/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Ms Kara McGee

Amount of contribution (\$)
30.00

Contributor address; City; State; Zip Code
**1122 Misty Oak Ln
Keller, TX 76248**

Principal occupation / Job title (See instructions)
Homemaker

Employer (See instructions)
Homemaker

Date
12/17/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Mr Chase Hardy

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**111 W Jones #232
San Antonio, TX 78215**

Principal occupation / Job title (See instructions)
Attorney

Employer (See instructions)
Griffen Purnell

Date
12/17/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Brown & McDonald PLLC

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**100 NE Loop 410 #1385
San Antonio, TX 78216-4700**

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**

The Instruction Guide explains how to complete this form.

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 ☐ out-of-state PAC (ID# _____)
Reagan Winslow

7 Amount of contribution (\$)
100.00

6 Contributor address; City; State; Zip Code
**300 Lilac Ln
San Antonio, TX 78209**

8 Principal occupation / Job title (See instructions)
Trust Officer

9 Employer (See instructions)
Jefferson Bank

Date
12/21/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Ms Phyllis Gallay

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**25507 Mesa Ranch
San Antonio, TX 78258**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
Retired

Date
12/21/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Ms Debbie Ruiz

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**13554 Norland
San Antonio, TX 78232**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
Retired

Date
12/21/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Mr Wade Shelton

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**13319 Thornridge Lane
San Antonio, TX 78232**

Principal occupation / Job title (See instructions)
Mediator/ADR

Employer (See instructions)
Wade B Shelton Attorney Mediator PLLC

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**

The Instruction Guide explains how to complete this form.

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 ☐ out-of-state PAC (ID# _____)
Mr Bob Rapp

7 Amount of contribution (\$)
150.00

6 Contributor address; City; State; Zip Code
**206 Switch Oak
Shavano Park, TX 78230**

8 Principal occupation / Job title (See instructions)
Attorney

9 Employer (See instructions)
The Rapp Law Firm

Date
12/23/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Mr Mario A Barrera

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**135 W Gramercy Pl
San Antonio, TX 78212-2354**

Principal occupation / Job title (See instructions)
Attorney

Employer (See instructions)
Norton Rose Fulbright US LLP

Date
12/23/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Mr Jonathan Pauerstein

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**301 Hill Country Lane
San Antonio, TX 78232**

Principal occupation / Job title (See instructions)
Attorney

Employer (See instructions)
RPSA LLP

Date
12/23/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Mr Roland Gonzales

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**5103 Newcastle Lane
San Antonio, TX 78249**

Principal occupation / Job title (See instructions)
Attorney

Employer (See instructions)
Germer PLLC

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**

The Instruction Guide explains how to complete this form.

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 ☐ out-of-state PAC (ID# _____)
Mr Charles Leddy

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**9000 Tesoro Dr #300
San Antonio, TX 78217**

8 Principal occupation / Job title (See instructions)
Employee

9 Employer (See instructions)
Escalera Capital

Date
12/26/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Mr Marshall B Miller Jr

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**1900 Broadway #1200
San Antonio, TX 78215**

Principal occupation / Job title (See instructions)
Attorney

Employer (See instructions)
Jackson Walker LLP

Date
12/27/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Mr George Cowden

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**3 Lost Timbers
San Antonio, TX 78248**

Principal occupation / Job title (See instructions)
Attorney

Employer (See instructions)
George Cowden III PC

Date
12/27/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Mr Louis Barrios

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**1102 Morgans Peak
San Antonio, TX 78258**

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**

The Instruction Guide explains how to complete this form.

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 ☐ out-of-state PAC (ID# _____)
Bob & Delaina Wimpee

7 Amount of contribution (\$)
250.00

6 Contributor address; City; State; Zip Code
3611 Skinner Road
Midlothian, TX 76065

8 Principal occupation / Job title (See instructions)
Retired

9 Employer (See instructions)
Retired

Date
12/30/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Mr Samuel Turcotte

Amount of contribution (\$)
10.00

Contributor address; City; State; Zip Code
12630 Old Wick Road
San Antonio, TX 78230

Principal occupation / Job title (See instructions)
Software Developer

Employer (See instructions)
Zukor Interactive

Date
12/30/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Mr Chad McNair

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
1400 Mint Trail Dr
San Antonio, TX 78232

Principal occupation / Job title (See instructions)
Executive

Employer (See instructions)
Self

Date
12/30/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Mrs Shelly McNair

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
1400 Mint Trail Dr
San Antonio, TX 78232

Principal occupation / Job title (See instructions)
Physician

Employer (See instructions)
SWCC

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**

The Instruction Guide explains how to complete this form.

