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: (Mrs.) FIRST: TRACY MI: E

NICKNAME LAST: McCALL SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

☐ Change of Address

ADDRESS / PO BOX: PO Box 10063 APT / SUITE #: CITY: CC STATE: TX ZIP CODE: 78460

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE: (361) PHONE NUMBER: 445-9526 EXTENSION: —

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST: KELLEY MI

NICKNAME LAST: ALLEN SUFFIX

7 CAMPAIGN TREASURER ADDRESS

(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE): 4701 Tuscan Way APT / SUITE #: CITY: CC STATE: TX ZIP CODE: 78410

8 CAMPAIGN TREASURER PHONE

AREA CODE: (361) PHONE NUMBER: 765-5793 EXTENSION:

9 REPORT TYPE

☐ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (Officeholder Only)

☑ July 15 ☐ 8th day before election ☐ Exceeded Modified Reporting Limit ☐ Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year: 01 / 01 / 2026 THROUGH Month Day Year: 06 / 30 / 2026

11 ELECTION

ELECTION DATE: Month Day Year: 11 / 03 / 2026

ELECTION TYPE: ☐ Primary ☐ Runoff ☐ Other Description ☑ General ☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known) CORPUS CHRISTI City Council District 1

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.

☐ Additional Pages

COMMITTEE TYPE: ☐ GENERAL ☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

OFFICE USE ONLY

Date Received

Date Filed 7.14.26

Rebecca Huerta

Rebecca Huerta
City Secretary

Date Hand-Delivered or Date Postmarked

Receipt # | Amount $

Date Processed

Date Imaged

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME TRACY MCCALL			**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-
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 38,874
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	$ -0-
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 21,077.33
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 30,796.67
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 13,000

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 of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

LAURA CARROLL
Notary Public, State of Texas
Comm. Expires 09-05-2027
Notary ID 128610902

Sworn to and subscribed before me by Tracy McCall this the 14th day of July, 20 26, to certify which, witness my hand and seal of office.

Laura Carroll — Laura Carroll — Notary Public

Signature of officer administering oath | Printed name of officer administering oath | 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)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME	20 Filer ID (Ethics Commission Filers)
TRACY MCCALL	

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	☐	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$38,874
2.	☐	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$ —
3.	☐	SCHEDULE B: PLEDGED CONTRIBUTIONS	$ —
4.	☐	SCHEDULE E: LOANS	$ 13,000
5.	☐	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ 21,077.33
6.	☐	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	$ —
7.	☐	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	$ —
8.	☐	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	$ —
9.	☐	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	$ —
10.	☐	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	$ —
11.	☐	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ —
12.	☐	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	$ —

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: 19

2 FILER NAME: TRACY MCCALL

3 Filer ID (Ethics Commission Filers)

4 Date	5 Full name of contributor / out-of-state PAC (ID#:)	6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
6/13/26	Allison Kiolbassa	[redacted] CC TX	26	Insurance	
6/13/26	Amanda Brown	[redacted] CC TX	26	Teacher	
6/13/26	Amber Bozeman	[redacted] CC TX	26	Realtor	
6/13/26	Angela Martinez	[redacted] CC TX	26	Acct.	

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

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1 Total pages Schedule A1:

2 FILER NAME: TRACY MCCALL

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor / out-of-state PAC (ID#:)	6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
6/9/26	Ann Lippincott	[redacted] CC TX 78411	500

8 Principal occupation / Job title (See Instructions): Adv.

9 Employer (See Instructions):

Date	Full name of contributor / out-of-state PAC (ID#:)	Contributor address; City; State; Zip Code	Amount of contribution ($)
6/12/26	Anthony & Mary Lamantia	[redacted] CC TX 78411	500

Principal occupation / Job title (See Instructions): Business owner

Employer (See Instructions):

Date	Full name of contributor / out-of-state PAC (ID#:)	Contributor address; City; State; Zip Code	Amount of contribution ($)
6/13/26	Ashley Martin	[redacted] CC TX	26

Principal occupation / Job title (See Instructions): Realtor

Employer (See Instructions):

Date	Full name of contributor / out-of-state PAC (ID#:)	Contributor address; City; State; Zip Code	Amount of contribution ($)
5/20/26	Barton Braselton	[redacted] CC TX 78413	1,000

Principal occupation / Job title (See Instructions): Business owner

Employer (See Instructions):

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1:

2 FILER NAME: TRACY MCCALL

3 Filer ID (Ethics Commission Filers)

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**6** Contributor address; City; State; Zip Code	**7** Amount of contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
6/13/26	Belinda Medina-Coriel	[redacted] CC TX	26	Acct.	
5/23/26	Bradley Lomax	[redacted] CC TX 78401	500	Business owner	
5/21/26	Carla & Bobby Moore	[redacted] CC TX 78410	200	Retired	
5/20/26	Catalano Robert	[redacted] CC TX 78403	150	Business Owner	

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1:

2 FILER NAME: TRACY MCCALL

3 Filer ID (Ethics Commission Filers)

4 Date	5 Full name of contributor / out-of-state PAC (ID#:)	6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
6/9/26	Chad Skrobarczyk Jr	[redacted] CC TX 78418	500

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
Construction	

Date	Full name of contributor / out-of-state PAC (ID#:)	Contributor address; City; State; Zip Code	Amount of contribution ($)
5/17/26	Christopher Hegg	[redacted] CC TX 78418	100

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Business Owner	

Date	Full name of contributor / out-of-state PAC (ID#:)	Contributor address; City; State; Zip Code	Amount of contribution ($)
6/13/26	Cynthia Alvarado	[redacted] CC TX	26

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Realtor	

Date	Full name of contributor / out-of-state PAC (ID#:)	Contributor address; City; State; Zip Code	Amount of contribution ($)
5/20/26	Dee Davis	[redacted] CC TX 78410	250

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
RN	

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1:

2 FILER NAME: TRACY MCCALL

3 Filer ID (Ethics Commission Filers)

4 Date	5 Full name of contributor / out-of-state PAC (ID#:)	6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
6/13/26	Della Rusher	[redacted] CC TX	26

8 Principal occupation / Job title (See Instructions): Teacher

9 Employer (See Instructions):

Date	Full name of contributor / out-of-state PAC (ID#:)	Contributor address; City; State; Zip Code	Amount of contribution ($)
6/19/26	Derwood Anderson	[redacted] CC TX	1,000

Principal occupation / Job title (See Instructions): Business owner

Employer (See Instructions):

Date	Full name of contributor / out-of-state PAC (ID#:)	Contributor address; City; State; Zip Code	Amount of contribution ($)
6/9/26	Don + Sharon Rucker	[redacted] CC TX 78413	500

Principal occupation / Job title (See Instructions): –

Employer (See Instructions):

Date	Full name of contributor / out-of-state PAC (ID#:)	Contributor address; City; State; Zip Code	Amount of contribution ($)
6/13/26	Eduardo Tagle	[redacted] CC TX	26

Principal occupation / Job title (See Instructions): OPS

Employer (See Instructions):

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1:

2 FILER NAME: TRACY MCCALL

3 Filer ID (Ethics Commission Filers)

4 Date	5 Full name of contributor / out-of-state PAC (ID#:)	6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
6/13/26	Elizabeth McGehee	[redacted] CC TX	26	Teacher	
5/15/26	Elysa Villarreal	[redacted] CC TX 78411	150	CPA	
5/20/26	Billy Lopez Jr.	[redacted] Alice TX 78333	5,000	Business Owner	
6/13/26	Erica Brock	[redacted]	1,026	Acct.	

