

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

William Ross McMullin

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

| | | |
|-----|--|-----------|
| 1. | ■ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 700.00 |
| 2. | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ |
| 3. | SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. | SCHEDULE E: LOANS | \$ |
| 5. | ■ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 151.70 |
| 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: **1**

2 FILER NAME

William Ross McMullin

3 Filer ID (Ethics Commission Filers)

4 Date

12/03/2025

5 Full name of contributor

Katie McMullin

out-of-state PAC (ID#: _____)

6 Contributor address;

City;

State;

Zip Code

Keller TX 76248

7 Amount of contribution (\$)

100.00

8 Principal occupation / Job title (See Instructions)

Director of Pension Services

9 Employer (See Instructions)

Moss Luse & Womble

Date

12/04/2025

Full name of contributor

Carole Lovera

out-of-state PAC (ID#: _____)

Contributor address;

City;

State;

Zip Code

300 West Highland Street, Southlake TX 76092

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Self

Employer (See Instructions)

Self

Date

12/17/2025

Full name of contributor

Jade Holbrook

out-of-state PAC (ID#: _____)

Contributor address;

City;

State;

Zip Code

2029 Lazy Ln, Keller TX 76262

Amount of contribution (\$)

100.00

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 (\$)

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 | 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 | Gift/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 | 2 FILER NAME William Ross McMullin | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 11/19/2025 | 5 Payee name Meta Platforms, Inc. | |
| 6 Amount (\$) 30.00 | 7 Payee address; City; State; Zip Code 1 Meta Way, Menlo Park, California 94025 <small>Check if individual's residence address.</small> | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description Digital |
| | (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 William Ross McMullin | Office sought Mayor of Keller |
| | | Office held Keller City Council, Place 6 |
| Date 12/3/25 through 12/17/25 | Payee name Paypal | |
| Amount (\$) 21.70 | Payee address; City; State; Zip Code 2212 North First Street, San Jose, CA 95131 <small>Check if individual's residence address.</small> | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Fundraising Expense | Description Fees |
| | <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 William Ross McMullin | Office sought Mayor of Keller |
| | | Office held Keller City Council, Place 6 |
| Date 12/18/2025 | Payee name Meta Platforms, Inc. | |
| Amount (\$) 100.00 | Payee address; City; State; Zip Code 1 Meta Way, Menlo Park, California 94025 <small>Check if individual's residence address.</small> | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | Description Digital |
| | <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 William Ross McMullin | Office sought Mayor of Keller |
| | | Office held Keller City Council, Place 6 |

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