CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to complete t	his form. 1 Filer ID		2 Total pages filed: 155			
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Wayne		OPFICE DEPONIX				
	NICKNAME LA Ma	ST ack	SUFFIX	JAN 12 2024 TRATOR			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE PO Box 2234			Date Hand-delivered or Date Postmarked Receipt # Amount			
Change of Address	Conroe, TX 77305			Date Processed Date Imaged			
5 CAMPAIGN	MS/MRS/MR FIR	ST	MI				
TREASURER NAME	,	GREGORY W					
	NICKNAME LAS	ST	SUFFIX				
	WILL SMIT	'H					
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BO) 43 HIWON DR	K PLEASE); AP1	T / SUITE #; CITY; CONROI	STATE; ZIP CODE E, TX 77304			
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE N (936) 900-9094	UMBER EXTENSION					
8 REPORT TYPE		30th day before election	Runoff Exceeded modified reporting limit	15th day after campaign treasurer appointment (officeholder only) Final Report (Attach C/OH-FR)			
9 PERIOD COVERED	Month Day Year 07/01/2023	THROUGH	Month Day 12/31/2023	Year 3			
10 ELECTION	ELECTION DATE Month Day Year	Primary General	ELECTION TYPE Runoff Special	Other			
11 OFFICE	OFFICE HELD (if any)	·	12 OFFICE SOUGHT	(if known)			
GO TO PAGE 2							

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

			2 of 155				
13 C / OH NAME	Mack, Wayne	14 Filer ID					
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. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures.						
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME					
1	GENERAL						
		COMMITTEE ADDRESS					
	SPECIFIC						
		COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TREASURER ADDRESS					
16 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)		DANS, \$ 1,902.00				
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 150,544.31				
EXPENDITURE TOTALS	3. TOTAL UNITEM	. TOTAL UNITEMIZED POLITICAL EXPENDITURES					
	4. TOTAL POLITIC	\$ 152,230.55					
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD		iE \$ 114,382.51				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	S 6,936.00					
17 AFFIDAVIT							
DARLA R. BROOKS Notary ID #13292016-0 My Commission Expires February 09, 2025 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 NO	AFFIX NOTARY STAMP / SEAL ABOVE						
Swern to and subscribed before me, by the said <u>Wayne Mack</u> , this the 12 th day of <u>January</u> , 2024, to certify which, witness my hand and seal of office.							
Signature of office	cer administering	Dara Brooks V Printed name of officer administering Title of	72 Munks em of officer administering oath				

SUBTOTALS - C/OH

FORM C/OH

		(COVER SI	HEET PG 3 3 of 155
18 FILER N Mack, V		19 Filer ID		
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT	
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	147,003.31	
2. X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	3,541.00	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	***************************************
4.	SCHEDULE E: LOANS		\$	
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION.	S	\$	113,752.11
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8. X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	38,478.44
9.	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.	SCHEDULE 1: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 1/48 Rpt: 4/155 2 FILER NAME 3 Filer ID Mack, Wayne 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 09/12/2023 YANCEY, TODD \$2,500.00 6 Contributor address; City; State; Zip Code PO BOX 1409 CONROE, TX 77305 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 08/10/2023 ADAMS, JAY AND KRISTI \$2,500.00 Contributor address; City; State; Zip Code 11816 WINDWOOD WAY **WILLIS, TX 77318** Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/19/2023 AGRESTI, CHRISTINE \$700.00 Contributor address; City; State; Zip Code 14229 SAWTOOTH FOREST TRL CONROE, TX 77384 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/03/2023 AGRESTI, JAMES \$105.00 Contributor address; City; State; Zip Code 14229 SAWTOOTH FOREST TRL CONROE, TX 77384 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/19/2023 ALMOND, PATRICIA \$85.00 Contributor address; City; State; Zip Code 1944W RIVERWALK DR PORTER, TX 77365 Principal occupation / Job title (See Instructions) Employer (See Instructions) Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V3.5.1.0bfcfb67

