

# 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:

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR

FIRST

MI

MRS

Christina

Ann

NICKNAME

LAST

SUFFIX

McGee

OFFICE USE ONLY

Date Received

FEB 02 2026

By

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX:

APT / SUITE #:

CITY:

STATE:

ZIP CODE

1231 Bowen Loop Cleveland TX. 77328

Change of Address

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

( 281 )

761-3984

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

FIRST

MI

MRS

Christina

Ann

NICKNAME

LAST

SUFFIX

McGee

7 CAMPAIGN  
TREASURER  
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE):

APT / SUITE #:

CITY:

1231 Bowen Loop Cleveland TX. 77328

(Residence or Business)

STATE:

ZIP CODE

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

( 281 )

761-3984

9 REPORT TYPE

☐

January 15

☒

30th day before election

☐

Runoff

☐

July 15

☐

8th day before election

☐

Exceeded Modified  
Reporting Limit

☐

15th day after campaign  
treasurer appointment  
(Officeholder Only)

☐

Final Report (Attach C/OH - FR)

10 PERIOD  
COVERED

Month

Day

Year

1

16

25

THROUGH

Month

Day

Year

2

2

26

11 ELECTION

ELECTION DATE

Month

Day

Year

3

3

26

ELECTION TYPE

☒

Primary

☐

Runoff

☐

Other  
Description

☐

General

☐

Special

12 OFFICE

OFFICE HELD (if any)

JP1

13 OFFICE SOUGHT (if known)

JP1

14 NOTICE FROM  
POLITICAL  
COMMITTEE(S)

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

COMMITTEE NAME

☐

GENERAL

COMMITTEE ADDRESS

☐

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME  
Christina McGee

16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION  
TOTALS

1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN  
PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR  
CONTRIBUTIONS MADE ELECTRONICALLY)

\$ 0.00

2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 5,000.00

EXPENDITURE  
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

\$ 1,000.00

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY  
OF REPORTING PERIOD

\$ 4,000.00

OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE  
LAST DAY OF THE REPORTING PERIOD

\$ 0.00

18 SIGNATURE

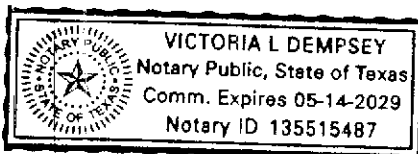
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*[Signature]*

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Victoria Dempsey this the 2<sup>ND</sup> day of February, 2026, to certify which, witness my hand and seal of office.

Victoria Dempsey  
Signature of officer administering oath

Victoria Dempsey  
Printed name of officer administering oath

Notary  
Title of officer administering oath

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_

My address is \_\_\_\_\_  
(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
(month) (year)

Signature of Candidate/Officeholder (Declarant)

FORM C/OH  
COVER SHEET PG 3

Forms provided by Texas Ethics Commission	<a href="http://www.ethics.state.tx.us">www.ethics.state.tx.us</a>	Revised 1/1/2026
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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 1

2 FILER NAME

Christina McGee

3 Filer ID (Ethics Commission Filers)

4 Date

01/19/2026

5 Full name of contributor

out-of-state PAC (ID# \_\_\_\_\_)

Mike Clements

7 Amount of contribution (\$)

5,000.00

6 Contributor address;

City;

State;

Zip Code

1702 Willow Lake DR White Oak, TX 75693

8 Principal occupation / Job title (See Instructions)

Owner

9 Employer (See Instructions)

Mike Clements Operating LLC

Date

Full name of contributor

out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

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.

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

If the requested information is not applicable, DO NOT include this page in the report.

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>1</b>		<b>2</b> FILER NAME <b>Christina McGee</b>		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date <b>01/21/2026</b>		<b>5</b> Payee name <b>San Jacinto Republican Party</b>			
<b>6</b> Amount (\$) <b>1,000.00</b>		<b>7</b> Payee address; <b>201 HWY 150, Suite J_L Coldspring TX, 77331</b>		<b>City;</b> <b>State;</b> <b>Zip Code</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>		<b>(a) Category</b> (See Categories listed at the top of this schedule) <b>event expense</b>		<b>(b) Description</b> <b>Regan Dinner table</b>	
		<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		<b>Candidate / Officeholder name</b>		<b>Office sought</b> <b>Office held</b>	
<b>Date</b>		<b>Payee name</b>			
<b>Amount (\$)</b>		<b>Payee address;</b>		<b>City;</b> <b>State;</b> <b>Zip Code</b>	
		Check if individual's residence address.			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See Categories listed at the top of this schedule)		<b>Description</b>	
		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		<b>Candidate / Officeholder name</b>		<b>Office sought</b> <b>Office held</b>	
<b>Date</b>		<b>Payee name</b>			
<b>Amount (\$)</b>		<b>Payee address;</b>		<b>City;</b> <b>State;</b> <b>Zip Code</b>	
		Check if individual's residence address.			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See Categories listed at the top of this schedule)		<b>Description</b>	
		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		<b>Candidate / Officeholder name</b>		<b>Office sought</b> <b>Office held</b>	
<b>Date</b>		<b>Payee name</b>			
<b>Amount (\$)</b>		<b>Payee address;</b>		<b>City;</b> <b>State;</b> <b>Zip Code</b>	
		Check if individual's residence address.			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See Categories listed at the top of this schedule)		<b>Description</b>	
		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		<b>Candidate / Officeholder name</b>		<b>Office sought</b> <b>Office held</b>	

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**