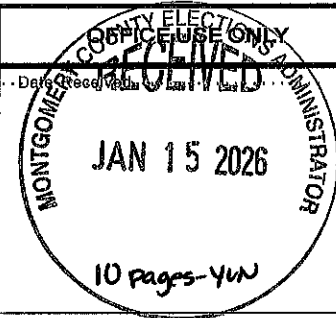


# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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: <div style="text-align: center; font-size: 1.2em;">10</div>								
3 CANDIDATE / OFFICEHOLDER NAME	<div style="display: flex; justify-content: space-between;"> <span>MS / MRS / MR</span> <span>FIRST</span> <span>MI</span> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span>NICKNAME</span> <span>LAST</span> <span>SUFFIX</span> </div> <div style="text-align: center; margin-top: 5px;">             Tammy J McRae         </div>										
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	<div style="display: flex; justify-content: space-between;"> <span>ADDRESS / PO BOX;</span> <span>APT / SUITE #;</span> <span>CITY;</span> <span>STATE;</span> <span>ZIP CODE</span> </div> <div style="text-align: center; margin-top: 5px;">             10 Capshaw Ct. Conroe Tx 77385         </div>										
5 CANDIDATE / OFFICEHOLDER PHONE	<div style="display: flex; justify-content: space-between;"> <span>AREA CODE</span> <span>PHONE NUMBER</span> <span>EXTENSION</span> </div> <div style="text-align: center; margin-top: 5px;">             ( 936 ) 676-7957         </div>										
6 CAMPAIGN TREASURER NAME	<div style="display: flex; justify-content: space-between;"> <span>MS / MRS / MR</span> <span>FIRST</span> <span>MI</span> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span>NICKNAME</span> <span>LAST</span> <span>SUFFIX</span> </div> <div style="text-align: center; margin-top: 5px;">             Jeff W McRae         </div>										
7 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	<div style="display: flex; justify-content: space-between;"> <span>STREET ADDRESS (NO PO BOX PLEASE);</span> <span>APT / SUITE #;</span> <span>CITY;</span> <span>STATE;</span> <span>ZIP CODE</span> </div> <div style="text-align: center; margin-top: 5px;">             10 Capshaw Ct. Conroe Tx 77385         </div>										
8 CAMPAIGN TREASURER PHONE	<div style="display: flex; justify-content: space-between;"> <span>AREA CODE</span> <span>PHONE NUMBER</span> <span>EXTENSION</span> </div> <div style="text-align: center; margin-top: 5px;">             ( 936 ) 676-5800         </div>										
9 REPORT TYPE	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input checked="" type="checkbox"/> January 15</div> <div style="width: 50%;"><input type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input type="checkbox"/> July 15</div> <div style="width: 50%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded Modified Reporting Limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>										
10 PERIOD COVERED	<div style="display: flex; justify-content: space-between;"> <div>                         Month Day Year                          07 / 01 / 2025                     </div> <div>THROUGH</div> <div>                         Month Day Year                          12 / 31 / 2025                     </div> </div>										
11 ELECTION	<div style="display: flex; justify-content: space-between;"> <div>                         ELECTION DATE                          Month Day Year                          03 / 03 / 26                     </div> <div>                         ELECTION TYPE  <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> Runoff   <input type="checkbox"/> Other Description  <input type="checkbox"/> General   <input type="checkbox"/> Special                     </div> </div>										
12 OFFICE	OFFICE HELD (if any) Montgomery County Tax Assessor-Collector	13 OFFICE SOUGHT (if known) Montgomery County Tax Assessor-Collector									
14 NOTICE FROM POLITICAL COMMITTEE(S)  <input type="checkbox"/> Additional Pages	<p style="font-size: 0.8em;">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.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; padding: 5px;">COMMITTEE TYPE</td> <td style="padding: 5px;">COMMITTEE NAME</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> GENERAL</td> <td style="padding: 5px;">COMMITTEE ADDRESS</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> SPECIFIC</td> <td style="padding: 5px;">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>			COMMITTEE TYPE	COMMITTEE NAME	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS
COMMITTEE TYPE	COMMITTEE NAME										
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS										
<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME										
	COMMITTEE CAMPAIGN TREASURER ADDRESS										

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

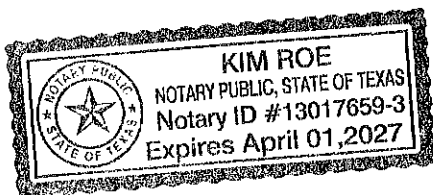
2 of 10

13 C / OH NAME McRae, Tammy	14 Filer ID
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15 NOTICE FROM POLITICAL COMMITTEE(S)  <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.	
	COMMITTEE TYPE	COMMITTEE NAME
	<input type="checkbox"/> GENERAL	
	<input type="checkbox"/> SPECIFIC	
		COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME	
	COMMITTEE CAMPAIGN TREASURER ADDRESS	

16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,000.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 6,703.44
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 40,243.24
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

## 17 AFFIDAVIT



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

Tammy McRae  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said TAMMY McRAE, this the 15th day of JANUARY, 2026, to certify which, witness my hand and seal of office.