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 2/48 Rpt: 5/155 2 FILER NAME Filer ID Mack, Wayne 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 07/25/2023 ALMOND, TRISH \$105.00 6 Contributor address; City; State; Zip Code 19442 RIVERWALK DR PORTER, TX 77365 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor ut-of-state PAC (ID#: Amount of Contribution (\$) 08/07/2023 ANGLIN, LUKE \$500.00 Contributor address; City; State; Zip Code 6451 HIGHWAY 105 W STE A CONROE, TX 77304 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/19/2023 ARMSTRONG, GILLES \$50.00 Contributor address; City; State; Zip Code 103 DEER CHASE DR CONROE, TX 77384 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 09/08/2023 ARTHUR, SHANA \$500.00 Contributor address; City; State; Zip Code 5427 PINE SPRINGS CT CONROE, TX 77304 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 07/27/2023 BAKER, KRISTI \$70.00 Contributor address; City; State; Zip Code 10911 CLUBHOUSE CIR MAGNOLIA, TX 77354 Principal occupation / Job title (See Instructions) Employer (See Instructions) Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V3.5.1.0bfcfb67

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 3/48 Rpt: 6/155 2 FILER NAME 3 Filer ID Mack, Wayne 4 Date 5 Full name of contributor out-of-state PAC (ID#; 7 Amount of Contribution (\$) 09/12/2023 BARR, JEREMY \$500.00 6 Contributor address; City; State; Zip Code 1801 RUSSELL ST NASHVILLE, TN 37206 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/19/2023 BARSH, CARMEN \$500.00 Contributor address; City; State; Zip Code 17437 SUNSET RANCH DR MONTGOMERY, TX 77316 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/19/2023 BATES, AVA \$130.00 Contributor address; City; State; Zip Code 148A FM 1097 NEW WAVERLY, TX 77358 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#; Amount of Contribution (\$) 09/16/2023 BATES, CHRISTOPHER \$35.00 Contributor address; City; State; Zip Code **475 BEAUMONT AVE** PORT ARTHUR, TX 77640 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 08/09/2023 BAYS, J RANDAL \$500.00 Contributor address; City; State; Zip Code 1503 HAILEY ST CONROE, TX 77301 Principal occupation / Job title (See Instructions) Employer (See Instructions) Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V3.5.1.0bfcfb67

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 4/48 Rpt: 7/155 FILER NAME 3 Filer ID Mack, Wayne Date 5 Full name of contributor out-of-state PAC (ID#:_ 7 Amount of Contribution (\$) 09/04/2023 BELTON, REBECA \$35.00 6 Contributor address; City; State; Zip Code 801 TEAS RD CONROE, TX 77303 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of Contribution (\$) 10/04/2023 BELTON, REBECA \$70.00 Contributor address; City; State; Zip Code 801 TEAS RD CONROE, TX 77303 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 09/12/2023 BENNETT, MARY JO \$110.00 Contributor address; City; State; Zip Code 216 VIRGINIA LN CONROE, TX 77304 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) BLAIR, DANIELLE 08/19/2023 \$70,00 Contributor address; City; State; Zip Code 10023 MARY LN BEACH CITY, TX 77523 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 07/23/2023 BLALOCK, BOB \$70.00 Contributor address; City; State; Zip Code 38 CAMDEN HILLS DR MONTGOMERY, TX 77356 Principal occupation / Job title (See Instructions) Employer (See Instructions) Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V3.5.1.0bfcfb67

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 5/48 Rpt: 8/155 2 FILER NAME 3 Filer ID Mack, Wayne 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 07/25/2023 BLANEY, STACEY \$70,00 6 Contributor address; City; State; Zip Code 6119 CANYON CREEK LN CONROE, TX 77304 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor ut-of-state PAC (ID#: Amount of Contribution (\$) 09/21/2023 BLANTON, KATHERINE \$1.05.00 Contributor address; City; State; Zip Code 1300 SILVERDALE DR APT 3504 **CONROE, TX 77301** Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 08/09/2023 BOND, TAY \$1,000.00 Contributor address; City; State; Zip Code 200 W DAVIS ST CONROE, TX 77301 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#; Amount of Contribution (\$) 07/31/2023 BOOTH, JENNIFER \$500.00 Contributor address; City; State; Zip Code 14510 EDWARDS RD MONTGOMERY, TX 77316 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 10/19/2023 BORDEN, CHRISTOPHER \$50.00 Contributor address; City; State; Zip Code 13608 FALCON CT MONTGOMERY, TX 77356 Principal occupation / Job title (See Instructions) Employer (See Instructions) Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V3.5.1.0bfcfb67