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 ☐ out-of-state PAC (ID# _____)
Ms Jessica Phillips

7 Amount of contribution (\$)
100.00

6 Contributor address; City; State; Zip Code
**103 Umbria
San Antonio, TX 78230**

8 Principal occupation / Job title (See instructions)
Retired

9 Employer (See instructions)
Retired

Date
12/30/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
David P McGee

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**11603 Mill Rock Rd.
SAN ANTONIO, TX 78230**

Principal occupation / Job title (See instructions)
CEO

Employer (See instructions)
Amegy Bank

Date
12/30/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Mark N Jenkins

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**3115 Raleigh La Grange Dr.
Rossville, TN 38066**

Principal occupation / Job title (See instructions)
Principal/EVP

Employer (See instructions)
Commercial Advisors LLC

Date
12/30/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Mary R Jenkins

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**3115 Raleigh La Grange Dr.
Rossville, TN 38066**

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**

The Instruction Guide explains how to complete this form.

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 ☐ out-of-state PAC (ID# _____)
Amegy Bank of Texas Political Action Committee

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**1717 West Loop S
Houston, TX 77027**

8 Principal occupation / Job title (See instructions)
N/A

9 Employer (See instructions)
N/A

Date
12/31/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Ms Virginia Sasser

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**110 Ridgemont Ave
San Antonio, TX 78209**

Principal occupation / Job title (See instructions)
Self-employed

Employer (See instructions)
STEP Investment Partners

Date
12/31/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Mr Steven Green

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**17721 Rogers Ranch Pkwy #150
San Antonio, TX 78258**

Principal occupation / Job title (See instructions)
Employee

Employer (See instructions)
Anvil II Management

Date
12/31/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Ms Cindy Sinclair

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**33 Inwood Manor
San Antonio, TX 78248**

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

PLEDGED CONTRIBUTIONS

SCHEDULE B

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

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 ☐ out-of-state PAC (ID# _____)
Paula McGee

9 Loan Amount (\$)
25000.00

6 Is lender a
financial
institution?

N

8 Lender address; City; State; Zip Code
11603 Mill Rock Rd.
SAN ANTONIO TX 78230

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
☒ none

15 ☐ Check if personal funds were deposited into political
account (See instructions)

16 GUARANTOR
INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)
0.00

18 Guarantor address; City; State; Zip Code

☒ not applicable

20 Principal occupation (See instructions)

21 Employer (See instructions)

Date of loan

Name of lender ☐ 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
☐ none

☐ Check if personal funds were deposited into political
account (See Instructions)

GUARANTOR
INFORMATION

Name of guarantor

Amount Guaranteed (\$)

Guarantor address; City; State; Zip Code

☐ not applicable

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	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 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	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 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 <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;">Candidate / Officeholder name</td> <td style="width: 25%; text-align: center;">Office sought</td> <td style="width: 25%; text-align: center;">Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held
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 <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;">Candidate / Officeholder name</td> <td style="width: 25%; text-align: center;">Office sought</td> <td style="width: 25%; text-align: center;">Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held
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 <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;">Candidate / Officeholder name</td> <td style="width: 25%; text-align: center;">Office sought</td> <td style="width: 25%; text-align: center;">Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held
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	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 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	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 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 <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Candidate / Officeholder name</td> <td style="width: 25%; border: none;">Office sought</td> <td style="width: 25%; border: none;">Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held
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 <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Candidate / Officeholder name</td> <td style="width: 25%; border: none;">Office sought</td> <td style="width: 25%; border: none;">Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held
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 <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Candidate / Officeholder name</td> <td style="width: 25%; border: none;">Office sought</td> <td style="width: 25%; border: none;">Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held
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	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 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	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 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	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 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	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 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
Advertising Expense
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

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

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

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F2: 1 of 1	2 FILER NAME Mrs Paula J McGee	3 Filer ID (Ethics Commission Filers)
--	---	--

4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$ 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

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F3:
1 of 1

2 FILER NAME
Mrs Paula J McGee

3 Filer ID (Ethics Commission Filers)

4 Date

5 Name of person from whom investment is purchased

.....
6 Address of person from whom investment is purchased; City; State; Zip Code

7 Description of investment

8 Amount of investment (\$)

Date

Name of person from whom investment is purchased

.....
Address of person from whom investment is purchased; City; State; Zip Code

Description of investment

Amount of investment (\$)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Accounting/Banking
Advertising Expense
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

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

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

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

The Instruction Guide explains how to complete this form

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	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form

1 Total pages Schedule 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	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form

1 Total pages Schedule 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	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form

1 Total pages Schedule 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		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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.)	
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.)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:

1 of 1

2 FILER NAME

Mrs Paula J McGee

3 Filer ID (Ethics Commission Filers)

4 Date

5 Name of person from whom amount is received

8 Amount (\$)

6 Address of person from whom amount is received; City; State; Zip Code

7 Purpose for which amount is received

☐ Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

☐ Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

☐ Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

☐ Check if political contribution returned to filer

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE T

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 of other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder