

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: 44	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Paula	MI J	OFFICE USE ONLY Date Received 5/30/2025 11:52:08AM	
	NICKNAME	LAST McGee	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				
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (210)	PHONE NUMBER 665-0816	EXTENSION	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST William	MI R	Receipt #	Amount \$
	NICKNAME	LAST Williams	SUFFIX	Date Processed 5/30/2025 11:52:08AM	
	Date Imaged				
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 517 Geneseo San Antonio TX 78209				
8 CAMPAIGN TREASURER PHONE	AREA CODE (210)	PHONE NUMBER 488-3322	EXTENSION		
9 REPORT TYPE	8th Day Before Runoff Election				
10 PERIOD COVERED	Month Day Year 4/24/2025 THROUGH 5/28/2025				
11 ELECTION	ELECTION DATE		ELECTION TYPE		
	Month Day Year 5/7/2025	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> Other <input 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 Paula J McGee	15 Filer ID (Ethics Commission Filers)
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16 NOTICE FROM POLITICAL COMMITTEE(S)	<small>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.</small>
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COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS
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☐ Additional Pages

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)	\$ 29675.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 52465.24
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 14703.76
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 50000.00

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 **Paula J McGee**, this the **30th** day of **May**, **2025**, 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 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	\$ 29675.00
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	\$ 52465.24
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	\$ 0
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 19

2 FILER NAME
Paula J McGee

3 Filer ID (Ethics Commission Filers)

4 Date
4/25/2025

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

7 Amount of contribution (\$)
50.00

6 Contributor address; City; State; Zip Code
**2270 Knights Wood
San Antonio, TX 78231**

8 Principal occupation / Job title (See instructions)
Construction consultant

9 Employer (See instructions)
Self

Date
5/4/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Kathy Krauss

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**13718 Shavano Mist
San Antonio, TX 78230**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
Retired

Date
5/4/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Kent Krauss

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**13718 Shavano Mist
San Antonio, TX 78230**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
Retired

Date
5/5/2025

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

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 19

2 FILER NAME
Paula J McGee

3 Filer ID (Ethics Commission Filers)

4 Date
5/5/2025

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

7 Amount of contribution (\$)
500.00

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

8 Principal occupation / Job title (See instructions)
Wealth Advisor

9 Employer (See instructions)
Amegy Bank

Date
5/5/2025

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

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**11023 Morgans Peak
San Antonio, TX 78258**

Principal occupation / Job title (See instructions)
President

Employer (See instructions)
Los Barrios

Date
5/5/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Barbara Gentry

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**104 Hiler Rd
San Antonio, TX 78209**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
Retired

Date
5/5/2025

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**104 Hiler 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:
3 of 19

2 FILER NAME
Paula J McGee

3 Filer ID (Ethics Commission Filers)

4 Date
5/5/2025

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
William C Ljungdahl

7 Amount of contribution (\$)
100.00

6 Contributor address; City; State; Zip Code
**23420 EDENS CYN
San Antonio, TX 78255**

8 Principal occupation / Job title (See instructions)
Banker

9 Employer (See instructions)
Amegy Bank

Date
5/6/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Karen Novak

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**22374 Fossil Ridge
San Antonio, TX 78261**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
Retired

Date
5/6/2025

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**22374 Fossil Ridge
San Antonio, TX 78261**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
Retired

Date
5/6/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Chris Cheever

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**4242 Broadway #801
San Antonio, TX 78209**

Principal occupation / Job title (See instructions)
Banker

Employer (See instructions)
Broadway 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: 4 of 19
2 FILER NAME Paula J McGee		3 Filer ID (Ethics Commission Filers)
4 Date 5/6/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Nancy Kelley 6 Contributor address; City; State; Zip Code 7 Links Green San Antonio, TX 78257	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See instructions) Retired		9 Employer (See instructions) Retired
Date 5/6/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ed Kelley Contributor address; City; State; Zip Code 7 Links Green San Antonio, TX 78257	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Retired		Employer (See instructions) Retired
Date 5/6/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jim Reed Contributor address; City; State; Zip Code 7317 Ashton Pl San Antonio, TX 78229	Amount of contribution (\$) 250.00
Principal occupation / Job title (See instructions) Retired		Employer (See instructions) Retired
Date 5/6/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Joe Straus Contributor address; City; State; Zip Code 1 Retama Parkway Selma, TX 78154	Amount of contribution (\$) 250.00
Principal occupation / Job title (See instructions) Retired		Employer (See instructions) Retired
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
5 of 19

2 FILER NAME
Paula J McGee

3 Filer ID (Ethics Commission Filers)

4 Date
5/6/2025

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Paul James

7 Amount of contribution (\$)
50.00

6 Contributor address; City; State; Zip Code
**18385 Babcock Rd #911
San Antonio, TX 78255-2363**

8 Principal occupation / Job title (See instructions)
Engineer

9 Employer (See instructions)
TX Oilfields

Date
5/6/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Rick Cavender

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**21105 W. Interstate 10
San Antonio, TX 78257**

Principal occupation / Job title (See instructions)
Auto Dealer

Employer (See instructions)
Cavender Auto Family

Date
5/6/2025

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

Amount of contribution (\$)
500.00

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

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

Employer (See instructions)
Self Employed

Date
5/6/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
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:
6 of 19

2 FILER NAME
Paula J McGee

3 Filer ID (Ethics Commission Filers)

4 Date
5/7/2025

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
John Callihan

7 Amount of contribution (\$)
50.00

6 Contributor address; City; State; Zip Code
**4334 Apple Tree Woods
San Antonio, TX 78249**

8 Principal occupation / Job title (See instructions)
Retired

9 Employer (See instructions)
Retired

Date
5/7/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Jack Guenther Jr

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**153 Treeline Park #300
San Antonio, TX 78209**

Principal occupation / Job title (See instructions)
Investor

Employer (See instructions)
Self Employed

Date
5/7/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Charles Martin 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
5/7/2025

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

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 19
2 FILER NAME Paula J McGee		3 Filer ID (Ethics Commission Filers)
4 Date 5/7/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Heart De San Antonio Republican 6 Contributor address; City; State; Zip Code PO Box 120271 San Antonio, TX 78212	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See instructions)		9 Employer (See instructions)
Date 5/7/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Edward A Cross II Contributor address; City; State; Zip Code 700 Hildebrand #1102 San Antonio, TX 78212-2533	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) CEO		Employer (See instructions) Ed Cross & Co.
Date 5/7/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Nancy Cross Contributor address; City; State; Zip Code 700 Hildebrand #1102 San Antonio, TX 78212-2533	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Retired		Employer (See instructions) Retired
Date 5/8/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Doris C Jenkins Contributor address; City; State; Zip Code 3703 Van Dyke San Antonio, TX 78218	Amount of contribution (\$) 100.00
Principal occupation / Job title (See instructions) Retired		Employer (See instructions) Retired
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
8 of 19

2 FILER NAME
Paula J McGee

3 Filer ID (Ethics Commission Filers)

4 Date
5/8/2025

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

7 Amount of contribution (\$)
500.00

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

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

9 Employer (See instructions)
Commercial Advisors, LLC

Date
5/8/2025

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

Date
5/8/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Michael & Karen Jones

Amount of contribution (\$)
300.00

Contributor address; City; State; Zip Code
**5110 Casbury
San Antonio, TX 78249**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
Retired

Date
5/9/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
San Antonio Republican Women PAC

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**13423 Blanco Rd. #317
San Antonio, TX 78258**

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 9 of 19
2 FILER NAME Paula J McGee		3 Filer ID (Ethics Commission Filers)
4 Date 5/9/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bexar County Republican Women 6 Contributor address; City; State; Zip Code 13423 Blanco Rd. #317 San Antonio, TX 78216	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See instructions)		9 Employer (See instructions)
Date 5/9/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Joe C McKinney Contributor address; City; State; Zip Code 6110 Yorkshire Drive Spring Branch, TX 78070	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Retired		Employer (See instructions) Retired
Date 5/9/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) James C Browning Contributor address; City; State; Zip Code 325 Argyle Ave. San Antonio, TX 78209-5608	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Retired		Employer (See instructions) Retired
Date 5/9/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Phyllis Browning Contributor address; City; State; Zip Code 325 Argyle Ave. San Antonio, TX 78209-5608	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Retired		Employer (See instructions) Retired
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
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2 FILER NAME
Paula J McGee

3 Filer ID (Ethics Commission Filers)

4 Date
5/9/2025

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Rick Moore

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**28 Kelian Ct
San Antonio, TX 78230**