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 6/48 Rpt: 9/155 2 FILER NAME 3 Filer ID Mack, Wayne 4 Date 5 Full name of contributor out-of-state PAC (ID#; 7 Amount of Contribution (\$) 10/19/2023 BOURG, KAREN \$20.00 6 Contributor address; City; State; Zip Code 307 MALLOW WOODS PL WILLIS, TX 77318 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 08/30/2023 BOWERS, MARY \$135.00 Contributor address; City; State; Zip Code **1809 HART RD** CONROE, TX 77304 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of Contribution (\$) 08/08/2023 BOYD, JAMES \$110,00 Contributor address; City; State; Zip Code 523 RUEL LN MAGNOLIA, TX 77355 Principal occupation / Job title (See Instructions) Employer (See Instructions) out-of-state PAC (ID#:_ Date Full name of contributor Amount of Contribution (\$) 09/12/2023 BRANNON, MICHAEL AND CINDY \$1,000.00 Contributor address; City; State; Zip Code 1555 HIGHWAY 36 N BRENHAM, TX 77833 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 10/19/2023 BRAZEAL, SONYA \$25.00 Contributor address; City; State; Zip Code 11456 QUEENSBORO CT MONTGOMERY, TX 77316 Principal occupation / Job title (See Instructions) Employer (See Instructions) Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V3.5.1.0bfcfb67

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 7/48 Rpt: 10/155 2 FILER NAME 3 Filer ID Mack, Wayne 4 Date 5 Full name of contributor out-of-state PAC (ID#; 7 Amount of Contribution (\$) 08/09/2023 BRENNAN, PAT \$100.00 6 Contributor address; City; State; Zip Code 7279 GRAND LAKE DR WILLIS, TX 77318 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 09/12/2023 BROUSSARD, COLEEN \$500.00 Contributor address; City; State; Zip Code PO BOX 120 CHAPPELL HILL, TX 77426 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/16/2023 BROWN, PATRICIA \$50.00 Contributor address; City; State; Zip Code 841 FOUR NOTCH RD HUNTSVILLE, TX 77340 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#; Amount of Contribution (\$) 08/09/2023 **BUCKALEW, DENNIE** \$500.00 Contributor address; City; State; Zip Code PO BOX 2627 CONROE, TX 77305 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#; Amount of Contribution (\$) 08/09/2023 BUCKALEW, DONNIE \$500.00 Contributor address; City; State; Zip Code PO BOX 2627 CONROE, TX 77305 Principal occupation / Job title (See Instructions) Employer (See Instructions) Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V3.5.1.0bfcfb67

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 8/48 Rpt: 11/155 2 FILER NAME 3 Filer ID Mack, Wayne 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 10/25/2023 BUSH, DON \$50.00 6 Contributor address; City; State; Zip Code 13250 FM 830 WILLIS, TX 77318 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/19/2023 BUTLER, CARRIE \$340.00 Contributor address; City; State; Zip Code 204 DAWNS EDGE DR MONTGOMERY, TX 77356 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 08/17/2023 CAMPBELL, RONNIE \$110.00 Contributor address; City; State; Zip Code 11733 TEXAS HIGHWAY 75 **WILLIS, TX 77378** Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of Contribution (\$) 10/19/2023 CANTON, RACHSHEL \$40.00 Contributor address; City; State; Zip Code 230 STATE HIGHWAY 103 E SAN AUGUSTINE, TX 75972 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/23/2023 CANTRELL, LINDA \$500.00 Contributor address; City; State; Zip Code 1104 WILSON RD CONROE, TX 77301 Principal occupation / Job title (See Instructions) Employer (See Instructions) Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V3.5.1.0bfcfb67

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 9/48 Rpt: 12/155 2 FILER NAME Filer ID Mack, Wayne 4 Date 5 Full name of contributor 7 Amount of Contribution (\$) out-of-state PAC (ID#: 08/08/2023 CANTU, ANDREW \$500.00 6 Contributor address; City; State; Zip Code **1815 HART RD** CONROE, TX 77304 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 09/08/2023 CARLING, ERIN \$500.00 Contributor address; City; State; Zip Code 3269 EAST CHUNK DR CONROE, TX 77301 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 08/23/2023 CARR, MARK AND LISA \$1,000.00 Contributor address; City; State; Zip Code 3999 INTERSTATE 45 N CONROE, TX 77304 Principal occupation / Job title (See Instructions) Employer (See Instructions) out-of-state PAC (ID#; Date Full name of contributor Amount of Contribution (\$) 10/25/2023 CARWILE, HENRY AND SALLY \$500.00 Contributor address; City; State; Zip Code PO BOX 189 MONTGOMERY, TX 77356 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 10/19/2023 CASEY, GREG \$120.00 Contributor address; City; State; Zip Code 19182 GRANDVIEW PT MONTGOMERY, TX 77356 Principal occupation / Job title (See Instructions) Employer (See Instructions) Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V3.5.1.0bfcfb67

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 10/48 Rpt: 13/155 2 FILER NAME 3 Filer ID Mack, Wayne 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 10/19/2023 CASEY, GREG \$200.00 6 Contributor address; City; State; Zip Code 19182 GRANDVIEW POINT MONTGOMERY, TX 77356 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 09/16/2023 CASSO, RON \$105.00 Contributor address; City; State; Zip Code **12111 KAISO LN** CONROE, TX 77304 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 08/23/2023 CATES, LADORIS \$500.00 Contributor address; City; State; Zip Code PO BOX 6 CONROE, TX 77305 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/19/2023 CATES, LADORIS \$200.00 Contributor address; City; State; Zip Code PO BOX 6 CONROE, TX 77305 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 10/19/2023 CATES, LADORIS \$145,00 Contributor address; City; State; Zip Code PO BOX 6 CONROE, TX 77305 Principal occupation / Job title (See Instructions) Employer (See Instructions) Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V3.5.1.0bfcfb67

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 11/48 Rpt: 14/155 2 FILER NAME 3 Filer ID Mack, Wayne 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 09/13/2023 CHAMBERS, KENT \$70.00 6 Contributor address; City; State; Zip Code 8960 COUNTY LINE RD. WILLIS, TX 77378 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#; Amount of Contribution (\$) 10/19/2023 CHAMBERS, MARISA \$40.00 Contributor address; City; State; Zip Code 542 DIGGS RD **WILLIS, TX 77378** Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 08/30/2023 CLEMONS, JACK AND CARYN \$70.00 Contributor address; City; State; Zip Code 12725 GROVE EAST **WILLIS, TX 77378** Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 08/29/2023 CONNER, MATTHEW \$500,00 Contributor address; City; State; Zip Code 15006 CONCHO RIVER WAY CYPRESS, TX 77433 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 09/14/2023 COON, DUKE \$1,000.00 Contributor address; City; State; Zip Code PO BOX 1351 CONROE, TX 77305 Principal occupation / Job title (See Instructions) Employer (See Instructions) Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V3.5.1.0bfcfb67

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 12/48 Rpt: 15/155 2 FILER NAME Filer ID Mack, Wayne 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 10/19/2023 CORLEY, JOE AND JUDY \$100.00 6 Contributor address; City; State; Zip Code 23648 CORLEY RD RICHARDS, TX 77873 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date out-of-state PAC (ID#: Full name of contributor Amount of Contribution (\$) 08/27/2023 CROWSON, WINDY \$70.00 Contributor address; City; State; Zip Code 22578 FM 2620 **BEDIAS, TX 77831** Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/19/2023 CROWSON, WINDY \$300.00 Contributor address; City; State; Zip Code 22578 FM 2620 **BEDIAS, TX 77831** Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor ut-of-state PAC (ID#:_ Amount of Contribution (\$) 08/16/2023 DARCY-PAWLAK, KAREN \$35.00 Contributor address; City; State; Zip Code 577 EDGEWOOD DR MONTGOMERY, TX 77356 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/19/2023 DAY, FOY \$200.00 Contributor address; City; State; Zip Code 615 PINE VIEW CIR MONTGOMERY, TX 77356 Principal occupation / Job title (See Instructions) Employer (See Instructions) Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V3.5.1.0bfcfb67