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1:

2 FILER NAME: TRACY MCCALL

3 Filer ID (Ethics Commission Filers)

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**6** Contributor address; City; State; Zip Code	**7** Amount of contribution ($)
6/13/26	Erica Tagle	[redacted] CC TX	26

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
—	

Date	Full name of contributor / out-of-state PAC (ID#:)	Contributor address; City; State; Zip Code	Amount of contribution ($)
5/14/25	Lisa Guerra	[redacted] CC TX 78414	500

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Manager	

Date	Full name of contributor / out-of-state PAC (ID#:)	Contributor address; City; State; Zip Code	Amount of contribution ($)
5/20/26	Gomez c Antonio III	[redacted] CC TX 78410	250

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Business Owner	

Date	Full name of contributor / out-of-state PAC (ID#:)	Contributor address; City; State; Zip Code	Amount of contribution ($)
6/9/26	Hannah Rohlack	[redacted] CC TX 78418	500

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
—	

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1:

2 FILER NAME: TRACY MCCALL

3 Filer ID (Ethics Commission Filers)

---

4 Date: 5/20/26

5 Full name of contributor: Heather Graf ☐ out-of-state PAC (ID#:)

6 Contributor address: [redacted] City: Robstown State: TX Zip Code: 78380

7 Amount of contribution ($): 250

8 Principal occupation / Job title (See Instructions): VP

9 Employer (See Instructions):

Date: 5/20/26

Full name of contributor: Isaac & Janet Camacho ☐ out-of-state PAC (ID#:)

Contributor address: [redacted] City: CC State: TX Zip Code: 78410

Amount of contribution ($): 1,000

Principal occupation / Job title (See Instructions): Business owner

Employer (See Instructions):

Date: 5/19/26

Full name of contributor: Jacob Longoria ☐ out-of-state PAC (ID#:)

Contributor address: [redacted] City: CC State: TX Zip Code:

Amount of contribution ($): 1,000

Principal occupation / Job title (See Instructions): Cons.

Employer (See Instructions):

Date: 5/20/26

Full name of contributor: Jahvid Motaghi ☐ out-of-state PAC (ID#:)

Contributor address: [redacted] City: CC State: TX Zip Code: 78404

Amount of contribution ($): 250

Principal occupation / Job title (See Instructions): Business

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

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1 Total pages Schedule A1:

2 FILER NAME: TRACY MCCALL

3 Filer ID (Ethics Commission Filers)

4 Date	**5** Full name of contributor / ☐ out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
6/13/26	Jane Buentello / [redacted] CC TX	26	Admin	
6/9/26	Jason Skrobarczyk / [redacted] CC TX 78411	1,000	Construction	
5/15/26	Jennifer Vela / [redacted] Odem TX 78370	250	CGIA	
5/20/26	Jerry Hunsaker, M.D. / [redacted] CC TX 78411	250	DOC	

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1:

2 FILER NAME: TRACY MCCALL

3 Filer ID (Ethics Commission Filers)

---

4 Date: 5/15/26

5 Full name of contributor ☐ out-of-state PAC (ID#:_____): Jesse Gilbert

6 Contributor address: [redacted] City: Portland State: TX Zip Code: 78374

7 Amount of contribution ($): 500

8 Principal occupation / Job title (See Instructions): CEO

9 Employer (See Instructions):

Date: 6/22/26

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

Contributor address: [redacted] City: CC State: TX Zip Code:

Amount of contribution ($): 1,000

Principal occupation / Job title (See Instructions): Business owner

Employer (See Instructions):

Date: 6/13/26

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

Contributor address: [redacted] City: CC State: TX Zip Code:

Amount of contribution ($): 26

Principal occupation / Job title (See Instructions): Health

Employer (See Instructions):

Date: 5/20/26

Full name of contributor ☐ out-of-state PAC (ID#:_____): Kenneth & Kim Griffin

Contributor address: [redacted] City: Robstown State: TX Zip Code: 78380

Amount of contribution ($): 100

Principal occupation / Job title (See Instructions): Business

Employer (See Instructions):

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1:

2 FILER NAME: TRACY MCCALL

3 Filer ID (Ethics Commission Filers)

4 Date	5 Full name of contributor / out-of-state PAC (ID#:)	6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
5/20/26	Kirstynn Mikulencak	[redacted] CC TX 78410	500	Realtor	
5/19/26	Linebarger Goggan Blair & Sampson	[redacted] Austin TX 78760	1,000	—	
6/13/26	Lori Moreno	[redacted] CC TX	26	Pharma	
5/15/26	Marty & Courtenay Berry	[redacted] CC TX 78404	1,000	Business	

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1:

