

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

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

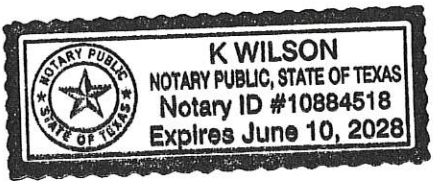
2 of 52

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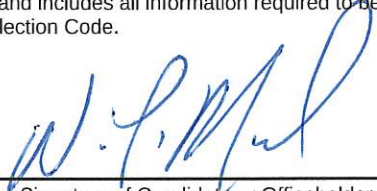
15 NOTICE FROM POLITICAL COMMITTEE(S)	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i>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

16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	14,500.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	60,996.83
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	58,640.62
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.



 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Wayne L. Mack, this the 15 day of July, 2025, to certify which, witness my hand and seal of office.



 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**

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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	\$ 14,500.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 43,224.54
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 17,772.29
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: 1/5 Rpt: 4/52
2 FILER NAME Mack, Wayne		3 Filer ID
4 Date 05/23/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ARTHUR, SHANA	7 Amount of Contribution (\$) \$500.00
6 Contributor address; City; State; Zip Code 5427 PINE SPRINGS CT CONROE, TX 77304		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 05/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BOOTH, JENNIFER	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code 14510 EDWARDS RD MONTGOMERY, TX 77316		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CARBON CHURCH	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code PO BOX 1074 MONTGOMERY, TX 77356		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ELLISON, COLLEEN	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code 2161 SUMMIT MIST DR CONROE, TX 77304		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FREEMAN, FERRAL & MORGAN	Amount of Contribution (\$) \$70.00
Contributor address; City; State; Zip Code 1712 N FRAZIER ST STE 206 CONROE, TX 77301		
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: 2/5 Rpt: 5/52
2 FILER NAME Mack, Wayne		3 Filer ID
4 Date 05/07/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GABRIEL, ELLIOTT	7 Amount of Contribution (\$) \$35.00
6 Contributor address; City; State; Zip Code 1414 WEDGEWOOD ST HOUSTON, TX 77093		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 05/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GULLO, SPARKY	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code 925 INTERSTATE 45 S CONROE, TX 77301		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HILL, ENID	Amount of Contribution (\$) \$35.00
Contributor address; City; State; Zip Code 2621 N SARAH ST SAINT LOUIS, MO 63113		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KNEISLEY, OLIVER	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code 4328 FM 319 ELKHART, TX 75839		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MACK, WAYNE	Amount of Contribution (\$) \$75.00
Contributor address; City; State; Zip Code PO BOX 2234 CONROE, TX 77305		
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: 3/5 Rpt: 6/52
2 FILER NAME Mack, Wayne		3 Filer ID
4 Date 04/13/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MACK, WAYNE	7 Amount of Contribution (\$) \$35.00
6 Contributor address; City; State; Zip Code PO BOX 2234 CONROE, TX 77305		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 05/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MACK, WAYNE	Amount of Contribution (\$) \$70.00
Contributor address; City; State; Zip Code PO BOX 2234 CONROE, TX 77305		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MEISTAD, CHERYL	Amount of Contribution (\$) \$110.00
Contributor address; City; State; Zip Code 3706 PINE HOLLOW LN MONTGOMERY, TX 77356		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MONTALVO, CASEY	Amount of Contribution (\$) \$110.00
Contributor address; City; State; Zip Code 13528 BROOKLYN MEAD LN WILLIS, TX 77378		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ONEIL, SHARON	Amount of Contribution (\$) \$35.00
Contributor address; City; State; Zip Code 36 BENTHAVEN 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: 4/5 Rpt: 7/52
2 FILER NAME Mack, Wayne		3 Filer ID
4 Date 05/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PARADA, CHARLES	7 Amount of Contribution (\$) \$250.00
6 Contributor address; City; State; Zip Code 18754 GRAND HARBOR PT MONTGOMERY, TX 77356		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 06/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PRATT, DANIELA	Amount of Contribution (\$) \$2,500.00
Contributor address; City; State; Zip Code 420 HUNTINGTON PARK DR MONTGOMERY, TX 77316		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RUONAVAR, JOY	Amount of Contribution (\$) \$35.00
Contributor address; City; State; Zip Code 21020 BRIAR TIMBER DR PORTER, TX 77365		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SAIKOWSKI, RON	Amount of Contribution (\$) \$35.00
Contributor address; City; State; Zip Code 14 E KNIGHTSBRIDGE DR CONROE, TX 77385		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TEAGUE, RAYMOND	Amount of Contribution (\$) \$2,500.00
Contributor address; City; State; Zip Code 3097 N FM 1486 RD 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: 5/5 Rpt: 8/52
2 FILER NAME Mack, Wayne		3 Filer ID
4 Date 05/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) THOMAS, JUDI	7 Amount of Contribution (\$) \$35.00
6 Contributor address; City; State; Zip Code 1563 WHIPPORWILL RD CONROE, TX 77303		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 06/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TULLIER, VICTORIA	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code 23245 GLENMONT ESTATES BLVD MAGNOLIA, TX 77355		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WEAVER, DARLA	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code 21627 EVA ST MONTGOMERY, TX 77356		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WISENBAKER, MARY HELEN	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code 21090 BLUE GOOSE DR MONTGOMERY, TX 77316		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WRIGHT, JAY & BEVERLY	Amount of Contribution (\$) \$70.00
Contributor address; City; State; Zip Code 793 ANGELINA CT CONROE, TX 77302		
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: 1/21 Rpt: 9/52	2 FILER NAME Mack, Wayne	3 Filer ID
4 Date 02/06/2025	5 Payee name ACADEMY SPORTS & OUTDOORS	
6 Amount (\$) \$162.38	7 Payee address; City; State; Zip Code 1414 N LOOP 336 W CONROE, TX 77303	
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 SILENT AUCTION ITEM FOR LEGEND OF THE LIONS
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 01/27/2025	Candidate/Officeholder name AMERICAN EXPRESS	
Amount (\$) \$1,824.95	Office sought Office held	
	Payee name AMERICAN EXPRESS	