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 13/48 Rpt: 16/155 2 FILER NAME 3 Filer ID Mack, Wayne 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 08/23/2023 DISHONGH, JOHNNIE \$1,000.00 6 Contributor address; City; State; Zip Code 98 HILBIG RD CONROE, TX 77301 B Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 08/08/2023 DOOLEY, MARK \$1,000.00 Contributor address; City; State; Zip Code PO BOX 2368 CONROE, TX 77305 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of Contribution (\$) DORSETT, MARGARET 10/19/2023 \$75.00 Contributor address; City; State; Zip Code 1519 MEMORIAL DR CONROE, TX 77304 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#: Amount of Contribution (\$) 07/01/2023 DUKES, SHIRLEY \$35.00 Contributor address; City; State; Zip Code 207 BYBEE DR CONROE, TX 77301 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 09/10/2023 DUNCAN, BONNIE \$70.00 Contributor address; City; State; Zip Code 63 ROLLING HILLS DR E CONROE, TX 77304 Principal occupation / Job title (See Instructions) Employer (See Instructions) Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V3,5.1.0bfcfb67

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 14/48 Rpt: 17/155 2 FILER NAME Filer ID Mack, Wayne 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 10/01/2023 DURANTE, REGINA \$35.00 6 Contributor address; City; State; Zip Code 18426 HOLLOW OAKS CIR PORTER, TX 77365 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full riame of contributor ut-of-state PAC (ID#: Amount of Contribution (\$) 08/09/2023 EICKENHORST, WILLIE \$500.00 Contributor address; City; State; Zip Code 1011 OAKSHIRE LN CONROE, TX 77384 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/19/2023 ELLISON, BILL AND COLLEEN \$4,160,00 Contributor address; City; State; Zip Code 2161 SUMMIT MIST DR CONROE, TX 77304 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#; Amount of Contribution (\$) 10/19/2023 ELLISON, COLLEEN \$2,500.00 Contributor address; City; State; Zip Code 2161 SUMMIT MIST DR CONROE, TX 77304 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#; Amount of Contribution (\$) 08/08/2023 EULITT, H KALA \$1,000.00 Contributor address; City; State; Zip Code 8416 KINGS VIEW CT MONTGOMERY, TX 77316 Principal occupation / Job title (See Instructions) Employer (See Instructions) Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V3.5.1.0bfcfb67

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 15/48 Rpt: 18/155 2 FILER NAME Filer ID Mack, Wayne 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 08/17/2023 EVANS, KARA \$35.00 6 Contributor address; City; State; Zip Code 20 KENSINGTON CT CONROE, TX 77304 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#; Amount of Contribution (\$) 10/19/2023 EVERETT, SANDY \$595.00 Contributor address; City; State; Zip Code 1163 OAK LN MONTGOMERY, TX 77316 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/20/2023 **FACILITY CONCESSION SERVICES INC** \$303.31 Contributor address; City; State; Zip Code 9055 AIRPORT RD CONROE, TX 77303 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of Contribution (\$) 10/19/2023 FENSKE, SHARON \$190,00 Contributor address; City; State; Zip Code 3006 LAKE ISLAND DR MONTGOMERY, TX 77356 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 08/16/2023 FINLEY, DAVID \$1,000.00 Contributor address; City; State; Zip Code PO BOX 682 CONROE, TX 77305 Principal occupation / Job title (See Instructions) Employer (See Instructions) Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V3.5.1.0bfcfb67

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 16/48 Rpt: 19/155 2 FILER NAME Filer ID Mack, Wayne 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 08/08/2023 FISHER, GAYLE \$35.00 6 Contributor address; City; State; Zip Code 34 STARGAZER PL **SPRING, TX 77381** 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#; Amount of Contribution (\$) 10/19/2023 FLEMING, DIANE \$20.00 Contributor address; City; State; Zip Code 1950 S PINE LAKE RD MONTGOMERY, TX 77316 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/19/2023 FLEMING, DIANE \$100.00 Contributor address; City; State; Zip Code 1950 S PINE LAKE RD MONTGOMERY, TX 77316 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of Contribution (\$) 07/27/2023 FLING, DEANNA \$110.00 Contributor address; City; State; Zip Code 12222 LAKE CONROE HILLS DR WILLIS, TX 77318 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 08/15/2023 FOLEY, LIZ \$35.00 Contributor address; City; State; Zip Code 31203 BAKER LAKE DR SPRING, TX 77386 Principal occupation / Job title (See Instructions) Employer (See Instructions) Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V3.5.1.0bfcfb67

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 17/48 Rpt: 20/155 2 FILER NAME 3 Filer ID Mack, Wayne 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 08/08/2023 FORTNER, MIKE \$35.00 6 Contributor address; City; State; Zip Code 33 STOCKBRIDGE LANDING CT **SPRING, TX 77382** 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 08/10/2023 FRANKENFIELD, LAURIE \$35.00 Contributor address; City; State; Zip Code 2035 BROOKMONT DR CONROE, TX 77301 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 09/07/2023 FRANKS, ELIZABETH \$35.00 Contributor address; City; State; Zip Code 4021 WINDSWEPT DR MONTGOMERY, TX 77356 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#:_ 08/30/2023 GABLE, RYAN \$250.00 Contributor address; City; State; Zip Code PO BOX 130966 **SPRING, TX 77393** Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#; Amount of Contribution (\$) 10/06/2023 GARCIA, JR \$35.00 Contributor address; City; State; Zip Code 1751 OAK RIDGE RD WILLIS, TX 77378 Principal occupation / Job title (See Instructions) Employer (See Instructions) Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V3.5.1.0bfcfb67

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 18/48 Rpt: 21/155 2 FILER NAME Filer ID Mack, Wayne 4 Date 5 Full name of contributor out-of-state PAC (ID#; 7 Amount of Contribution (\$) 08/09/2023 GARNER, DAVID AND LINDA \$110.00 6 Contributor address; City; State; Zip Code PO BOX 1323 COLDSPRING, TX 77331 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of Contribution (\$) 10/19/2023 GONZALES, JASON \$75.00 Contributor address; City; State; Zip Code 197 LONG RD LIVINGSTON, TX 77351 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 08/23/2023 GRAYSON, TOM AND LINDA \$70,00 Contributor address; City; State; Zip Code 32910 OAK CREEK DR MAGNOLIA, TX 77354 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of Contribution (\$) 08/14/2023 GREEN, DAVID \$70.00 Contributor address; City; State; Zip Code 2505 AMY LEE DR CONROE, TX 77304 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 08/13/2023 GREGORCYK, AMY \$70.00 Contributor address; City; State; Zip Code 380 STERNWAY CT MONTGOMERY, TX 77316 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Forms provided by Texas Ethics Commission www.ethics.state.tx.us

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MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 20/48 Rpt: 23/155 2 FILER NAME Filer ID Mack, Wayne 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 07/06/2023 GULLO, TONY \$500.00 6 Contributor address; City; State; Zip Code 925 INTERSTATE 45 S CONROE, TX 77301 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#; Amount of Contribution (\$) 10/19/2023 HAGEBUSCH, ERIC \$135.00 Contributor address; City; State; Zip Code 31903 WILDWOOD PARK LN CONROE, TX 77385 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 08/23/2023 HAINES, MARTHA \$35.00 Contributor address; City; State; Zip Code 1100 KIMBERLY LN CONROE, TX 77301 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of Contribution (\$) 10/25/2023 HALITI, JOE \$2,000.00 Contributor address; City; State; Zip Code 1604 N FRAZIER ST CONROE, TX 77301 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 08/25/2023 HALL, TIFFANY \$1,000.00 Contributor address; City; State; Zip Code 14547 LAKE BUSINESS DR STE 303 CONROE, TX 77304 Principal occupation / Job title (See Instructions) Employer (See Instructions) Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V3.5.1.0bfcfb67