8 Principal occupation / Job title (See instructions)
Retired

9 Employer (See instructions)
Retired

Date
5/9/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Lisa Fullerton

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**11 Orsinger Hill
San Antonio, TX 78230**

Principal occupation / Job title (See instructions)
Franchise owner

Employer (See instructions)
Self Employed

Date
5/10/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Joseph R 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
5/10/2025

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

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 19

2 FILER NAME
Paula J McGee

3 Filer ID (Ethics Commission Filers)

4 Date
5/11/2025

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Gary Woods

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**810 E Olmos Dr
San Antonio, TX 78212**

8 Principal occupation / Job title (See instructions)
Retired

9 Employer (See instructions)
Retired

Date
5/11/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Honor Courage Commitment PAC

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**11613 Huebner Rd.
San Antonio, TX 78248**

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date
5/12/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
J. Tullos Wells

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**200 Concord Plaza Dr. #720
San Antonio, TX 78216**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
Retired

Date
5/13/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Sabrina Drewry

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**126 Tiger Tail Rd
Hollywood Park, TX 78232**

Principal occupation / Job title (See instructions)
Manager

Employer (See instructions)
Drewry Martin, Inc

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
12 of 19

2 FILER NAME
Paula J McGee

3 Filer ID (Ethics Commission Filers)

4 Date
5/13/2025

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

7 Amount of contribution (\$)
500.00

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

8 Principal occupation / Job title (See instructions)
Retired

9 Employer (See instructions)
Retired

Date
5/13/2025

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

Amount of contribution (\$)
50.00

Contributor address; City; State; Zip Code
**2270 Knights Wood
San Antonio, TX 78231**

Principal occupation / Job title (See instructions)
Construction Consultant

Employer (See instructions)
Self Employed

Date
5/13/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
James D 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

Date
5/13/2025

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**4 Westelm 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:
13 of 19

2 FILER NAME
Paula J McGee

3 Filer ID (Ethics Commission Filers)

4 Date
5/13/2025

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Charles E Amato

7 Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
9311 San Pedro #600
San Antonio, TX 78216

8 Principal occupation / Job title (See instructions)
Chairman

9 Employer (See instructions)
SWBC

Date
5/13/2025

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

Date
5/14/2025

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
5/14/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Art Burdick

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
23119 IH 10 West #902
San Antonio, TX 78257

Principal occupation / Job title (See instructions)
Owner

Employer (See instructions)
Burdick Homes

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 19

2 FILER NAME
Paula J McGee

3 Filer ID (Ethics Commission Filers)

4 Date
5/14/2025

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Jeff Vance

7 Amount of contribution (\$)
250.00

6 Contributor address; City; State; Zip Code
**342 Terrell Road
San Antonio, TX 78209**

8 Principal occupation / Job title (See instructions)
Retired

9 Employer (See instructions)
Retired

Date
5/16/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Rob Killen

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**29 Winthrop Downs
San Antonio, TX 78257**

Principal occupation / Job title (See instructions)
Attorney

Employer (See instructions)
Killen, Griffen & Farrimond

Date
5/16/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
HNB Investment LLC

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**13538 Barsan Rd
San Antonio, TX 78249**

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date
5/17/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
David M Prichard

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**43 Grandberg Circle
San Antonio, TX 78218**

Principal occupation / Job title (See instructions)
Attorney

Employer (See instructions)
Prichard Young LLP

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 19
2 FILER NAME Paula J McGee		3 Filer ID (Ethics Commission Filers)
4 Date 5/18/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Reena Thomas 6 Contributor address; City; State; Zip Code 13651 Treasure Trail Dr San Antonio, TX 78232	7 Amount of contribution (\$) 25.00
8 Principal occupation / Job title (See instructions) M.D,		9 Employer (See instructions) Azreena B Thomas MD PA
Date 5/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kenneth Gindy Contributor address; City; State; Zip Code 110 Regents Park San Antonio, TX 78230	Amount of contribution (\$) 100.00
Principal occupation / Job title (See instructions) Employee		Employer (See instructions) Alamo Aircraft LLL
Date 5/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Deborah McGee Contributor address; City; State; Zip Code 425 Wyndham Crest Westworth Village, TX 76114	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Retired		Employer (See instructions) Retired
Date 5/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) William H Ford Contributor address; City; State; Zip Code 10001 Reunion Pl. #640 San Antonio, TX 78216	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Attorney		Employer (See instructions) Ford Murray, PLLC
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
16 of 19

