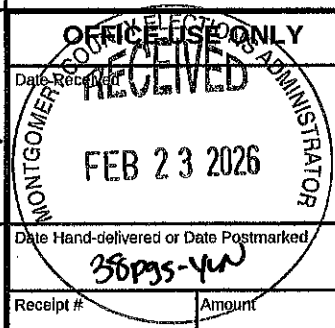


CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID	2 Total pages filed: 38
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI
		Wayne	
	NICKNAME	LAST	SUFFIX
		Mack	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY;		ZIP CODE
	PO Box 2234		
	Conroe, TX 77305		
		Date Hand-delivered or Date Postmarked 35095-4W	
		Receipt #	Amount
		Date Processed	
		Date Imaged	
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
		Mindy	
	NICKNAME	LAST	SUFFIX
		Mack	
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #; CITY; STATE; ZIP CODE
	PO Box 2234 Conroe, TX 77305		
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
		(936) 900-9094	
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)		
	<input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)		
9 PERIOD COVERED	Month	Day	Year
	01/23/2026		
		THROUGH	
		Month	Day
		02/21/2026	
10 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
	03/03/2026		
	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other
	<input type="checkbox"/> General	<input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known)
	JUSTICE OF THE PEACE Place 1 Montgomery		



GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

**FORM C/OH
COVER SHEET PG 2**

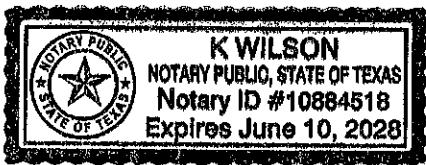
2 of 38

13 C / OH NAME Mack, Wayne	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.									
<table border="1" style="width:100%"> <tr> <td style="width:20%">COMMITTEE TYPE</td> <td>COMMITTEE NAME</td> </tr> <tr> <td><input type="checkbox"/> GENERAL</td> <td>COMMITTEE ADDRESS</td> </tr> <tr> <td><input type="checkbox"/> SPECIFIC</td> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td>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									

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)	\$	139,308.98
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	2,455.33
	4. TOTAL POLITICAL EXPENDITURES	\$	261,063.04
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	40,296.10
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	6,936.00

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.

W. P. Mack

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Wayne L. Mack, this the 23 day of February, 2020, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering

K Wilson
Printed name of officer administering

Title of officer administering oath

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

3 of 38

18 FILER NAME Mack, Wayne		19 Filer ID
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 139,308.98
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	\$ 194,646.74
6.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 61,183.90
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 5,232.40
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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/16 Rpt: 4/38
2 FILER NAME Mack, Wayne		3 Filer ID
4 Date 02/20/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ALLEN, MARCUS	7 Amount of Contribution (\$) \$52.40
6 Contributor address; City; State; Zip Code 66 E CRYSTAL CANYON CIR SPRING, TX 77389		
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 01/29/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ANDERSON, REBA	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code PO BOX 407 WILLIS, TX 77378		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
RETIRED		RETIRED
Date 02/18/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ARTHUR, SHANA	Amount of Contribution (\$) \$2,083.65
Contributor address; City; State; Zip Code 5427 PINE SPRINGS CT CONROE, TX 77304		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
RETIRED		RETIRED
Date 02/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ARTHUR, SHANA	Amount of Contribution (\$) \$1,041.98
Contributor address; City; State; Zip Code 5427 PINE SPRINGS CT CONROE, TX 77304		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
RETIRED		RETIRED
Date 02/02/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ATTAYA, VALERIE	Amount of Contribution (\$) \$104.48
Contributor address; City; State; Zip Code 4823 W FORK BLVD CONROE, TX 77304		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
RETIRED		RETIRED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/16 Rpt: 5/38
2 FILER NAME Mack, Wayne		3 Filer ID
4 Date 01/29/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BL CANTRELL FAMILY PROPERTIES LP	7 Amount of Contribution (\$) \$1,200.00
6 Contributor address; City; State; Zip Code 1104 WILSON RD CONROE, TX 77301		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/29/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BRIGGS, STEPHEN	Amount of Contribution (\$) \$104.48
Contributor address; City; State; Zip Code 100 S FLAGSTONE PATH CIRCLE THE WOODLANDS, TX 77381		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/18/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BYBEE, KRISTIN	Amount of Contribution (\$) \$104.48
Contributor address; City; State; Zip Code 1924 BOULDER RIDGE DR CONROE, TX 77304		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/17/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BYRNE, DONNY	Amount of Contribution (\$) \$10,000.00
Contributor address; City; State; Zip Code 6100 SPRING BRANCH RD. MONTGOMERY, TX 77316		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/29/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CARR, MARK	Amount of Contribution (\$) \$2,604.48
Contributor address; City; State; Zip Code 3999 I - 45 NORTH CONROE, TX 77304		
Principal occupation / Job title (See Instructions) OWNER		Employer (See Instructions) COLOR INTERIORS

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/16 Rpt: 6/38
2 FILER NAME Mack, Wayne		3 Filer ID
4 Date 01/30/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CEARLEY, TRACEY 6 Contributor address; City; State; Zip Code 9851 POST OAK CEMETERY RD. MONTGOMERY, TX 77356	7 Amount of Contribution (\$) \$7,500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHANG PITCOCK, TARA Contributor address; City; State; Zip Code 1009 OAK FALLS DRIVE WILLIS, TX 77378	Amount of Contribution (\$) \$104.48
Principal occupation / Job title (See Instructions) NA		Employer (See Instructions) NA
Date 02/10/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) COLEMAN, VERNON E. Contributor address; City; State; Zip Code 3418 PEBBLE BEACH RD. MONTGOMERY, TX 77356	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/17/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) COON, DUKE Contributor address; City; State; Zip Code P.O. BOX 1351 CONROE, TX 77305	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) OIL & GAS		Employer (See Instructions) HADCO INTERNATIONAL
Date 02/02/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) COSTENBADER, CHARLES Contributor address; City; State; Zip Code 39 N HERITAGE HILL CIR NORTH HERITAGE HILL CIRCLE THE WOODLANDS, TX 77381	Amount of Contribution (\$) \$260.73
Principal occupation / Job title (See Instructions) SUSTAINABLE PROJECT DEVELOPMENT		Employer (See Instructions) CMC II CONSULTING LLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/16 Rpt: 7/38
2 FILER NAME Mack, Wayne		3 Filer ID
4 Date 02/10/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) COWL SPUR DEVELOPMENT <hr/> 6 Contributor address; City; State; Zip Code 6052 N. FM 1486 MONTGOMERY, TX 77356	7 Amount of Contribution (\$) \$10,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/18/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CRANE, GREG-KYMBERLY <hr/> Contributor address; City; State; Zip Code 16543 HUNTERS TRL MONTGOMERY, TX 77356	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CROSSWIND ENTERPRISES LP <hr/> Contributor address; City; State; Zip Code 21758 SHARP RD MONTGOMERY, TX 77356	Amount of Contribution (\$) \$3,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DISHONGH, JOHNNIE <hr/> Contributor address; City; State; Zip Code 98 HILBIG RD CONROE, TX 77301	Amount of Contribution (\$) \$1,041.98
Principal occupation / Job title (See Instructions) BONDSMAN		Employer (See Instructions) JOHNNIE DISHONGH BAIL BONDS
Date 02/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FRANKHOUSER, DOUG <hr/> Contributor address; City; State; Zip Code 33 WEDGEWOOD BLVD. CONROE, TX 77304	Amount of Contribution (\$) \$208.65
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/16 Rpt: 8/38
2 FILER NAME Mack, Wayne		3 Filer ID
4 Date 02/03/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GARCIA, LORENA <hr/> 6 Contributor address; City; State; Zip Code 10489 CUDE CEMETERY RD WILLIS, TX 77318	7 Amount of Contribution (\$) \$104.48
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/10/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GERBINO, PHILIP <hr/> Contributor address; City; State; Zip Code 72 IVY CLIFFE DR MONTGOMERY, TX 77356	Amount of Contribution (\$) \$1,100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/07/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GIBSON, JOHN <hr/> Contributor address; City; State; Zip Code 13238 RAINTREE DR. MONTGOMERY, TX 77356	Amount of Contribution (\$) \$104.48
Principal occupation / Job title (See Instructions) MINISTRY		Employer (See instructions) SELF
Date 01/29/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HAMILTON, ROBERT E. <hr/> Contributor address; City; State; Zip Code 8520 MAJESTIC OAK CT. MONTGOMERY, TX 77316-3198	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HESS, KIMBERLEY <hr/> Contributor address; City; State; Zip Code 25610 MCDONALD RD THE WOODLANDS, TX 77380	Amount of Contribution (\$) \$1,041.98
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/16 Rpt: 9/38
2 FILER NAME Mack, Wayne		3 Filer ID
4 Date 01/29/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HILL, ENID	7 Amount of Contribution (\$) \$26.35
	6 Contributor address; City; State; Zip Code 2621 N SARAH ST SAINT LOUIS, MO 63113	
8 Principal occupation / Job title (See Instructions) ADMINISTRATIVE COORDINATOR		9 Employer (See Instructions) UNITED WAY OF GREATER ST. LOUIS
Date 02/02/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HUFF, TERRI NICOL	Amount of Contribution (\$) \$52.40
	Contributor address; City; State; Zip Code 4314 POST CEDAR SAN ANTONIO, TX 78253	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 01/28/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) IRHABI, IRHABI	Amount of Contribution (\$) \$104.48
	Contributor address; City; State; Zip Code 30 WILDFLOWER TRACE PL SPRING, TX 77382	
Principal occupation / Job title (See Instructions) TEACHER		Employer (See Instructions) MOSQUE
Date 02/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) J. CRAIG DOYAL CAMPAIGN FUND	Amount of Contribution (\$) \$2,598.41
	Contributor address; City; State; Zip Code PO BOX 718 CONROE, TX 77305	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JACOBS, FRANCIS	Amount of Contribution (\$) \$521.15
	Contributor address; City; State; Zip Code 3067 BENTWATER DR MONTGOMERY, TX 77356	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/16 Rpt: 10/38
2 FILER NAME Mack, Wayne		3 Filer ID
4 Date 02/06/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JAVENS, ROGER	7 Amount of Contribution (\$) \$250.00
6 Contributor address; City; State; Zip Code 27703 BRAYDON CT. SPRING, TX 77386		
8 Principal occupation / Job title (See Instructions) EXEC DIRECTOR		9 Employer (See Instructions) LGM
Date 01/28/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JEFF, JEFF	Amount of Contribution (\$) \$1,041.98
Contributor address; City; State; Zip Code 1935 CATTLE DR MAGNOLIA, TX 77354-5074		
Principal occupation / Job title (See Instructions) JANITOR		Employer (See Instructions) CUNNINGHAM GAS PRODUCTS
Date 01/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOHNSON, GLENN	Amount of Contribution (\$) \$10,000.00
Contributor address; City; State; Zip Code 14595 HOOPER RANCH RD WILLIS, TX 77378		
Principal occupation / Job title (See Instructions) MORTGAGE LENDER		Employer (See Instructions) PROMINENT HOLDINGS, INC
Date 01/29/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOHNSON, KARL	Amount of Contribution (\$) \$1,041.98
Contributor address; City; State; Zip Code 13496 JBK MEMORIAL WILLIS, TX 77318		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/10/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KNOWLES, SALLY	Amount of Contribution (\$) \$104.48
Contributor address; City; State; Zip Code 29703 VALLEY CENTER DR SPRING, TX 77386-2989		
Principal occupation / Job title (See Instructions) ODS		Employer (See Instructions) RAM

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/16 Rpt: 11/38
2 FILER NAME Mack, Wayne		3 Filer ID
4 Date 02/10/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KOWIS, GARY 6 Contributor address; City; State; Zip Code 1837 LEELA SPRINGS DR CONROE, TX 77304	7 Amount of Contribution (\$) \$104.48
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 01/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KOWIS, JULIAN Contributor address; City; State; Zip Code 12233 W COMANCHE CIR WILLIS, TX 77378	Amount of Contribution (\$) \$22.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LUCAS, MICHAEL Contributor address; City; State; Zip Code 12502 MARINA LOOP WILLIS, TX 77318	Amount of Contribution (\$) \$260.73
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/17/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LUNN, GERALD Contributor address; City; State; Zip Code 146 KINGSTON LN THE WOODLANDS, TX 77382	Amount of Contribution (\$) \$208.65
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MANN, ALAN W. Contributor address; City; State; Zip Code PO BOX 1010 MONTGOMERY, TX 77356	Amount of Contribution (\$) \$10,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/16 Rpt: 12/38
2 FILER NAME Mack, Wayne		3 Filer ID
4 Date 01/25/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARTIN Jr., MAX	7 Amount of Contribution (\$) \$104.48
6 Contributor address; City; State; Zip Code 410 CAMDEN HILLS S MONTGOMERY, TX 77356		
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 02/09/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MATTESON-PARRISH, MARY	Amount of Contribution (\$) \$521.15
Contributor address; City; State; Zip Code 26 S. BROKENFERN DRIVE THE WOODLANDS, TX 77380		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/10/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MAYES, PAUL E.	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code 431 EDGEWOOD DR MONTGOMERY, TX 77356		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MCCLANAHAN, MARY	Amount of Contribution (\$) \$25,000.00
Contributor address; City; State; Zip Code 13921 HIGHWAY 105 W CONROE, TX 77304		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/18/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MCGUIRE, NORM	Amount of Contribution (\$) \$2,083.65
Contributor address; City; State; Zip Code 11570 SYCAMORE ST CONROE, TX 77302		
Principal occupation / Job title (See Instructions) MANAGEMENT		Employer (See Instructions) CONROE

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/16 Rpt: 13/38
2 FILER NAME Mack, Wayne		3 Filer ID
4 Date 02/03/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MEISTAD, CHERYL <hr/> 6 Contributor address; City; State; Zip Code 3706 PINE HOLLOW LN MONTGOMERY, TX 77356	7 Amount of Contribution (\$) \$104.48
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 02/18/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MIKESKA, NANCY <hr/> Contributor address; City; State; Zip Code 2252 WILLOW DR CONROE, TX 77304	Amount of Contribution (\$) \$5,208.65
Principal occupation / Job title (See Instructions) ADMINISTRATION		Employer (See Instructions) CITY OF CONROE
Date 01/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NASH, JERRY <hr/> Contributor address; City; State; Zip Code 148 GRAND MARION WAY MONTGOMERY, TX 77316	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/10/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ONEIL, SHARON R. <hr/> Contributor address; City; State; Zip Code 36 BENTHAVEN W MONTGOMERY, TX 77356	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) OWENS, RIGBY <hr/> Contributor address; City; State; Zip Code PO BOX 810 CONROE, TX 77305	Amount of Contribution (\$) \$2,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/16 Rpt: 14/38
2 FILER NAME Mack, Wayne		3 Filer ID
4 Date 02/09/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PARRISH, NORMAN	7 Amount of Contribution (\$) \$500.00
	6 Contributor address; City; State; Zip Code 26 S. BROKENFERN DRIVE THE WOODLANDS, TX 77380	
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 02/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PATEL, PIYUSHBHAI D.	Amount of Contribution (\$) \$2,000.00
	Contributor address; City; State; Zip Code 11002 NORTHWEST FWY. HOUSTON, TX 77092	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PATTON, JOHN L.	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 11711 EDGEWATER COURT MONTGOMERY, TX 77356	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/14/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PETRO, YOLANDA	Amount of Contribution (\$) \$33.19
	Contributor address; City; State; Zip Code 39 S WIND DR MONTGOMERY, TX 77356	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/10/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PHILLIPS, CAROLYN	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 179 SUNNYVALE W MONTGOMERY, TX 77356	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/16 Rpt: 15/38
2 FILER NAME Mack, Wayne		3 Filer ID
4 Date 02/18/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PORTER, MARSHA	7 Amount of Contribution (\$) \$1,041.98
6 Contributor address; City; State; Zip Code 2010 AUTUMN RIDGE DRIVE CONROE, TX 77304		
8 Principal occupation / Job title (See Instructions) CITY COUNCIL		9 Employer (See Instructions) CITY OF CONROE
Date 02/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PREDDY, SANDI	Amount of Contribution (\$) \$30.00
Contributor address; City; State; Zip Code 181 APRIL WATERS DR W MONTGOMERY, TX 77356-8836		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PRUETT, DANIEL W.	Amount of Contribution (\$) \$2,500.00
Contributor address; City; State; Zip Code 503 EVERITT ST. CONROE, TX 77301		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) QUINN, MIKE	Amount of Contribution (\$) \$130.52
Contributor address; City; State; Zip Code 27 WATERFORD CIR THE WOODLANDS, TX 77381		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/20/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) REED, MALINDA	Amount of Contribution (\$) \$5,208.65
Contributor address; City; State; Zip Code 18445 HIGHWAY 105 W STE 102 PMB 287 MONTGOMERY, TX 77356		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/16 Rpt: 16/38
2 FILER NAME Mack, Wayne		3 Filer ID
4 Date 01/29/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROBERSON, EVAN	7 Amount of Contribution (\$) \$1,000.00
	6 Contributor address; City; State; Zip Code 162 REMINGTON RD HUNTSVILLE, TX 77240-1010	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SAMUEL, PAULRAJ	Amount of Contribution (\$) \$1,041.98
	Contributor address; City; State; Zip Code 16 MOONVINE CT SPRING, TX 77380	
Principal occupation / Job title (See Instructions) INTERVENTIONAL CARDIOLOGIST		Employer (See Instructions) SAMUEL FAMILY CARDIOLOGY
Date 02/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SAPP, KEVIN	Amount of Contribution (\$) \$10,416.98
	Contributor address; City; State; Zip Code 4745 CONCORDIA DR BRYAN, TX 77802	
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) ALTIA
Date 02/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SOK, RO	Amount of Contribution (\$) \$104.48
	Contributor address; City; State; Zip Code 541 RED EYED VIREO CT MAGNOLIA, TX 77354	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SPEIGHT, MARK	Amount of Contribution (\$) \$104.48
	Contributor address; City; State; Zip Code 911 MCCAEB RD MONTGOMERY, TX 77316	
Principal occupation / Job title (See Instructions) SPECIAL AGENT/ CRIMINAL INVESTIGATOR		Employer (See Instructions) DHS/ HSI

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/16 Rpt: 17/38
2 FILER NAME Mack, Wayne		3 Filer ID
4 Date 02/10/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STEENWYK, TIMOTHY C. 6 Contributor address; City; State; Zip Code PO BOX 472 MONTGOMERY, TX 77356	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STOKES, KIM Contributor address; City; State; Zip Code 23245 GLENMONT ESTATES BLVD MAGNOLIA, TX 77355	Amount of Contribution (\$) \$52.40
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STOVALL, PAM Contributor address; City; State; Zip Code PO BOX 1603 WILLIS, TX 77378	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/30/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TEAGUE, RAYMOND Contributor address; City; State; Zip Code 3097 N FM 1486 RD MONTGOMERY, TX 77356	Amount of Contribution (\$) \$104.48
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TERRY, VICKI Contributor address; City; State; Zip Code 12371 ARIES LOOP S WILLIS, TX 77318	Amount of Contribution (\$) \$52.40
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/16 Rpt: 18/38
2 FILER NAME Mack, Wayne		3 Filer ID
4 Date 02/03/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TUCKER, MICKEY D. 6 Contributor address; City; State; Zip Code 21758 SHARP RD MONTGOMERY, TX 77356	7 Amount of Contribution (\$) \$3,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) UNDERDOWN, MARIE ANN Contributor address; City; State; Zip Code 2511 SAND SHORE DRIVE CONROE, TX 77304	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VERRON Jr., JACQUES Contributor address; City; State; Zip Code 23550 PARTNERS WAY PORTER, TX 77365	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/10/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WATKINS, TOM Contributor address; City; State; Zip Code 373 CAMDEN HILLS W MONTGOMERY, TX 77356	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WOLFF, LISA Contributor address; City; State; Zip Code 12611 VIRGO DR WILLIS, TX 77318	Amount of Contribution (\$) \$104.48
Principal occupation / Job title (See Instructions) OPHTHALMIC TECH		Employer (See Instructions) AVERY

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/16 Rpt: 19/38
2 FILER NAME Mack, Wayne		3 Filer ID
4 Date 02/10/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WOODALL, DOROTHY F.	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code 65 FAIRFIELD DR MONTGOMERY, TX 77358	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/30/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) YATES, JARED	Amount of Contribution (\$) \$260.73
	Contributor address; City; State; Zip Code 40510 SPRINGFIELD LN MAGNOLIA, TX 77354	
Principal occupation / Job title (See Instructions) FEDERAL AGENT		Employer (See Instructions) BUREAU OF ATF
Date 02/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) YAW, LEIGHTON H.	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code 4018 HIGHLAND PASS MONTGOMERY, TX 77316-2071	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/10/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) YOUNG, RAE-JEAN	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 902 BENTWATER DR MONTGOMERY, TX 77356	
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: 1/14 Rpt: 20/38		2 FILER NAME Mack, Wayne		3 Filer ID	
4 Date 01/26/2026		5 Payee name AMERICAN EXPRESS			
6 Amount (\$) \$9,376.19		7 Payee address; City; State; Zip Code PO BOX 6031 CAROL STREAM, IL 60197-6031			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Credit Card Payment		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PAYMENT OF CREDIT CARD BILL FOR CREDIT CARD EXPENDITURES	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 01/26/2026		Payee name ANEDOT, INC.			
Amount (\$) \$38.43		Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770 NEW ORLEANS, LA 70112-8954			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Accounting/Banking		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD MERCHANT FEES	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 01/27/2026		Payee name ANEDOT, INC.			
Amount (\$) \$4.48		Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770 NEW ORLEANS, LA 70112-8954			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Accounting/Banking		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD MERCHANT FEES	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	

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: 2/14 Rpt: 21/38	2 FILER NAME Mack, Wayne	3 Filer ID
4 Date 01/29/2026	5 Payee name ANEDOT, INC.	
6 Amount (\$) \$426.26	7 Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770 NEW ORLEANS, LA 70112-8954	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD MERCHANT FEES
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/30/2026	Payee name ANEDOT, INC.	
Amount (\$) \$46.46	Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770 NEW ORLEANS, LA 70112-8954	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD MERCHANT FEES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/03/2026	Payee name ANEDOT, INC.	
Amount (\$) \$167.50	Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770 NEW ORLEANS, LA 70112-8954	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD MERCHANT FEES
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: 3/14 Rpt: 22/38	2 FILER NAME Mack, Wayne	3 Filer ID
4 Date 02/05/2026	5 Payee name ANEDOT, INC.	
6 Amount (\$) \$71.17	7 Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770 NEW ORLEANS, LA 70112-8954	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD MERCHANT FEES
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/09/2026	Payee name ANEDOT, INC.	
Amount (\$) \$41.98	Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770 NEW ORLEANS, LA 70112-8954	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD MERCHANT FEES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/11/2026	Payee name ANEDOT, INC.	
Amount (\$) \$14.78	Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770 NEW ORLEANS, LA 70112-8954	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD MERCHANT FEES
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 | 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: Sch: 4/14 Rpt: 23/38	2 FILER NAME Mack, Wayne	3 Filer ID
4 Date 02/11/2026	5 Payee name ANEDOT, INC.	
6 Amount (\$) \$41.45	7 Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770 NEW ORLEANS, LA 70112-8954	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD MERCHANT FEES
9 Complete ONLY if direct expenditure to benefit C/OH		
	Candidate/Officeholder name	Office sought
	Office held	
Date 02/17/2026	Payee name ANEDOT, INC.	
Amount (\$) \$467.92	Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770 NEW ORLEANS, LA 70112-8954	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD MERCHANT FEES
Complete ONLY if direct expenditure to benefit C/OH		
	Candidate/Officeholder name	Office sought
	Office held	
Date 02/18/2026	Payee name ANEDOT, INC.	
Amount (\$) \$103.65	Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770 NEW ORLEANS, LA 70112-8954	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD MERCHANT FEES
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 | 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: Sch: 5/14 Rpt: 24/38	2 FILER NAME Mack, Wayne	3 Filer ID
4 Date 02/18/2026	5 Payee name ANEDOT, INC.	
6 Amount (\$) \$462.71	7 Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770 NEW ORLEANS, LA 70112-8954	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD MERCHANT FEES
9 Complete ONLY if direct expenditure to benefit C/OH		
	Candidate/Officeholder name	Office sought Office held
Date 02/19/2026	Payee name ANEDOT, INC.	
Amount (\$) \$1.63	Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770 NEW ORLEANS, LA 70112-8954	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD MERCHANT FEES
Complete ONLY if direct expenditure to benefit C/OH		
	Candidate/Officeholder name	Office sought Office held
Date 02/19/2026	Payee name ANEDOT, INC.	
Amount (\$) \$48.95	Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770 NEW ORLEANS, LA 70112-8954	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD MERCHANT FEES
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 | 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: Sch: 6/14 Rpt: 25/38	2 FILER NAME Mack, Wayne	3 Filer ID
4 Date 02/02/2026	5 Payee name AXIOM STRATEGIES	
6 Amount (\$) \$3,000.00	7 Payee address; City; State; Zip Code 800 W 47TH ST, STE 200 KANSAS CITY, MO 64112	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting 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 CAMPAIGN CONSULTING
9 Complete ONLY if direct expenditure to benefit C/OH		
	Candidate/Officeholder name	Office held
Date 02/04/2026	Payee name AXIOM STRATEGIES	
Amount (\$) \$24,313.00	Payee address; City; State; Zip Code 800 W 47TH ST, STE 200 KANSAS CITY, MO 64112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 DIRECT MAIL PRINTING/PROCESSING/POSTAGE
Complete ONLY if direct expenditure to benefit C/OH		
	Candidate/Officeholder name	Office held
Date 02/04/2026	Payee name AXIOM STRATEGIES	
Amount (\$) \$31,194.00	Payee address; City; State; Zip Code 800 W 47TH ST, STE 200 KANSAS CITY, MO 64112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 DIRECT MAIL PRINTING/PROCESSING/POSTAGE
Complete ONLY if direct expenditure to benefit C/OH		
	Candidate/Officeholder name	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: 7/14 Rpt: 26/38		2 FILER NAME Mack, Wayne		3 Filer ID	
4 Date 02/06/2026		5 Payee name AXIOM STRATEGIES			
6 Amount (\$) \$24,313.00		7 Payee address; City; State; Zip Code 800 W 47TH ST, STE 200 KANSAS CITY, MO 64112			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising 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 DIRECT MAIL PRINTING/PROCESSING/POSTAGE	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 02/09/2026		Payee name AXIOM STRATEGIES			
Amount (\$) \$31,194.00		Payee address; City; State; Zip Code 800 W 47TH ST, STE 200 KANSAS CITY, MO 64112			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising 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 DIRECT MAIL PRINTING/PROCESSING/POSTAGE	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 02/13/2026		Payee name AXIOM STRATEGIES			
Amount (\$) \$9,291.00		Payee address; City; State; Zip Code 800 W 47TH ST, STE 200 KANSAS CITY, MO 64112			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising 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 DIRECT MAIL PRINTING/PROCESSING/POSTAGE	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 8/14 Rpt: 27/38	2 FILER NAME Mack, Wayne	3 Filer ID
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4 Date 02/13/2026	5 Payee name AXIOM STRATEGIES
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6 Amount (\$) \$9,291.00	7 Payee address; City; State; Zip Code 800 W 47TH ST, STE 200 KANSAS CITY, MO 64112