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 21/48 Rpt: 24/155 FILER NAME Filer ID Mack, Wayne 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 10/19/2023 HALL, TIFFANY \$900.00 Contributor address; City; State; Zip Code 2109 SAWDUST RD APT 31205 THE WOODLANDS, TX 77380 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/24/2023 HAMBY, MONA \$100.00 Contributor address; City; State; Zip Code 1 HARTWICK CT CONROE, TX 77304 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of Contribution (\$) 10/19/2023 HARRIS, EVA \$80.00 Contributor address; City; State; Zip Code 832 EAGLE POINTE MONTGOMERY, TX 77316 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 09/08/2023 HASARA, KEVIN \$1,000,00 Contributor address; City; State; Zip Code 14460 HASARA LN **WILLIS, TX 77378** Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 08/08/2023 HAWKINS, ALLEN \$70.00 Contributor address; City; State; Zip Code 211 BROCKS LN MONTGOMERY, TX 77356 Principal occupation / Job title (See Instructions) Employer (See Instructions) Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V3.5.1.0bfcfb67

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 22/48 Rpt: 25/155 2 FILER NAME 3 Filer ID Mack, Wayne 4 Date 5 Full name of contributor out-of-state PAC (ID#; 7 Amount of Contribution (\$) 10/19/2023 HEATH, ALISA \$45.00 6 Contributor address; City; State; Zip Code 2400 ELLIS PARK LN CONROE, TX 77304 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 07/29/2023 HEATH, DAVID AND ALISA \$250.00 Contributor address; City; State; Zip Code 2400 ELLIS PARK LN CONROE, TX 77304 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/21/2023 HOEGEMEYER, KYLE \$100.00 Contributor address; City; State; Zip Code 11061 SHADOW VIEW DR CONROE, TX 77304 Principal occupation / Job title (See Instructions) Employer (See Instructions) ut-of-state PAC (ID#:_ Date Full name of contributor Amount of Contribution (\$) 08/09/2023 HOSTETLER, JIM AND JODY \$110.00 Contributor address; City; State; Zip Code 32 LAKE BLUFF MONTGOMERY, TX 77356 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 10/19/2023 HOUSTON APARTMENT ASSOCIATION PAC \$500.00 Contributor address; City; State; Zip Code 4810 WESTWAY PARK BLVD HOUSTON, TX 77041 Principal occupation / Job title (See Instructions) Employer (See Instructions) Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V3.5.1.0bfcfb67

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 23/48 Rpt: 26/155 FILER NAME 3 Filer ID Mack, Wayne 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 09/21/2023 HUBERT, SKEETER \$35.00 6 Contributor address; City; State; Zip Code 2523 PINE ACRES DR CONROE, TX 77384 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor ut-of-state PAC (ID#:_ Amount of Contribution (\$) HUES, ALTON 08/29/2023 \$1,000.00 Contributor address; City; State; Zip Code 27993 BAYS CEMETARY RD **NEW WAVERLY, TX 77358** Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 09/23/2023 INMAN, DALE \$70.00 Contributor address; City; State; Zip Code 411 S RIVERSHIRE DR CONROE, TX 77304 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/16/2023 IRHABI, IMAM IRHABI \$100,00 Contributor address; City; State; Zip Code 30 WILDFLOWER TRACE PL THE WOODLANDS, TX 77382 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 09/25/2023 JAVENS, ROGER \$70.00 Contributor address; City; State; Zip Code 27703 BRAYDON CT SPRING, TX 77386 Principal occupation / Job title (See Instructions) Employer (See Instructions) Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V3.5.1.0bfcfb67