2 FILER NAME: TRACY MCCALL

3 Filer ID (Ethics Commission Filers)

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**6** Contributor address; City; State; Zip Code	**7** Amount of contribution ($)
5/20/26	Matthew De Shields	[redacted] CC TX 78413	200
8 Principal occupation / Job title (See Instructions): Business Owner	**9** Employer (See Instructions):		
Date	Full name of contributor / out-of-state PAC (ID#:)	Contributor address; City; State; Zip Code	Amount of contribution ($)
5/31/26	Melissa Craig	[redacted] CC TX 78410	100
Principal occupation / Job title (See Instructions): Retired	Employer (See Instructions):		
Date	Full name of contributor / out-of-state PAC (ID#:)	Contributor address; City; State; Zip Code	Amount of contribution ($)
6/9/26	Michael Skrobarczyk	[redacted] CC TX 78411	1,000
Principal occupation / Job title (See Instructions): Construction	Employer (See Instructions):		
Date	Full name of contributor / out-of-state PAC (ID#:)	Contributor address; City; State; Zip Code	Amount of contribution ($)
6/9/26	Mike Lippincott	[redacted] CC TX 78411	500
Principal occupation / Job title (See Instructions): Business Owner	Employer (See Instructions):		

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1:

2 FILER NAME: TRACY MCCALL

3 Filer ID (Ethics Commission Filers)

4 Date	5 Full name of contributor / out-of-state PAC (ID#:)	6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
6/20/26	Mike Scott	[redacted] CC TX	1,000	Business owner	
6/9/26	Mr. & Mrs. Will Klatt	[redacted] OG TX 78872	1,500	Business owner	
6/13/26	Natalie DeBellas	[redacted] CC TX	26	Teacher	
6/13/26	Natalie Monsivais	[redacted] CC TX	26	RN	

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1:

2 FILER NAME: TRACY MCCALL

3 Filer ID (Ethics Commission Filers)

---

4 Date: 6/13/26

5 Full name of contributor ☐ out-of-state PAC (ID#:_____): Otilio Vasquez

6 Contributor address: [redacted] City: CC State: TX Zip Code:

7 Amount of contribution ($): 26

8 Principal occupation / Job title (See Instructions): Crane OP

9 Employer (See Instructions):

Date: 6/9/26

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

Contributor address: [redacted] City: CC State: TX Zip Code: 78404

Amount of contribution ($): 1,000

Principal occupation / Job title (See Instructions): Business owner

Employer (See Instructions):

Date: 5/20/26

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

Contributor address: [redacted] City: CC State: TX Zip Code: 78412

Amount of contribution ($): 1,000

Principal occupation / Job title (See Instructions): Business owner

Employer (See Instructions):

Date: 6/26/26

Full name of contributor ☐ out-of-state PAC (ID#:_____): Rene A. Ramirez

Contributor address: [redacted] City: Edinburg State: TX Zip Code: 78536

Amount of contribution ($): 1,000

Principal occupation / Job title (See Instructions): Consultant / lobbiest

Employer (See Instructions):

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1:

2 FILER NAME: TRACY MCCALL

3 Filer ID (Ethics Commission Filers)

4 Date	**5** Full name of contributor / ☐ out-of-state PAC (ID#:)	**6** Contributor address; City; State; Zip Code	**7** Amount of contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
5/20/26	Robert & Amanda Viera	[redacted] CC TX 78414	1,000	Business owner	
5/20/26	Robert Parker	[redacted] CC TX 78469	2,500	Business owner	
5/20/26	Rodney Dillon	[redacted] CC TX 78401	1,000	VP	
6/9/26	Rogelio Mellado	[redacted] CC TX 78414	500	—	

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1:

2 FILER NAME: TRACY MCCALL

3 Filer ID (Ethics Commission Filers)

4 Date	**5** Full name of contributor / ☐ out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of contribution ($)
6/17/26	Rolando Barrera [redacted] CC TX	500

8 Principal occupation / Job title (See Instructions): Insurance

9 Employer (See Instructions):

Date	Full name of contributor / ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)
5/2/26	Ron Graban [redacted] Portland TX 78374	250

Principal occupation / Job title (See Instructions): Business

Employer (See Instructions):