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 DIRECT MAIL PRINTING/PROCESSING/POSTAGE
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/29/2026	Payee name CAZ CONSULTING
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Amount (\$) \$6,290.30	Payee address; City; State; Zip Code 5049 EDWARDS RANCH ROAD FORT WORTH, TX 76109
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 TEXTING SERVICE
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/03/2026	Payee name CAZ CONSULTING
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Amount (\$) \$5,983.60	Payee address; City; State; Zip Code 5049 EDWARDS RANCH ROAD FORT WORTH, TX 76109
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 TEXTING SERVICE
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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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: 9/14 Rpt: 28/38	2 FILER NAME Mack, Wayne	3 Filer ID
4 Date 02/07/2026	5 Payee name CAZ CONSULTING	
6 Amount (\$) \$5,764.40	7 Payee address; City; State; Zip Code 5049 EDWARDS RANCH ROAD FORT WORTH, TX 76109	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 TEXTING SERVICE
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 02/09/2026	Payee name CAZ CONSULTING	
Amount (\$) \$5,493.00	Payee address; City; State; Zip Code 5049 EDWARDS RANCH ROAD FORT WORTH, TX 76109	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 TEXTING SERVICE
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office held
Date 02/14/2026	Payee name CAZ CONSULTING	
Amount (\$) \$5,388.90	Payee address; City; State; Zip Code 5049 EDWARDS RANCH ROAD FORT WORTH, TX 76109	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 TEXTING SERVICE
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 10/14 Rpt: 29/38	2 FILER NAME Mack, Wayne	3 Filer ID
4 Date 01/23/2026	5 Payee name COLORTECH DIRECT	
6 Amount (\$) \$3,536.65	7 Payee address; City; State; Zip Code 809 CABLE ST CONROE, TX 77301	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing 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 PRINTING FLYERS AND ENVELOPES, DIRECT MAIL PRINTING/PROCESSING/POSTAGE
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/02/2026	Payee name COLORTECH DIRECT	
Amount (\$) \$51.96	Payee address; City; State; Zip Code 809 CABLE ST CONROE, TX 77301	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting 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 GRAPHICS DESIGN
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/23/2026	Payee name LAKE CONROE AREA REPUBLICAN WOMEN	
Amount (\$) \$250.00	Payee address; City; State; Zip Code PO 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 SPONSORSHIP
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: 11/14 Rpt: 30/38	2 FILER NAME Mack, Wayne	3 Filer ID
4 Date 02/07/2026	5 Payee name M-TWO W FILMS	
6 Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code 459 CUMBERLAND TRL CONROE, TX 77302-1089	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 SOCIAL MEDIA ADVERTISING
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/28/2026	Payee name OAK RIDGE H.S. SPORTS BOOSTER	
Amount (\$) \$250.00	Payee address; City; State; Zip Code 27330 OAK RIDGE SCHOOL RD. 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 SPONSORSHIP
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/31/2026	Payee name POUNDS, CHANDER	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 12165 TX 75 WILLIS, TX 77378	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CONTRACT LABOR - CAMPAIGN SUPPORT
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: 12/14 Rpt: 31/38	2 FILER NAME Mack, Wayne	3 Filer ID
4 Date 02/09/2026	5 Payee name POUNDS, CHANDER	
6 Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code 12165 TX 75 WILLIS, TX 77378	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CONTRACT LABOR - CAMPAIGN SUPPORT
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/16/2026	Payee name POUNDS, CHANDER	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 12165 TX 75 WILLIS, TX 77378	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CONTRACT LABOR - CAMPAIGN SUPPORT
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/20/2026	Payee name POUNDS, CHANDER	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 12165 TX 75 WILLIS, TX 77378	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CONTRACT LABOR - CAMPAIGN SUPPORT
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: 13/14 Rpt: 32/38		2 FILER NAME Mack, Wayne		3 Filer ID	
4 Date 02/03/2026		5 Payee name REPUBLICAN OTERS OF TEXAS PAC			
6 Amount (\$) \$2,500.00		7 Payee address; City; State; Zip Code 30310 CHARLIE LANE MAGNOLIA, TX 77355			
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 SPONSORSHIP	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 01/29/2026		Payee name RIGHTSIDE COMPLIANCE			
Amount (\$) \$60.00		Payee address; City; State; Zip Code 7415 SW Pkwy Bldg 6 Ste 500-134 Austin, TX 78735			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Consulting 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 COMPLIANCE CONSULTING	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 02/04/2026		Payee name RIGHTSIDE COMPLIANCE			
Amount (\$) \$5,670.00		Payee address; City; State; Zip Code 7415 SW Pkwy Bldg 6 Ste 500-134 Austin, TX 78735			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Consulting 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 COMPLIANCE CONSULTING	
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: 14/14 Rpt: 33/38	2 FILER NAME Mack, Wayne	3 Filer ID
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4 Date 01/30/2026	5 Payee name SIGNS, ETC
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6 Amount (\$) \$2,814.50	7 Payee address; City; State; Zip Code 3605 N LOOP 336 W CONROE, TX 77304
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 CAMPAIGN SIGNS
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/03/2026	Payee name TEXAS BUSY BEE DESIGNS, LLC
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Amount (\$) \$974.25	Payee address; City; State; Zip Code 655 STONEWALL JACKSON DR. CONROE, TX 77302
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 CAMPAIGN SHIRTS
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(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 |
| | 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 F2: Sch: 1/2 Rpt: 34/38	2 FILER NAME Mack, Wayne	3 Filer ID
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		\$