	Payee address; City; State; Zip Code PO Box 6031 Carol Stream, IL 60197	
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 CREDIT CARD PAYMENT
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 01/28/2025	Candidate/Officeholder name AMERICAN EXPRESS	
Amount (\$) \$943.00	Office sought Office held	
	Payee name AMERICAN EXPRESS	
	Payee address; City; State; Zip Code PO Box 6031 Carol Stream, IL 60197	
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 CREDIT CARD PAYMENT
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/21 Rpt: 10/52	2 FILER NAME Mack, Wayne	3 Filer ID
4 Date 02/18/2025	5 Payee name AMERICAN EXPRESS	
6 Amount (\$) \$1,570.76	7 Payee address; City; State; Zip Code PO Box 6031 Carol Stream, IL 60197	
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 CREDIT CARD PAYMENT
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate/Officeholder name	Office sought Office held
Date 03/03/2025	Payee name AMERICAN EXPRESS	
Amount (\$) \$304.83	Payee address; City; State; Zip Code PO Box 6031 Carol Stream, IL 60197	
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 CREDIT CARD PAYMENT
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate/Officeholder name	Office sought Office held
Date 03/12/2025	Payee name AMERICAN EXPRESS	
Amount (\$) \$1,392.83	Payee address; City; State; Zip Code PO Box 6031 Carol Stream, IL 60197	
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 CREDIT CARD PAYMENT
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: 3/21 Rpt: 11/52	2 FILER NAME Mack, Wayne	3 Filer ID
4 Date 03/31/2025	5 Payee name AMERICAN EXPRESS	
6 Amount (\$) \$1,364.13	7 Payee address; City; State; Zip Code PO Box 6031 Carol Stream, IL 60197	
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 CREDIT CARD PAYMENT
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/16/2025	Candidate/Officeholder name AMERICAN EXPRESS	
Amount (\$) \$3,225.99	Office sought PO Box 6031 Carol Stream, IL 60197	
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 CREDIT CARD PAYMENT
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 05/05/2025	Candidate/Officeholder name AMERICAN EXPRESS	
Amount (\$) \$1,648.23	Office sought PO Box 6031 Carol Stream, IL 60197	
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 CREDIT CARD PAYMENT
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/21 Rpt: 12/52	2 FILER NAME Mack, Wayne	3 Filer ID
4 Date 05/14/2025	5 Payee name AMERICAN EXPRESS	
6 Amount (\$) \$35.00	7 Payee address; City; State; Zip Code PO Box 6031 Carol Stream, IL 60197	
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 CREDIT CARD PAYMENT
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate/Officeholder name	Office sought
Date 06/03/2025	Payee name AMERICAN EXPRESS	
Amount (\$) \$910.39	Payee address; City; State; Zip Code PO Box 6031 Carol Stream, IL 60197	
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 CREDIT CARD PAYMENT
Complete ONLY if direct expenditure to benefit C/OH		
	Candidate/Officeholder name	Office held
Date 06/17/2025	Payee name AMERICAN EXPRESS	
Amount (\$) \$4,552.18	Payee address; City; State; Zip Code PO Box 6031 Carol Stream, IL 60197	
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 CREDIT CARD PAYMENT
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: 5/21 Rpt: 13/52	2 FILER NAME Mack, Wayne	3 Filer ID
4 Date 05/08/2025	5 Payee name B SIGN GROUP	
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code 4239 EARNINGS WAY NEW ALBANY, IN 47150	
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 SPONSOR HISTORICAL MARKER
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/18/2025	Payee name BACK IN TIME POPCORN	
Amount (\$) \$107.25	Payee address; City; State; Zip Code 2107 W DAVIS ST D CONROE, TX 77304	
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 LCARW AMERICAN HERO BAGS
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/03/2025	Payee name CHILD ADVOCATES OF MONTGOMERY COUNTY	
Amount (\$) \$200.00	Payee address; City; State; Zip Code 505 N MAIN ST CONROE, TX 77301	
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 STAFF DEVELOPMENT
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: 6/21 Rpt: 14/52	2 FILER NAME Mack, Wayne	3 Filer ID
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4 Date 01/07/2025	5 Payee name CHILDRENS SAFE HARBOR
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6 Amount (\$) \$2,500.00	7 Payee address; City; State; Zip Code 1519 ODDFELLOW ST CONROE, TX 77301
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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 EVENT SPONSORSHIP
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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 02/15/2025	Payee name CHRIS JONES CAMPAIGN
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Amount (\$) \$500.00	Payee address; City; State; Zip Code PO BOX 52 MAGNOLIA, TX 77353
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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 EVENT SPONSORSHIP
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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 04/17/2025	Payee name CONROE/LAKE CONROE CHAMBER OF COMMERCE
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Amount (\$) \$1,500.00	Payee address; City; State; Zip Code 505 W DAVIS ST CONROE, TX 77301
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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 ATHENA LUNCHEON SPONSOR
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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: 7/21 Rpt: 15/52	2 FILER NAME Mack, Wayne	3 Filer ID
4 Date 06/09/2025	5 Payee name CONROE/LAKE CONROE CHAMBER OF COMMERCE	
6 Amount (\$) \$400.00	7 Payee address; City; State; Zip Code 505 W DAVIS ST CONROE, TX 77301	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense RENEWAL
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/14/2025	Payee name EAST MONTGOMERY COUNTY REPUBLICAN WOMEN PAC	
Amount (\$) \$125.00	Payee address; City; State; Zip Code PO BOX 2292 NEW CANEY, TX 77357	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MEMBERSHIP DUES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/04/2025	Payee name GOA SPEAKERS	
Amount (\$) \$4,750.00	Payee address; City; State; Zip Code 1402 COLEMAN RD FRANKLIN, TN 37064	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event 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 SPEAKER DEPOSIT FOR PRAYER BREAKFAST 2025
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: 8/21 Rpt: 16/52	2 FILER NAME Mack, Wayne	3 Filer ID
4 Date 02/20/2025	5 Payee name HEB	
6 Amount (\$) \$2.14	7 Payee address; City; State; Zip Code 12350 INTERSTATE 45 N WILLIS, TX 77378	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental 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 CUPS FOR CHAPLAIN TRAINING
9 Complete ONLY if direct expenditure to benefit C/OH		
	Candidate/Officeholder name	Office sought Office held
Date 02/21/2025	Payee name HEB	
Amount (\$) \$28.60	Payee address; City; State; Zip Code 12350 INTERSTATE 45 N WILLIS, TX 77378	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials 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 STAFF APPRECIATION
Complete ONLY if direct expenditure to benefit C/OH		
	Candidate/Officeholder name	Office sought Office held
Date 04/01/2025	Payee name HEB	
Amount (\$) \$14.44	Payee address; City; State; Zip Code 12350 INTERSTATE 45 N WILLIS, TX 77378	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials 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 STAFF APPRECIATION
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)
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The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 9/21 Rpt: 17/52	2 FILER NAME Mack, Wayne	3 Filer ID
4 Date 05/01/2025	5 Payee name HEB	
6 Amount (\$) \$18.60	7 Payee address; City; State; Zip Code 3875 W DAVIS ST CONROE, TX 77304	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials 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 STAFF APPRECIATION
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/01/2025	Candidate/Officeholder name Office sought Office held	
Payee name HEB		
Amount (\$) \$24.28	Payee address; City; State; Zip Code 12350 INTERSTATE 45 N WILLIS, TX 77378	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials 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 STAFF APPRECIATION
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 05/05/2025	Candidate/Officeholder name Office sought Office held	
Payee name HONOR CAFE		
Amount (\$) \$1,859.62	Payee address; City; State; Zip Code 103 N THOMPSON ST STE 101 CONROE, TX 77301	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event 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 35 YEAR CELEBRATION
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 10/21 Rpt: 18/52		2 FILER NAME Mack, Wayne		3 Filer ID
4 Date 03/06/2025		5 Payee name LAKE CONROE AREA REPUBLICAN WOMEN PAC		
6 Amount (\$) \$100.00		7 Payee address; City; State; Zip Code PO BOX 737 MONTGOMERY, TX 77356		
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 DIRECTORY AD	
	9 Complete ONLY if direct expenditure to benefit C/OH			
Date 03/06/2025		Candidate/Officeholder name LAKE CONROE AREA REPUBLICAN WOMEN PAC		
Amount (\$) \$1,000.00		Office sought 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 FUNDRAISER SPONSOR	
	9 Complete ONLY if direct expenditure to benefit C/OH			
Date 01/14/2025		Candidate/Officeholder name LIBERTY BELLES REPUBLICAN WOMEN		
Amount (\$) \$50.00		Office sought PO BOX 1081 CONROE, TX 77305		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MEMBERSHIP DUES	
	9 Complete ONLY if direct expenditure to benefit C/OH			

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 11/21 Rpt: 19/52	2 FILER NAME Mack, Wayne	3 Filer ID
4 Date 01/13/2025	5 Payee name LIBERTY BELLES REPUBLICAN WOMEN	
6 Amount (\$) \$600.00	7 Payee address; City; State; Zip Code PO BOX 1081 CONROE, TX 77305	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DONATION
9 Complete ONLY if direct expenditure to benefit C/OH		
Date 05/05/2025	Candidate/Officeholder name MELISSA MILLER CAMPAIGN	
Amount (\$) \$500.00	Office sought Office held	
Date 05/05/2025	Payee name MELISSA MILLER CAMPAIGN	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 301 N MAIN ST CONROE, TX 77301	
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 EVENT SPONSORSHIP
Complete ONLY if direct expenditure to benefit C/OH		
Date 03/26/2025	Candidate/Officeholder name MONTGOMERY COUNTY COMMUNITY FOUNDATION	
Amount (\$) \$300.00	Office sought Office held	
Date 03/26/2025	Payee name MONTGOMERY COUNTY COMMUNITY FOUNDATION	
Amount (\$) \$300.00	Payee address; City; State; Zip Code 2001 TIMBERLOCH PL STE 500 THE WOODLANDS, TX 77380	
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 SPONSOR DONATION
Complete ONLY if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 12/21 Rpt: 20/52	2 FILER NAME Mack, Wayne	3 Filer ID
4 Date 02/24/2025	5 Payee name MONTGOMERY COUNTY FAIR ASSOCIATION	
6 Amount (\$) \$1,250.00	7 Payee address; City; State; Zip Code 9201 AIRPORT RD CONROE, TX 77303	
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 SUNSHINE DAY
9 Complete ONLY if direct expenditure to benefit C/OH		
Date 05/19/2025	Candidate/Officeholder name MONTGOMERY COUNTY FAIR ASSOCIATION	
Amount (\$) \$2,250.00	Office sought 9201 AIRPORT RD CONROE, TX 77303	
Office held		
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 BUYER
9 Complete ONLY if direct expenditure to benefit C/OH		
Date 01/07/2025	Candidate/Officeholder name MONTGOMERY COUNTY REPUBLICAN WOMEN PAC	
Amount (\$) \$30.00	Office sought PO BOX 1766 CONROE, TX 77305	
Office held		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MEETING FEE
9 Complete ONLY if direct expenditure to benefit C/OH		
Date	Candidate/Officeholder name	
Amount (\$)	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: 13/21 Rpt: 21/52	2 FILER NAME Mack, Wayne	3 Filer ID
4 Date 01/15/2025	5 Payee name MONTGOMERY COUNTY REPUBLICAN WOMEN PAC	
6 Amount (\$) \$25.00	7 Payee address; City; State; Zip Code PO BOX 1766 CONROE, TX 77305	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MEMBERSHIP DUES
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate/Officeholder name	Office sought Office held
Date 04/16/2025	Payee name MONTGOMERY COUNTY REPUBLICAN WOMEN PAC	
Amount (\$) \$700.00	Payee address; City; State; Zip Code PO BOX 1766 CONROE, TX 77305	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense FUNDRAISER SPONSOR
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate/Officeholder name	Office sought Office held
Date 06/23/2025	Payee name MONTGOMERY COUNTY	
Amount (\$) \$56.00	Payee address; City; State; Zip Code PO BOX 1527 CONROE, TX 77305	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ECO PLUS FLIGHT UPGRADE
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: 14/21 Rpt: 22/52		2 FILER NAME Mack, Wayne		3 Filer ID
4 Date 06/25/2025		5 Payee name NEW MARCO POLO		
6 Amount (\$) \$955.32		7 Payee address; City; State; Zip Code 7501 HARWIN DR STE 104D HOUSTON, TX 77036		
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Event 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 SILENT AUCTION ITEMS	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
Date 01/14/2025		Candidate/Officeholder name NORTH SHORE REPUBLICAN WOMEN		
Amount (\$) \$40.00		Office sought Office held		
Date 01/14/2025		Payee name NORTH SHORE REPUBLICAN WOMEN		
Amount (\$) \$40.00		Payee address; City; State; Zip Code PO BOX 1993 MONTGOMERY, TX 77356		
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MEMBERSHIP DUES	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
Date 04/02/2025		Candidate/Officeholder name PANERA BREAD		
Amount (\$) \$207.48		Office sought Office held		
Date 04/02/2025		Payee name PANERA BREAD		
Amount (\$) \$207.48		Payee address; City; State; Zip Code 15607 HIGHWAY 105 W MONTGOMERY, TX 77356		
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense STAFF LUNCH	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH				

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 15/21 Rpt: 23/52	2 FILER NAME Mack, Wayne	3 Filer ID
4 Date 06/25/2025	5 Payee name PLANET BAGS	
6 Amount (\$) \$129.00	7 Payee address; City; State; Zip Code 7501 HARWIN DR STE C-103D HOUSTON, TX 77036	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event 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 SILENT AUCTION ITEMS
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/10/2025	Payee name RINGO, MISSY	
Amount (\$) \$221.82	Payee address; City; State; Zip Code 595 HAMPTON HALL LN CONROE, TX 77302	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event 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 REIMBURSEMENT FOR TEXAS JUSTICE COURT TRAINING CENTER SEMINAR
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/19/2025	Payee name RINGO, MISSY	
Amount (\$) \$351.82	Payee address; City; State; Zip Code 595 HAMPTON HALL LN CONROE, TX 77302	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event 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 REIMBURSEMENT FOR TEXAS JUSTICE COURT TRAINING CENTER SEMINAR
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: 16/21 Rpt: 24/52	2 FILER NAME Mack, Wayne	3 Filer ID
4 Date 05/15/2025	5 Payee name RINGO, MISSY	
6 Amount (\$) \$89.50	7 Payee address; City; State; Zip Code 595 HAMPTON HALL LN CONROE, TX 77302	
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 BHSP REIMBURSEMENT
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/15/2025	Payee name RYAN GABLE CAMPAIGN	
Amount (\$) \$500.00	Payee address; City; State; Zip Code PO BOX 1930966 THE WOODLANDS, TX 77393	
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 EVENT SPONSORSHIP
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/30/2025	Payee name SHIPLEYS DONUTS	
Amount (\$) \$28.94	Payee address; City; State; Zip Code 4477 W DAVIS ST CONROE, TX 77304	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense STAFF APPRECIATIONS
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: 17/21 Rpt: 25/52	2 FILER NAME Mack, Wayne	3 Filer ID
4 Date 02/15/2025	5 Payee name TEXAS LIONS CAMP	
6 Amount (\$) \$200.00	7 Payee address; City; State; Zip Code PO BOX 290247 KERRVILLE, TX 78029	
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 CENTURY SPONSORSHIP
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate/Officeholder name	Office sought Office held
Date 01/08/2025	Payee name THE EPOCH TIMES	
Amount (\$) \$139.00	Payee address; City; State; Zip Code 229 W 28TH ST FLOOR 7 NEW YORK, NY 10001	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SUBSCRIPTION
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate/Officeholder name	Office sought Office held
Date 03/13/2025	Payee name THE MEATING PLACE BBQ	
Amount (\$) \$345.61	Payee address; City; State; Zip Code 22016 EVA ST MONTGOMERY, TX 77356	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense STAFF LUNCHEON
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	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: 18/21 Rpt: 26/52	2 FILER NAME Mack, Wayne	3 Filer ID
4 Date 02/10/2025	5 Payee name THE WOODLANDS REPUBLICAN WOMEN	
6 Amount (\$) \$30.00	7 Payee address; City; State; Zip Code PO BOX 7294 THE WOODLANDS, TX 77387	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MEMBERSHIP DUES
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/23/2025	Payee name THOMAS, KYLEIGH	
Amount (\$) \$200.00	Payee address; City; State; Zip Code 31007 SQUIRES WAY MAGNOLIA, TX 77354	
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 COMPILING PRAYER BREAKFAST NAMES LIST
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/15/2025	Payee name UNITED STATES POSTAL SERVICE	
Amount (\$) \$10.45	Payee address; City; State; Zip Code 609 N CAMPBELL ST WILLIS, TX 77378	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental 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 POSTAGE
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: 19/21 Rpt: 27/52	2 FILER NAME Mack, Wayne	3 Filer ID
4 Date 04/30/2025	5 Payee name WEST, PAULA	
6 Amount (\$) \$250.00	7 Payee address; City; State; Zip Code 12843 ROYAL CREEK RD CONROE, TX 77303	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense 35 YEAR OF SERVICE CAKE
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 05/28/2025	Candidate/Officeholder name WILLIS AG BOOSTER	
Amount (\$) \$1,100.00	Office sought PO BOX 1735 WILLIS, TX 77378	
Office held		
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 BUYER 234
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/06/2025	Candidate/Officeholder name WILLIS OP GRADUATION 2025	
Amount (\$) \$500.00	Office sought 10005 TX 75 WILLIS, TX 77378	
Office held		
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 WILLIS HIGH SCHOOL SENIOR
9 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: 20/21 Rpt: 28/52	2 FILER NAME Mack, Wayne	3 Filer ID
4 Date 01/06/2025	5 Payee name WILLIS SENIOR CENTER	
6 Amount (\$) \$100.00	7 Payee address; City; State; Zip Code 600 GERALD ST #301 WILLIS, TX 77378	
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 SENIOR LUNCHEON
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/05/2025	Candidate/Officeholder name Office sought Office held	
Payee name WILLIS SENIOR CENTER		
Amount (\$) \$100.00	Payee address; City; State; Zip Code 600 GERALD ST #301 WILLIS, TX 77378	
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 SENIOR LUNCHEON
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/26/2025	Candidate/Officeholder name Office sought Office held	
Payee name WILLIS SENIOR CENTER		
Amount (\$) \$100.00	Payee address; City; State; Zip Code 600 GERALD ST #301 WILLIS, TX 77378	
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 SENIOR LUNCHEON
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 21/21 Rpt: 29/52		2 FILER NAME Mack, Wayne		3 Filer ID
4 Date 03/26/2025		5 Payee name WILLIS SENIOR CENTER		
6 Amount (\$) \$100.00		7 Payee address; City; State; Zip Code 600 GERALD ST #301 WILLIS, TX 77378		
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 SENIOR LUNCHEON	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name	Office sought	Office held
Date 04/21/2025		Payee name WILLIS SENIOR CENTER		
Amount (\$) \$100.00		Payee address; City; State; Zip Code 600 GERALD ST #301 WILLIS, TX 77378		
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 SENIOR LUNCHEON	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name	Office sought	Office held
Date 05/20/2025		Payee name WILLIS SENIOR CENTER		
Amount (\$) \$100.00		Payee address; City; State; Zip Code 600 GERALD ST #301 WILLIS, TX 77378		
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 SENIOR LUNCHEON	
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: 1/23 Rpt: 30/52		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 \$
6 PAYMENT		(a) Amount Charged \$124.92	(b) Date of Charge 01/01/2025	(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		(a) Category (See Categories listed at the top of this schedule) Advertising Expense <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(b) Description ADVERTISING
		(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 \$30.00	(b) Date of Charge 01/01/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE		(a) Payee name BX3 INTERACTIVE		(b) Payee address; City, State, Zip Code 17505 N 79TH AVE STE 208D GLENDALE, AZ 85308
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(b) Description MONTHLY FEE FOR WEBSITE
		(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 \$39.50	(b) Date of Charge 01/08/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE		(a) Payee name DONUT EXPRESS		(b) Payee address; City, State, Zip Code 4203 N FRAZIER ST CONROE, TX 77303
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(b) Description OFFICE BREAKFAST
		(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: 2/23 Rpt: 31/52	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 \$
6 PAYMENT	(a) Amount Charged \$151.55	(b) Date of Charge 01/14/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name TEXAS STATE DIRECTORY	(b) Payee address; City, State, Zip Code 1800 NUECES ST AUSTIN, TX 78701	
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) Fees		(b) Description TEXAS STATE DIRECTORY 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$142.36	(b) Date of Charge 01/14/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name WALGREENS	(b) Payee address; City, State, Zip Code 18900 HIGHWAY 105 W MONTGOMERY, TX 77356	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense		(b) Description OFFICE APPRECIATION
	(c) <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 Office sought Office held		
PAYMENT	(a) Amount Charged \$428.00	(b) Date of Charge 01/15/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name WREATHS ACROSS AMERICA	(b) Payee address; City, State, Zip Code PO BOX 460043 SAN ANTONIO, TX 78246	
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 EAST MONTGOMERY COUNTY REPUBLICAN WOMEN 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 <u>ONLY</u> 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: 3/23 Rpt: 32/52	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 \$
6 PAYMENT	(a) Amount Charged \$539.39	(b) Date of Charge 01/16/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name CHICKFILA	(b) Payee address; City, State, Zip Code 1321 W DAVIS ST CONROE, TX 77301	
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 BHSP TASK FORCE MEETING
	(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 Office sought Office held		
PAYMENT	(a) Amount Charged \$183.48	(b) Date of Charge 01/15/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name SAM'S CLUB	(b) Payee address; City, State, Zip Code 2000 WESTVIEW BLVD CONROE, TX 77301	
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 TRAUMA INFORMED COURT PROGRAM
	(c) <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 Office sought Office held		
PAYMENT	(a) Amount Charged \$83.34	(b) Date of Charge 01/18/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name AMAZON MARKETPLACE	(b) Payee address; City, State, Zip Code PO BOX 81226 SEATTLE, WA 98108	
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 TONER CARTRIDGE FOR CAMPAIGN PRINTER
	(c) <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 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: 4/23 Rpt: 33/52	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 \$
6 PAYMENT	(a) Amount Charged \$630.00	(b) Date of Charge 01/24/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name LOVE HEALS YOUTH		(b) Payee address; City, State, Zip Code 212 CONROE DR CONROE, TX 77301
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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$61.00	(b) Date of Charge 01/25/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name CONROE NOON LIONS CLUB		(b) Payee address; City, State, Zip Code 1712 WILSON RD CONROE, TX 77301
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description MONTHLY MEMBERSHIP DUES
	(c) <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 Office sought Office held		
PAYMENT	(a) Amount Charged \$74.62	(b) Date of Charge 01/26/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name CONSTANT CONTACT		(b) Payee address; City, State, Zip Code 3675 PRECISION DR LOVELAND, CO 80538
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 CAMPAIGN EMAIL PLATFORM
	(c) <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 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: 5/23 Rpt: 34/52	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 \$
6 PAYMENT	(a) Amount Charged \$178.00	(b) Date of Charge 01/27/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name ISTORAGE	(b) Payee address; City, State, Zip Code 4300 W DAVIS ST CONROE, TX 77304	
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 CAMPAIGN STORAGE	
	(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 Office sought Office held		
PAYMENT	(a) Amount Charged \$75.00	(b) Date of Charge 01/27/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name WAYNE MACK CAMPAIGN	(b) Payee address; City, State, Zip Code PO BOX 2234 CONROE, TX 77305	
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 CREDIT CARD TEST	
	(c) <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 Office sought Office held		
PAYMENT	(a) Amount Charged \$165.28	(b) Date of Charge 01/29/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name CHICKFILA	(b) Payee address; City, State, Zip Code 1660 LAKE WOODLANDS DR THE WOODLANDS, TX 77380	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description STAFF APPRECIATION LUNCH FOR PRECINCT 3 JUSTICE COURT	
	(c) <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 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: 6/23 Rpt: 35/52	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 \$
6 PAYMENT	(a) Amount Charged \$45.99	(b) Date of Charge 01/30/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name SHIPLEYS DONUTS	(b) Payee address; City, State, Zip Code 4489 W DAVIS ST CONROE, TX 77304	
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) Food/Beverage Expense		(b) Description STAFF APPRECIATION BREAKFAST FOR JUSTICE COURT 3
	(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 \$30.00	(b) Date of Charge 02/01/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name BX3 INTERACTIVE	(b) Payee address; City, State, Zip Code 17505 N 79TH AVE STE 208D GLENDALE, AZ 85308	
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 MONTHLY FEE FOR WEBSITE
	(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 \$124.52	(b) Date of Charge 01/29/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name SAM'S CLUB	(b) Payee address; City, State, Zip Code 2000 WESTVIEW BLVD CONROE, TX 77301	
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 TRAUMA INFORMED COURT PROGRAM
	(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: 7/23 Rpt: 36/52		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 \$	
6 PAYMENT		(a) Amount Charged \$331.72	(b) Date of Charge 02/05/2025	(c) Date(s) Credit Card Issuer Paid	
7 PAYEE		(a) Payee name RONALD REAGAN FOUNDATION		(b) Payee address; City, State, Zip Code 40 PRESIDENTIAL DR SIMI VALLEY, CA 93065	
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) Gift/Awards/Memorials Expense		(b) Description STAFF APPRECIATION AND SILENT AUCTION ITEMS	
		(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 \$47.63	(b) Date of Charge 02/13/2025	(c) Date(s) Credit Card Issuer Paid	
PAYEE		(a) Payee name SWITCHGRASS LANDING		(b) Payee address; City, State, Zip Code 900 N SHORELINE BLVD CORPUS CHRISTI, TX 78401	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description CAMPAIGN LUNCH	
		(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 \$750.00	(b) Date of Charge 02/15/2025	(c) Date(s) Credit Card Issuer Paid	
PAYEE		(a) Payee name CHILDRENS SAFE HARBOR		(b) Payee address; City, State, Zip Code 1519 ODDFELLOW ST CONROE, TX 77301	
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: 8/23 Rpt: 37/52	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 \$
6 PAYMENT	(a) Amount Charged \$188.00	(b) Date of Charge 02/20/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name UNITED STATES POSTAL SERVICE	(b) Payee address; City, State, Zip Code 809 W DALLAS ST CONROE, TX 77301	
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 POSTAGE
	(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 Office sought Office held		
PAYMENT	(a) Amount Charged \$55.83	(b) Date of Charge 02/23/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name RANCHO GRANDE	(b) Payee address; City, State, Zip Code 2207 N FRAZIER ST CONROE, TX 77303	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description CAMPAIGN LUNCH
	(c) <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 Office sought Office held		
PAYMENT	(a) Amount Charged \$83.00	(b) Date of Charge 02/25/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name CONROE NOON LIONS CLUB	(b) Payee address; City, State, Zip Code 1712 WILSON RD CONROE, TX 77301	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description MONTHLY MEMBERSHIP DUES
	(c) <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 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: 9/23 Rpt: 38/52	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 \$
6 PAYMENT	(a) Amount Charged \$74.62	(b) Date of Charge 02/26/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name CONSTANT CONTACT	(b) Payee address; City, State, Zip Code 3675 PRECISION DR LOVELAND, CO 80538	
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 CAMPAIGN EMAIL PLATFORM
	(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 Office sought Office held		
PAYMENT	(a) Amount Charged \$30.00	(b) Date of Charge 03/01/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name BX3 INTERACTIVE	(b) Payee address; City, State, Zip Code 17505 N 79TH AVE STE 208D GLENDALE, AZ 85308	
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 MONTHLY FEE FOR WEBSITE
	(c) <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 Office sought Office held		
PAYMENT	(a) Amount Charged \$178.00	(b) Date of Charge 02/27/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name ISTORAGE	(b) Payee address; City, State, Zip Code 4300 W DAVIS ST CONROE, TX 77304	
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 CAMPAIGN STORAGE
	(c) <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 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: 10/23 Rpt: 39/52		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	\$
6 PAYMENT	(a) Amount Charged \$61.88	(b) Date of Charge 02/28/2025	(c) Date(s) Credit Card Issuer Paid	
7 PAYEE	(a) Payee name SAM'S CLUB		(b) Payee address; City, State, Zip Code 2000 WESTVIEW BLVD CONROE, TX 77301	
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 WATER FOR OFFICE	
	(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		Office sought	Office held
PAYMENT	(a) Amount Charged \$1,000.00	(b) Date of Charge 03/02/2025	(c) Date(s) Credit Card Issuer Paid	
PAYEE	(a) Payee name CASA CHILD ADVOCATES OF MONTGOMERY COUNTY		(b) Payee address; City, State, Zip Code 412 W PHILLIPS ST STE 107 CONROE, TX 77301	
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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
PAYMENT	(a) Amount Charged \$26.33	(b) Date of Charge 03/03/2025	(c) Date(s) Credit Card Issuer Paid	
PAYEE	(a) Payee name THE CAPITOL GRILL		(b) Payee address; City, State, Zip Code 117 W 4TH ST AUSTIN, TX 78701	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description LUNCH MEETING	
	(c) <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		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: 11/23 Rpt: 40/52		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 \$
6 PAYMENT		(a) Amount Charged \$500.00	(b) Date of Charge 03/20/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE		(a) Payee name SACRED HEART CATHOLIC CHURCH		(b) Payee address; City, State, Zip Code 615 MCDADE ST CONROE, TX 77301
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political 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
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held
PAYMENT		(a) Amount Charged \$61.00	(b) Date of Charge 03/25/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE		(a) Payee name CONROE NOON LIONS CLUB		(b) Payee address; City, State, Zip Code 1712 WILSON RD CONROE, TX 77301
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political Fees		(b) Description MONTHLY MEMBERSHIP DUES
		(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 \$74.62	(b) Date of Charge 03/26/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE		(a) Payee name CONSTANT CONTACT		(b) Payee address; City, State, Zip Code 3675 PRECISION DR LOVELAND, CO 80538
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political Office Overhead/Rental Expense		(b) Description CAMPAIGN EMAIL PLATFORM
		(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: 12/23 Rpt: 41/52		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	\$
6 PAYMENT	(a) Amount Charged \$177.42	(b) Date of Charge 03/26/2025	(c) Date(s) Credit Card Issuer Paid	
7 PAYEE	(a) Payee name OLD MONTGOMERY STEAKHOUSE		(b) Payee address; City, State, Zip Code 204 MCCOWN ST MONTGOMERY, TX 77356	
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) Food/Beverage Expense		(b) Description CAMPAIGN DINNER	
	(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		Office sought	Office held
PAYMENT	(a) Amount Charged \$77.94	(b) Date of Charge 03/28/2025	(c) Date(s) Credit Card Issuer Paid	
PAYEE	(a) Payee name TROYS DONUTS		(b) Payee address; City, State, Zip Code 19380 HIGHWAY 105 W MONTGOMERY, TX 77356	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description BREAKFAST FOR FELLOWSHIP OF CHRISTIAN ATHLETES	
	(c) <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		Office sought	Office held
PAYMENT	(a) Amount Charged \$71.86	(b) Date of Charge 03/10/2025	(c) Date(s) Credit Card Issuer Paid	
PAYEE	(a) Payee name SAM'S CLUB		(b) Payee address; City, State, Zip Code 2000 WESTVIEW BLVD CONROE, TX 77301	
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 TRAUMA INFORMED COURT PROGRAM	
	(c) <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		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: 13/23 Rpt: 42/52		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 \$		
6 PAYMENT		(a) Amount Charged \$250.00	(b) Date of Charge 03/24/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE		(a) Payee name WILLIS ISD TENNIS		(b) Payee address; City, State, Zip Code 10005 HIGHWAY 75 N WILLIS, TX 77378
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 DONATION
		(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 \$229.23	(b) Date of Charge 03/26/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE		(a) Payee name SAM'S CLUB		(b) Payee address; City, State, Zip Code 2000 WESTVIEW BLVD CONROE, TX 77301
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 TRAUMA INFORMED COURT PROGRAM
		(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 \$500.00	(b) Date of Charge 03/30/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE		(a) Payee name MONTGOMERY COUNTY REPUBLICAN PARTY OF TEXAS		(b) Payee address; City, State, Zip Code 18001 HIGHWAY 105 W STE 101 MONTGOMERY, TX 77356
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 CONTRIBUTION
		(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: 14/23 Rpt: 43/52		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 \$
6 PAYMENT		(a) Amount Charged \$30.00	(b) Date of Charge 04/01/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE		(a) Payee name BX3 INTERACTIVE		(b) Payee address; City, State, Zip Code 17505 N 79TH AVE STE 208D GLENDALE, AZ 85308
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 MONTHLY FEE FOR WEBSITE
		(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		Office sought
		Office held		
PAYMENT		(a) Amount Charged \$131.89	(b) Date of Charge 04/01/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE		(a) Payee name SMOKEY MO'S BBQ		(b) Payee address; City, State, Zip Code 2960 INTERSTATE 45 N CONROE, TX 77303
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description OFFICE LUNCH
		(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 \$178.00	(b) Date of Charge 03/26/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE		(a) Payee name ISTORAGE		(b) Payee address; City, State, Zip Code 4300 W DAVIS ST CONROE, TX 77304
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 CAMPAIGN STORAGE
		(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: 15/23 Rpt: 44/52	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 \$
6 PAYMENT	(a) Amount Charged \$250.00	(b) Date of Charge 04/02/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name MONTGOMERY COUNTY FAIR ASSOCIATION	(b) Payee address; City, State, Zip Code 9201 AIRPORT RD CONROE, TX 77303	
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 \$104.10	(b) Date of Charge 04/08/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name REPUBLICAN PARTY OF TEXAS	(b) Payee address; City, State, Zip Code 807 BRAZOS ST AUSTIN, TX 78701	
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 \$260.25	(b) Date of Charge 04/08/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name REPUBLICAN PARTY OF TEXAS	(b) Payee address; City, State, Zip Code 807 BRAZOS ST AUSTIN, TX 78701	
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 GOVERNOR FOR THE DAY EVENT
	(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: 16/23 Rpt: 45/52		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	\$
6 PAYMENT	(a) Amount Charged \$250.00	(b) Date of Charge 04/09/2025	(c) Date(s) Credit Card Issuer Paid	
7 PAYEE	(a) Payee name CONROE ISD EDUCATION FOUNDATION INC		(b) Payee address; City, State, Zip Code PO BOX 1494 CONROE, TX 77305	
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 DONATION	
	(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		Office sought	Office held
PAYMENT	(a) Amount Charged \$665.90	(b) Date of Charge 04/13/2025	(c) Date(s) Credit Card Issuer Paid	
PAYEE	(a) Payee name DOUBLETREE SUITES AUSTIN		(b) Payee address; City, State, Zip Code 303 W 15TH ST AUSTIN, TX 78701	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description HOTEL FOR GOVERNOR OF THE DAY EVENT	
	(c) <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		Office sought	Office held
PAYMENT	(a) Amount Charged \$139.64	(b) Date of Charge 04/04/2025	(c) Date(s) Credit Card Issuer Paid	
PAYEE	(a) Payee name CHICKFILA		(b) Payee address; City, State, Zip Code 1321 W DAVIS ST CONROE, TX 77301	
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 SUNSHINE DAY	
	(c) <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		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: 17/23 Rpt: 46/52	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 \$
6 PAYMENT	(a) Amount Charged \$438.27	(b) Date of Charge 04/09/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name SAM'S CLUB	(b) Payee address; City, State, Zip Code 2000 WESTVIEW BLVD CONROE, TX 77301	
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 TRAUMA INFORMED COURT PROGRAM
	(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 Office sought Office held		
PAYMENT	(a) Amount Charged \$453.75	(b) Date of Charge 04/23/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name WALGREENS	(b) Payee address; City, State, Zip Code 4870 W DAVIS ST CONROE, TX 77304	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense		(b) Description ADMINISTRATIVE PROFESSIONALS GIFTS
	(c) <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 Office sought Office held		
PAYMENT	(a) Amount Charged \$61.00	(b) Date of Charge 04/25/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name CONROE NOON LIONS CLUB	(b) Payee address; City, State, Zip Code 1712 WILSON RD CONROE, TX 77301	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description MONTHLY MEMBERSHIP DUES
	(c) <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 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: 18/23 Rpt: 47/52	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 \$
6 PAYMENT	(a) Amount Charged \$208.12	(b) Date of Charge 04/25/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name THE BIG MCC CLUB	(b) Payee address; City, State, Zip Code 2219 SAWDUST RD STE 1701 THE WOODLANDS, TX 77380	
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 TEE BOX SIGN HOLE SPONSOR
	(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 \$52.50	(b) Date of Charge 04/26/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name THE WILLIS SNO CONE SHOP	(b) Payee address; City, State, Zip Code 100-198 W MINK ST WILLIS, TX 77378	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense		(b) Description GIFT CARDS FOR TRAUMA INFORMED COURT PROGRAM
	(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 \$74.62	(b) Date of Charge 04/26/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name CONSTANT CONTACT	(b) Payee address; City, State, Zip Code 3675 PRECISION DR LOVELAND, CO 80538	
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 CAMPAIGN EMAIL PLATFORM
	(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: 19/23 Rpt: 48/52		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	\$
6 PAYMENT	(a) Amount Charged \$590.24	(b) Date of Charge 04/28/2025	(c) Date(s) Credit Card Issuer Paid	
7 PAYEE	(a) Payee name MONTGOMERY COUNTY VETERANS OF FOREIGN WARS POST 4709		(b) Payee address; City, State, Zip Code 1303 W SEMANDS AVE CONROE, TX 77301	
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 ANCHORED IN UNITY 2025	
	(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		Office sought	Office held
PAYMENT	(a) Amount Charged \$30.00	(b) Date of Charge 05/01/2025	(c) Date(s) Credit Card Issuer Paid	
PAYEE	(a) Payee name BX3 INTERACTIVE		(b) Payee address; City, State, Zip Code 17505 N 79TH AVE STE 208D GLENDALE, AZ 85308	
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 MONTHLY FEE FOR WEBSITE	
	(c) <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		Office sought	Office held
PAYMENT	(a) Amount Charged \$178.00	(b) Date of Charge 04/27/2025	(c) Date(s) Credit Card Issuer Paid	
PAYEE	(a) Payee name ISTORAGE		(b) Payee address; City, State, Zip Code 4300 W DAVIS ST CONROE, TX 77304	
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 CAMPAIGN STORAGE	
	(c) <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		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: 20/23 Rpt: 49/52		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	\$
6 PAYMENT	(a) Amount Charged \$35.00	(b) Date of Charge 05/06/2025	(c) Date(s) Credit Card Issuer Paid	
7 PAYEE	(a) Payee name WAYNE MACK CAMPAIGN		(b) Payee address; City, State, Zip Code PO BOX 2234 CONROE, TX 77305	
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 WEBSITE TICKET SALES TEST	
	(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		Office sought	Office held
PAYMENT	(a) Amount Charged \$61.00	(b) Date of Charge 05/25/2025	(c) Date(s) Credit Card Issuer Paid	
PAYEE	(a) Payee name CONROE NOON LIONS CLUB		(b) Payee address; City, State, Zip Code 1712 WILSON RD CONROE, TX 77301	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description MONTHLY MEMBERSHIP DUES	
	(c) <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		Office sought	Office held
PAYMENT	(a) Amount Charged \$74.62	(b) Date of Charge 05/26/2025	(c) Date(s) Credit Card Issuer Paid	
PAYEE	(a) Payee name CONSTANT CONTACT		(b) Payee address; City, State, Zip Code 3675 PRECISION DR LOVELAND, CO 80538	
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 CAMPAIGN EMAIL PLATFORM	
	(c) <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		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: 21/23 Rpt: 50/52		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 \$
6 PAYMENT		(a) Amount Charged \$281.53	(b) Date of Charge 05/28/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE		(a) Payee name CASA CHILD ADVOCATES OF MONTGOMERY COUNTY		(b) Payee address; City, State, Zip Code 412 W PHILLIPS ST STE 107 CONROE, TX 77301
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political 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 <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held
PAYMENT		(a) Amount Charged \$5.44	(b) Date of Charge 05/31/2025	(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		(a) Category (See Categories listed at the top of this schedule) <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political Advertising Expense		(b) Description 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 <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held
PAYMENT		(a) Amount Charged \$178.00	(b) Date of Charge 05/27/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE		(a) Payee name ISTORAGE		(b) Payee address; City, State, Zip Code 4300 W DAVIS ST CONROE, TX 77304
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political Office Overhead/Rental Expense		(b) Description CAMPAIGN STORAGE
		(c) <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		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: 22/23 Rpt: 51/52		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 \$
6 PAYMENT		(a) Amount Charged \$309.80	(b) Date of Charge 05/28/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE		(a) Payee name SAM'S CLUB		(b) Payee address; City, State, Zip Code 2000 WESTVIEW BLVD CONROE, TX 77301
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political Office Overhead/Rental Expense		(b) Description TRAUMA INFORMED COURT PROGRAM
		(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		Office sought Office held
PAYMENT		(a) Amount Charged \$196.18	(b) Date of Charge 06/10/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE		(a) Payee name GO DADDY - WORDPRESS		(b) Payee address; City, State, Zip Code 2155 E GODADDY WAY TEMPE, AZ 85284
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political Office Overhead/Rental Expense		(b) Description WEBSITE FOR MONTGOMERY COUNTY CHAPLAINCY PROGRAM
		(c) <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		Office sought Office held
PAYMENT		(a) Amount Charged \$30.00	(b) Date of Charge 06/01/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE		(a) Payee name BX3 INTERACTIVE		(b) Payee address; City, State, Zip Code 17505 N 79TH AVE STE 208D GLENDALE, AZ 85308
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political Office Overhead/Rental Expense		(b) Description MONTHLY FEE FOR WEBSITE
		(c) <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		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: 23/23 Rpt: 52/52	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 \$
6 PAYMENT	(a) Amount Charged \$4,326.00	(b) Date of Charge 06/11/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name WAY BETTER SOUND AND VISUALS	(b) Payee address; City, State, Zip Code 3576 W TC JESTER BLVD HOUSTON, TX 77018	
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) Event Expense		(b) Description AUDIO AND VISUAL EQUIPMENT RENTAL DOWN PAYMENT FOR PRAYER BREAKFAST
	(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	Office sought	Office held
PAYMENT	(a) Amount Charged \$102.41	(b) Date of Charge 01/04/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name CRU / CAMPUS CRUSADE FOR CHRIST	(b) Payee address; City, State, Zip Code PO BOX 628222 ORLANDO, FL 32862-9841	
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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
PAYMENT	(a) Amount Charged \$200.00	(b) Date of Charge 04/08/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name CONROE/LAKE CONROE CHAMBER OF COMMERCE	(b) Payee address; City, State, Zip Code 505 W DAVIS ST CONROE, TX 77301	
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 MONTGOMERY COUNTY FAIR BUYERS GROUP
	(c) <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	Office sought	Office held