2 FILER NAME
Paula J McGee

3 Filer ID (Ethics Commission Filers)

4 Date
5/19/2025

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

7 Amount of contribution (\$)
500.00

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

8 Principal occupation / Job title (See instructions)
CEO

9 Employer (See instructions)
US Growth Fund

Date
5/19/2025

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

Amount of contribution (\$)
500.00

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

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date
5/20/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Alan P Crowther MD

Amount of contribution (\$)
300.00

Contributor address; City; State; Zip Code
**20079 Stone Oak Pkwy #1105
San Antonio, TX 78258**

Principal occupation / Job title (See instructions)
Physician

Employer (See instructions)
Exclusive Vein Care of San Antonio

Date
5/20/2025

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

Amount of contribution (\$)
200.00

Contributor address; City; State; Zip Code
**5545 Mt. McKinley Dr
San Antonio, TX 78251**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
Retired

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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 19

2 FILER NAME
Paula J McGee

3 Filer ID (Ethics Commission Filers)

4 Date
5/21/2025

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
J. Russell Davis

7 Amount of contribution (\$)
250.00

6 Contributor address; City; State; Zip Code
**755 E. Mulberry #500
San Antonio, TX 78212**

8 Principal occupation / Job title (See instructions)
Attorney

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

Date
5/23/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Curt Kruse

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**325 Cypress Trail
San Antonio, TX 78256**

Principal occupation / Job title (See instructions)
Banker

Employer (See instructions)
Vantage Bank

Date
5/23/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Angie Kruse

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**325 Cypress Trail
San Antonio, TX 78256**

Principal occupation / Job title (See instructions)
Marketing Director

Employer (See instructions)
Global Wealth Advisors

Date
5/23/2025

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**829 E Contour Dr
San Antonio, TX 78212**

Principal occupation / Job title (See instructions)
Executive

Employer (See instructions)
USAA

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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 19

2 FILER NAME
Paula J McGee

3 Filer ID (Ethics Commission Filers)

4 Date
5/26/2025

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Cindy Jorgensen

7 Amount of contribution (\$)
250.00

6 Contributor address; City; State; Zip Code
**20930 Cactus Loop
San Antonio, TX 78258**

8 Principal occupation / Job title (See instructions)
Retired

9 Employer (See instructions)
Retired

Date
5/27/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Jacquelyn Fisher

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**25810 Peregrine Ridge
San Antonio, TX 78260**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
Retired

Date
5/28/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Balous Miller

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**430 S Santa Rosa
San Antonio, TX 78207**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
Retired

Date
5/28/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Julie Miller

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**430 S Santa Rosa
San Antonio, TX 78207**

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: 19 of 19
2 FILER NAME Paula J McGee		3 Filer ID (Ethics Commission Filers)
4 Date 5/28/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Javier Trevino 6 Contributor address; City; State; Zip Code 201 Village Circle San Antonio, TX 78232	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See instructions) President		9 Employer (See instructions) Tetco
Date 5/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) David Spencer Contributor address; City; State; Zip Code 149 Kitty Kat Ln Boerne, TX 78006	Amount of contribution (\$) 250.00
Principal occupation / Job title (See instructions) CEO		Employer (See instructions) Prytime Medical
Date 5/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Susan M Berry MD Contributor address; City; State; Zip Code 19311 Crystal Bluff San Antonio, TX 78258	Amount of contribution (\$) 250.00
Principal occupation / Job title (See instructions) Physician		Employer (See instructions) Alamo City Eye Physicians
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
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		

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 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 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
Paula J McGee

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$ 0

5 Date of loan
5/28/2025

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 10	2 FILER NAME Paula J McGee	3 Filer ID (Ethics Commission Filers)
4 Date 4/25/2025	5 Payee name Anedot	
6 Amount (\$) 2.30	7 Payee address; City; State; Zip Code 1340 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 out credit processing fee
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