Date	Full name of contributor / ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)
5/11/26	Sally Gill [redacted] CC TX 78411	1,000

Principal occupation / Job title (See Instructions): Business

Employer (See Instructions):

Date	Full name of contributor / ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)
6/13/26	Shana Reeves [redacted] CC TX	26

Principal occupation / Job title (See Instructions): RN

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

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:

2 FILER NAME: TRACY MCCALL

3 Filer ID (Ethics Commission Filers)

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**6** Contributor address; City; State; Zip Code	**7** Amount of contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
6/13/26	Shannon Aquilar	[redacted] CC TX	26	Professor	
6/13/26	Stephanie Arriaga	[redacted] CC TX	26	Accountant	
6/13/26	Stephanie Ynfante	[redacted] CC TX	26	—	
6/25/26	Steve Synovitz	[redacted] CC TX	500	—	

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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:

2 FILER NAME: TRACY MCCALL

3 Filer ID (Ethics Commission Filers)

4 Date	5 Full name of contributor / out-of-state PAC (ID#:)	6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
6/13/26	Sylvia Salyer	[redacted] CC TX	26	—	
6/8/26	TY Gentry	[redacted] CC TX 78469	1,000	Business Owner	
5/20/26	Valls John	[redacted] CC TX 78401	500	Consulting	
6/13/26	Veronica Ybanez	[redacted] CC TX	26	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

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:

2 FILER NAME: TRACY MCCALL

3 Filer ID (Ethics Commission Filers)

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of contribution ($)
6/24/26	Vishnu Reddy	1,000
	6 Contributor address; City; State; Zip Code: [redacted] CC TX	
8 Principal occupation / Job title (See Instructions): Business owner	**9** Employer (See Instructions)	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
6/1/26	Charles C Webb Jr	500
	Contributor address; City; State; Zip Code: [redacted] CC TX 78412	
Principal occupation / Job title (See Instructions): Business Owner	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.

LOANS

SCHEDULE E

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 E: 1

2 FILER NAME: TRACY MCCALL

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS: $

5 Date of loan: 4-23-26

7 Name of lender ☐ out-of-state PAC (ID#:_____): TRACY MCCALL

9 Loan Amount ($): 13,000

6 Is lender a financial Institution? Y (N)

8 Lender address; City; State; Zip Code: PO Box 10063 CC TX 78460

10 Interest rate: NA

11 Maturity date: NA

12 Principal occupation / Job title (See Instructions): Engineer / Business Consult.

13 Employer (See Instructions): self-Employed

14 Description of Collateral ☒ none

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

16 GUARANTOR INFORMATION ☒ not applicable

17 Name of guarantor

18 Guarantor address; City; State; Zip Code

19 Amount Guaranteed ($)

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? Y N

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 ☐ not applicable

Name of guarantor

Guarantor address; City; State; Zip Code

Amount Guaranteed ($)

Principal Occupation (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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.

1 Total pages Schedule F1:	2 FILER NAME: TRACY MCCALL	3 Filer ID (Ethics Commission Filers)

Expenditure 1

4 Date	5 Payee name
4/23/26	WIX

6 Amount ($)	7 Payee address;	City;	State;	Zip Code
2,338.50	501 Terry A Francois BLVD	San Francisco	CA	94158

☐ Check if individual's residence address.

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule): Advertising Expense

(b) Description: Campaign website design, email configuration, Google ads configuration

(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name | Office sought | Office held

Expenditure 2

Date	Payee name
4/28/17	ADS Marketing

Amount ($)	Payee address;	City;	State;	Zip Code
6,328.50	3522 S Alameda St	CC	TX	78411

☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): Advertising Expense

Description: Campaign Signs Printed, Placed, Photos, and Picked up

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name | Office sought | Office held

Expenditure 3

Date	Payee name
5/19/26	Office Depot

Amount ($)	Payee address;	City;	State;	Zip Code
88.94	1737 S Staples St.	CC	TX	78404

☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): Printing Expense

Description: Kickoff Event Prints

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY 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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:

2 FILER NAME: TRACY MCCALL

3 Filer ID (Ethics Commission Filers)

---

4 Date: 5/20/26

5 Payee name: Cotton's BBQ

6 Amount ($): 260.91

7 Payee address; City; State; Zip Code: 14609 Nortwest Blvd; CC; TX; 78410

☐ Check if individual's residence address.