Kim Roe      Kim Roe      Notary Public  
Signature of officer administering      Printed name of officer administering      Title of officer administering oath

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

3 of 10

**18 FILER NAME**

McRae, Tammy

**19 Filer ID****20 SCHEDULE SUBTOTALS**

NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,000.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 6,703.44
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 1/1 Rpt: 4/10
2 FILER NAME McRae, Tammy		3 Filer ID
4 Date 08/07/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Group 1 Automotive 6 Contributor address; City; State; Zip Code 730 Town & Country, Blvd, Suite 500 Houston , TX 77024	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keiser, Christina Contributor address; City; State; Zip Code 4543 E Calle Ventura Phoenix , AZ 85018	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Executive Vice-President, Strategy		Employer (See Instructions) Carvana
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lake Conroe Area Republican Women PAC Contributor address; City; State; Zip Code P O Box 737 Montgomery , TX 77356	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## 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.

1 Total pages Schedule F1: Sch: 1/6 Rpt: 5/10	2 FILER NAME McRae, Tammy	3 Filer ID
4 Date 08/05/2025	5 Payee name Apricity Foundation	
6 Amount (\$) \$300.00	7 Payee address; City; State; Zip Code 2257 N. Loop 336 W. Suite #140  Conroe, TX 77304	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/09/2025	Candidate/Officeholder name Blair, Maris	
Amount (\$) \$500.00	Office sought Office held	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Memorial Hermann In The Pink of Health Table Sponsor
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/09/2025	Candidate/Officeholder name East Montgomery County Fair Association	
Amount (\$) \$1,274.44	Office sought Office held	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Livestock Show
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## 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.

1 Total pages Schedule F1: Sch: 2/6 Rpt: 6/10		2 FILER NAME McRae, Tammy		3 Filer ID	
4 Date 10/14/2025		5 Payee name East Montgomery County Republican Women- PAC			
6 Amount (\$) \$500.00		7 Payee address; City; State; Zip Code P. O. Box 292  New Caney , TX 77357			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Chili Cook-Off Sponsorship	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 12/03/2025		Payee name East Montgomery County Republican Women- PAC			
Amount (\$) \$25.00		Payee address; City; State; Zip Code P. O. Box 292  New Caney , TX 77357			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Membership Dues	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 12/31/2025		Payee name Houston Livestock Show & Rodeo			
Amount (\$) \$800.00		Payee address; City; State; Zip Code 3 NRG Park  Houston, TX 77054			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Montgomery County Boots, Buckles & Bling Go Texan Dance Fundraiser	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
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.

1 Total pages Schedule F1: Sch: 3/6 Rpt: 7/10		2 FILER NAME McRae, Tammy		3 Filer ID	
4 Date 10/13/2025		5 Payee name Kristin Bays Campaign			
6 Amount (\$) \$250.00		7 Payee address; City; State; Zip Code P O Box 558  Pinehurst, TX 77362			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description <input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Donation	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 12/01/2025		Payee name Lake Conroe Area Republican Women PAC			
Amount (\$) \$26.00		Payee address; City; State; Zip Code P. O. Box 737  Montgomery , TX 77356			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description <input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Membership Dues	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 12/03/2025		Payee name Liberty Belles Republican Women Club			
Amount (\$) \$25.00		Payee address; City; State; Zip Code P O Box 1081  Conroe , TX 77305			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description <input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Membership Dues	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
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.

1 Total pages Schedule F1: Sch: 4/6 Rpt: 8/10		2 FILER NAME McRae, Tammy		3 Filer ID	
4 Date 08/12/2025		5 Payee name Magnolia Support Group			
6 Amount (\$) \$800.00		7 Payee address; City; State; Zip Code P. O. Box 1578  Magnolia , TX 77353-1578			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Magnolia Livestock Show	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 12/09/2025		Payee name Montgomery County Food Bank			
Amount (\$) \$250.00		Payee address; City; State; Zip Code 1 Food for Life Way  Conroe , TX 77385			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 08/15/2025		Payee name Montgomery County Republican Party of Texas			
Amount (\$) \$1,000.00		Payee address; City; State; Zip Code 18001 Hwy 105 W, Suite 101  Montgomery , TX 77356			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Drive the Vote Golf Tournament	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
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.

1 Total pages Schedule F1: Sch: 5/6 Rpt: 9/10		2 FILER NAME McRae, Tammy		3 Filer ID	
4 Date 12/04/2025		5 Payee name Montgomery County Republican Women			
6 Amount (\$) \$40.00		7 Payee address; City; State; Zip Code P. O. Box 1766  Conroe , TX 77305			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Membership Dues	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 12/04/2025		Payee name Montgomery County Republican Women			
Amount (\$) \$30.00		Payee address; City; State; Zip Code P. O. Box 1766  Conroe , TX 77305			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly Luncheon Ticket	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 10/15/2025		Payee name North Shore Republican Women, PAC			
Amount (\$) \$300.00		Payee address; City; State; Zip Code P O Box 1993  Montgomery , TX 77356			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense 25th Anniversary Dinner	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

**SCHEDULE F1**

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

Event Expense	Loan Repayment/Reimbursement
Fees	Office Overhead/Rental Expense
Food/Beverage Expense	Polling Expense
Gift/Awards/Memorials Expense	Printing Expense
Legal Services	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)

1 Total pages Schedule F1: Sch: 6/6 Rpt: 10/10		2 FILER NAME McRae, Tammy		3 Filer ID	
4 Date 09/08/2025		5 Payee name Scharlene Valdez Campaign			
6 Amount (\$) \$250.00		7 Payee address; City; State; Zip Code P O Box 2863  Conroe , TX 77305			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Donation	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 10/01/2025		Payee name The Woodlands Republican Women			
Amount (\$) \$333.00		Payee address; City; State; Zip Code P. O. Box 7593  The Woodlands , TX 77387			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraiser Sponsorship	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	