Date 4/30/2025	Payee name Ethan Pearson	
Amount (\$) 2500.00	Payee address; City; State; Zip Code 1726 Cool Breeze San Antonio, TX 78245	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description Campaign coordinator
	<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 4/30/2025	Payee name CSG, Inc.	
Amount (\$) 4125.00	Payee address; City; State; Zip Code 212 W. Laurel San Antonio, TX 78212	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description Direct mail
	<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 10	2 FILER NAME Paula J McGee		3 Filer ID (Ethics Commission Filers)
4 Date 4/30/2025	5 Payee name Amanda Martinez		
6 Amount (\$) 1750.00	7 Payee address; City; State; Zip Code 612 Eldorado San Antonio, TX 78225		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor		(b) Description Field
	(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 4/30/2025	Payee name Jennifer Hernandez		
Amount (\$) 875.00	Payee address; City; State; Zip Code 9955 Sungate Park San Antonio, TX 78245		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description Field
	<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 5/5/2025	Payee name Ajuua Mexican Grill		
Amount (\$) 282.25	Payee address; City; State; Zip Code 11703 Huebner Rd. #208 San Antonio, TX 78230		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage Expense		Description Campaign event
	<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: 3 of 10	2 FILER NAME Paula J McGee	3 Filer ID (Ethics Commission Filers)
4 Date 5/5/2025	5 Payee name Anedot	
6 Amount (\$) 10.30	7 Payee address; City; State; Zip Code 1340 Poydras St New Orleans, LA 70112	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Accounting/Banking	(b) Description out credit processing fee
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

Date 5/6/2025	Payee name Anedot	
Amount (\$) 10.73	Payee address; City; State; Zip Code 1340 Poydras St New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Accounting/Banking	Description out credit processing fee
	<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 5/6/2025	Payee name Anedot	
Amount (\$) 20.30	Payee address; City; State; Zip Code 1340 Poydras St New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Accounting/Banking	Description out credit processing fee
	<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 10	2 FILER NAME Paula J McGee	3 Filer ID (Ethics Commission Filers)
4 Date 5/6/2025	5 Payee name Anedot	
6 Amount (\$) 40.30	7 Payee address; City; State; Zip Code 1340 Poydras St New Orleans, LA 70112	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Accounting/Banking	(b) Description out credit processing fee
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 5/7/2025	Candidate / Officeholder name Anedot	
Amount (\$) 20.30	Payee address; City; State; Zip Code 1340 Poydras St New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Accounting/Banking	Description out credit card processing fee
	<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		
Date 5/7/2025	Candidate / Officeholder name Anedot	
Amount (\$) 2.30	Payee address; City; State; Zip Code 1340 Poydras St New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Accounting/Banking	Description out credit card processing fee
	<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		
Date 5/7/2025	Candidate / Officeholder name Anedot	
Amount (\$) 2.30	Payee address; City; State; Zip Code 1340 Poydras St New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Accounting/Banking	Description out credit card processing fee
	<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		

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 10	2 FILER NAME Paula J McGee		3 Filer ID (Ethics Commission Filers)
4 Date 5/11/2025	5 Payee name Raconteur Media Company		
6 Amount (\$) 2055.94	7 Payee address; City; State; Zip Code PO Box 26511 Austin, TX 78755		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other: Website		(b) Description Website and social media
	(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 5/11/2025	Payee name Anedot		
Amount (\$) 20.30	Payee address; City; State; Zip Code 1340 Poydras St New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Accounting/Banking		Description out credit processing fee
	<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 5/11/2025	Payee name Ethan Pearson		
Amount (\$) 2500.00	Payee address; City; State; Zip Code 1726 Cool Breeze San Antonio, TX 78245		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description Bonus
	<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 10	2 FILER NAME Paula J McGee	3 Filer ID (Ethics Commission Filers)
4 Date 5/13/2025	5 Payee name Prestige Printing	
6 Amount (\$) 720.95	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 Push cards for run off
	(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 5/13/2025	Payee name Anedot		
Amount (\$) 20.30	Payee address; City; State; Zip Code 1340 Poydras St New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Accounting/Banking	Description out credit processing fee	
	<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 5/13/2025	Payee name Anedot		
Amount (\$) 20.30	Payee address; City; State; Zip Code 1340 Poydras St New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Accounting/Banking	Description out credit processing fee	
	<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
Advertising Expense
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