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule): Event Expense

(b) Description: Kickoff Event Catering

(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name | Office sought | Office held

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Date: 5/22/26

Payee name: ADS Marketing

Amount ($): 2,500.00

Payee address; City; State; Zip Code: 3522 S Alameda St.; CC; TX; 78411

☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): Consulting Expense

Description: Endoresment Outreach, Donor Development, Data Analytics

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name | Office sought | Office held

---

Date: 5/22/26

Payee name: Bar-B-Q Man

Amount ($): 403.33

Payee address; City; State; Zip Code: 4931 IH-37 S; CC; TX; 78410

☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): Event Expense

Description: Fundraising Event Category

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY 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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME: TRACY MCCALL	3 Filer ID (Ethics Commission Filers)

Expenditure 1

4 Date	5 Payee name			
5/26/26	Kikos			
6 Amount ($)	**7 Payee address;**	**City;**	**State;**	**Zip Code**
889.88	5541 Everhart Rd.	CC	TX	78411
	☐ Check if individual's residence address.			

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule): Donation Made by Candidate

(b) Description: Calallen baseball dinner for Community outreach + Constituent engagement

(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name | Office sought | Office held

Expenditure 2

Date	Payee name			
5/31/26	Charter Bank			
Amount ($)	**Payee address;**	**City;**	**State;**	**Zip Code**
24.03	10502 Leopard St.	CC	TX	78410
	☐ Check if individual's residence address.			

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): Fees

Description: Service Charge Fee

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name | Office sought | Office held

Expenditure 3

Date	Payee name			
6/1/26	Cotton Broadcastings			
Amount ($)	**Payee address;**	**City;**	**State;**	**Zip Code**
250.00	116 Mesa Drive	Robstown	TX	78380
	☐ Check if individual's residence address.			

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): Advertising Expense

Description: Sponsor of Calallen Baseball State Championship Radio Advertisement

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY 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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:

2 FILER NAME: TRACY MCCAIN

3 Filer ID (Ethics Commission Filers)

4 Date: 6/10/26

5 Payee name: Canva

6 Amount ($): 1,161.50

7 Payee address; City; State; Zip Code: 78 East Santa Clara St, San Jose, CA, 95113

☐ Check if individual's residence address.

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule): Advertising Expense

(b) Description: Billboard Vinyl Print

(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name | Office sought | Office held

---

Date: 6/12/26

Payee name: Cooper Outdoor Advertising

Amount ($): 4,999.00

Payee address; City; State; Zip Code: 115 Waco St, CC, TX, 78401

☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): Advertising Expense

Description: Billboard

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name | Office sought | Office held

---

Date: 6/22/26

Payee name: Third Coast Strategies

Amount ($): 630.00

Payee address; City; State; Zip Code: 2961 River Crest Rd., CC, TX

☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): Advertising Expense

Description: Social Media, Graphic design, Send Off Event, Kick-Off Video

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY 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

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.

1 Total pages Schedule F1:	2 FILER NAME: TRACY MCCRAW	3 Filer ID (Ethics Commission Filers)

Expenditure 1

4 Date	5 Payee name
6/22/26	KBK Strategies

6 Amount ($)	7 Payee address;	City;	State;	Zip Code
1,000.00	1505 Woodward Ave.	Detroit	MI	48226

☐ Check if individual's residence address.

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Advertising Expense	Digital Setup & Social Media Ads

(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Expenditure 2

Date	Payee name
6/30/26	Charter Bank

Amount ($)	Payee address;	City;	State;	Zip Code
24.74	10502 Leopard St.	CC	TX	78410

☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Fees	Service Charge Fee

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Expenditure 3

Date	Payee name
6/22/26	Nicole's Nic Nac's

Amount ($)	Payee address;	City;	State;	Zip Code
178.00	933 Mesquite	Robstown	TX	78380

☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Advertising Expense	Campaign Shirts

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

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