5 Date 02/11/2026	6 Payee name AXIOM STRATEGIES		
7 Amount (\$) \$31,194.00	8 Payee address; City; State; Zip Code 800 W 47TH ST, STE 200 KANSAS CITY, MO 64112		

9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 DIRECT MAIL PRINTING/PRODUCTION/POSTAGE
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11 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/28/2026	Payee name AXMEDIA		
Amount (\$) \$24,750.00	Payee address; City; State; Zip Code 800 W 47TH ST, STE 200 KANSAS CIT, MO 64112		

TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 DIGITAL ADS
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(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 |
| | 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 F2: Sch: 2/2 Rpt: 35/38	2 FILER NAME Mack, Wayne	3 Filer ID
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4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$
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5 Date 02/17/2026	6 Payee name CAZ CONSULTING
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7 Amount (\$) \$5,239.90	8 Payee address; City; State; Zip Code 5049 EDWARDS RANCH ROAD FORT WORTH, TX 76109
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 TEXTING SERVICE
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11 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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 F4: Sch: 1/3 Rpt: 36/38		2 FILER NAME Mack, Wayne		3 Filer ID	
4 CREDIT CARD ISSUER		Name of financial institution AMERICAN EXPRESS		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 1,745.71	
6 PAYMENT		(a) Amount Charged \$772.00	(b) Date of Charge 01/27/2026	(c) Date(s) Credit Card Issuer Paid	
7 PAYEE		(a) Payee name FACEBOOK		(b) Payee address; City, State, Zip Code 1601 WILLOW RD BLDG 10 MENLO PARK, CA 94025	
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description ONLINE ADS	
		(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 ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT		(a) Amount Charged \$64.69	(b) Date of Charge 01/31/2026	(c) Date(s) Credit Card Issuer Paid	
PAYEE		(a) Payee name FACEBOOK		(b) Payee address; City, State, Zip Code 1601 WILLOW RD BLDG 10 MENLO PARK, CA 94025	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description ONLINE ADS	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT		(a) Amount Charged \$650.00	(b) Date of Charge 02/04/2026	(c) Date(s) Credit Card Issuer Paid	
PAYEE		(a) Payee name INTERFAITH OF THE		(b) Payee address; City, State, Zip Code 4242 INTERFAITH WAY SPRING, TX 77381	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description EVENT SPONSORSHIP	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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 F4: Sch: 2/3 Rpt: 37/38		2 FILER NAME Mack, Wayne		3 Filer ID	
4 CREDIT CARD ISSUER		Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 1,745.71	
6 PAYMENT		(a) Amount Charged \$250.00	(b) Date of Charge 02/13/2026	(c) Date(s) Credit Card Issuer Paid	
7 PAYEE		(a) Payee name INTERFAITH OF THE		(b) Payee address; City, State, Zip Code 4242 INTERFAITH WAY SPRING, TX 77381	
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description EVENT SPONSORSHIP	
		(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 ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
		Office held			
PAYMENT		(a) Amount Charged \$400.00	(b) Date of Charge 02/04/2026	(c) Date(s) Credit Card Issuer Paid	
PAYEE		(a) Payee name MONTGOMERY COUNTY FOOD		(b) Payee address; City, State, Zip Code 1 FOOD FOR LIFE WAY CONROE, TX 77385	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description DONATION	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
		Office held			
PAYMENT		(a) Amount Charged \$100.00	(b) Date of Charge 02/09/2026	(c) Date(s) Credit Card Issuer Paid	
PAYEE		(a) Payee name MONTGOMERY COUNTY FOOD		(b) Payee address; City, State, Zip Code 1 FOOD FOR LIFE WAY CONROE, TX 77385	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description DONATION	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
		Office held			

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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 |
| | 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 F4: Sch: 3/3 Rpt: 38/38	2 FILER NAME Mack, Wayne		3 Filer ID
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 1,745.71
6 PAYMENT	(a) Amount Charged \$750.00	(b) Date of Charge 02/14/2026	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name NUMINAR	(b) Payee address; City, State, Zip Code 1201 WILSON BLVD ARLINGTON, VA 22209	
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description SOFTWARE SUBSCRIPTION
	(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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
PAYMENT	(a) Amount Charged \$500.00	(b) Date of Charge 02/03/2026	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name MONTGOMERY COUNTY	(b) Payee address; City, State, Zip Code 17276 LINDA LN. CONROE, TX 77306-8346	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description POLITICAL ADVERTISING
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held