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 F1: 7 of 10	2 FILER NAME Paula J McGee	3 Filer ID (Ethics Commission Filers)
4 Date 5/13/2025	5 Payee name Prestige Printing	
6 Amount (\$) 266.57	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 signs
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date 5/13/2025	Payee name Anedot	
Amount (\$) 2.30	Payee address; City; State; Zip Code 1340 Poydras St New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Accounting/Banking	Description out credit processing fee
	<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 5/14/2025	Payee name Anedot	
Amount (\$) 10.30	Payee address; City; State; Zip Code 1340 Poydras St New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Accounting/Banking	Description out credit card processing fee
	<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 10	2 FILER NAME Paula J McGee		3 Filer ID (Ethics Commission Filers)
4 Date 5/14/2025	5 Payee name Anedot		
6 Amount (\$) 10.30	7 Payee address; City; State; Zip Code 1340 Poydras St New Orleans, LA 70112		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Accounting/Banking		(b) Description out credit card processing fee
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date 5/16/2025	Payee name Anedot		
Amount (\$) 20.30	Payee address; City; State; Zip Code 1340 Poydras St New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Accounting/Banking		Description out credit card processing fee
	<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 5/18/2025	Payee name Anedot		
Amount (\$) 4.30	Payee address; City; State; Zip Code 1340 Poydras St New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Accounting/Banking		Description out credit card processing fee
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			

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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: 9 of 10	2 FILER NAME Paula J McGee		3 Filer ID (Ethics Commission Filers)
4 Date 5/18/2025	5 Payee name Anedot		
6 Amount (\$) 1.30	7 Payee address; City; State; Zip Code 1340 Poydras St New Orleans, LA 70112		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Accounting/Banking		(b) Description out credit card processing fee
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date 5/20/2025	Payee name Anedot		
Amount (\$) 8.30	Payee address; City; State; Zip Code 1340 Poydras St New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Accounting/Banking		Description out credit card processing fee
	<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 5/27/2025	Payee name CSG, Inc.		
Amount (\$) 35855.70	Payee address; City; State; Zip Code 212 W. Laurel San Antonio, TX 78212		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense		Description Direct mail and digital advertising
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			

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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: 10 of 10	2 FILER NAME Paula J McGee		3 Filer ID (Ethics Commission Filers)
4 Date 5/28/2025	5 Payee name Prestige Printing		
6 Amount (\$) 1299.00	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 Signs
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date 5/28/2025	Payee name Anedot		
Amount (\$) 10.30	Payee address; City; State; Zip Code 1340 Poydras St New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Accounting/Banking		Description out credit processing fee
	<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 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	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> (a) Category (See categories listed at the top of this schedule) </td> <td style="width: 50%; vertical-align: top;"> (b) Description </td> </tr> <tr> <td colspan="2" style="vertical-align: top;"> (c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense </td> </tr> </table>		(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	
(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						
<table style="width: 100%;"> <tr> <td style="width: 33%;">Candidate / Officeholder name</td> <td style="width: 33%;">Office sought</td> <td style="width: 33%;">Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held	
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	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> Category (See categories listed at the top of this schedule) </td> <td style="width: 50%; vertical-align: top;"> Description </td> </tr> <tr> <td colspan="2" style="vertical-align: top;"> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense </td> </tr> </table>		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	
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						
<table style="width: 100%;"> <tr> <td style="width: 33%;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width: 33%;">Candidate / Officeholder name</td> <td style="width: 33%;">Office sought</td> <td style="width: 33%;">Office held</td> </tr> </table>			Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held			

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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
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 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
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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 1	2 FILER NAME Paula J McGee	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee Name	
6 Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee 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	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	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

Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	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

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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 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			
Date	Candidate / Officeholder name Office sought Office held		
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			
Date	Candidate / Officeholder name Office sought Office held		
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			
Date	Candidate / Officeholder name Office sought Office held		
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			

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: 1 of 1	2 FILER NAME 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.)	

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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

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 (\$)

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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 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; padding: 5px 0;"><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; padding: 5px 0;"><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>		
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	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
Paula J McGee

Filer ID (Ethics Commission Filers)

SIGNATURE

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

Signature of Candidate / Officeholder

FILER WHO IS NOT AN OFFICEHOLDER

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

A. CAMPAIGN FUNDS

Check only one:

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

B. ASSETS

Check only one:

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

Signature of Candidate

OFFICEHOLDER

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

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

Signature of Officeholder