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 24/48 Rpt: 27/155 2 FILER NAME Filer ID Mack, Wayne 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 08/30/2023 JIM, GENTRY \$500.00 6 Contributor address; City; State; Zip Code PO BOX 2177 CONROE, TX 77305 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/18/2023 JOHNSON, DEAN AND SUSAN \$250.00 Contributor address; City; State; Zip Code 811 N MAIN ST CONROE, TX 77301 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/19/2023 JOHNSON, SUSAN \$50,00 Contributor address; City; State; Zip Code 811 N MAIN ST CONROE, TX 77301 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 09/19/2023 JOLLY, GREG \$70.00 Contributor address; City; State; Zip Code 1731 REBECCA LN CONROE, TX 77301 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/19/2023 JONES, CAROLYN AND D RANDALL \$50.00 Contributor address; City; State; Zip Code 147 RIDGE LAKE LN MONTGOMERY, TX 77356 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V3.5.1.0bfcfb67

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 25/48 Rpt: 28/155 2 FILER NAME 3 Filer ID Mack, Wayne 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 08/15/2023 JONES, CHRIS \$500.00 6 Contributor address; City; State; Zip Code 22619 BANEBERRY RD MAGNOLIA, TX 77355 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/16/2023 JORDAN, CHARLES \$100.00 Contributor address; City; State; Zip Code 12324 SAGITTARIUS DR E **WILLIS, TX 77318** Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 09/13/2023 JORDAN, MELISSA \$105.00 Contributor address; City; State; Zip Code 8960 COUNTY LINE RD **WILLIS, TX 77378** Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/19/2023 JORDAN, MELISSA \$50.00 Contributor address; City; State; Zip Code 8960 COUNTY LINE RD **WILLIS, TX 77378** Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 10/19/2023 JUNEAU, HOLLY \$150.00 Contributor address; City; State; Zip Code 23184 SMITH RD PORTER, TX 77365 Principal occupation / Job title (See Instructions) Employer (See Instructions) Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V3.5.1.0bfcfb67

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 26/48 Rpt: 29/155 2 FILER NAME 3 Filer ID Mack, Wayne 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 10/19/2023 \$250.00 JUNEAU, HOLLY Contributor address; City; State; Zip Code 23184 SMITH RD PORTER, TX 77365 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: \$35.00 07/26/2023 KATE, ANN Contributor address; City; State; Zip Code 585 EDGEWOOD DR MONTGOMERY, TX 77356 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) out-of-state PAC (ID#: Date Full name of contributor \$100.00 10/20/2023 KELLUM, DANDY AND STEPHANIE Contributor address; City; State; Zip Code 32 KELLY LN NEW WAVERLY, TX 77358 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: \$380.00 10/19/2023 KIRSCH, HAYLEY Contributor address; City; State; Zip Code 200 W DAVIS ST CONROE, TX 77301 Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: 09/21/2023 KNEISLEY, KAM AND SHARON \$1,000.00 Contributor address; City; State; Zip Code 123 PARK WAY MONTGOMERY, TX 77356 Principal occupation / Job title (See Instructions) Employer (See Instructions) Version V3.5.1.0bfcfb67 Forms provided by Texas Ethics Commission www.ethics.state.tx.us

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 27/48 Rpt: 30/155 2 FILER NAME Filer ID Mack, Wayne 4 Date 5 Full name of contributor ut-of-state PAC (ID#: 7 Amount of Contribution (\$) 10/23/2023 LACOSTE, POLO AND SHARON \$100.00 6 Contributor address; City; State; Zip Code 111 RHODES ST CONROE, TX 77301 B Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) ut-of-state PAC (ID#: Date Amount of Contribution (\$) Full name of contributor 08/30/2023 LAKE CONROE AREA REPUBLICAN WOMEN PAC \$500.00 Contributor address; City; State; Zip Code **PO BOX 737** MONTGOMERY, TX 77356 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 10/19/2023 LEWIS, JOHN \$250.00 Contributor address; City; State; Zip Code 812 GRIMES ST NAVASOTA, TX 77868 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of Contribution (\$) 10/19/2023 \$200.00 LIGON, BRETT Contributor address; City; State; Zip Code PO BOX 558 PINEHURST, TX 77362 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Amount of Contribution (\$) Full name of contributor out-of-state PAC (ID#: 09/27/2023 LINEBERGER LAW FIRM \$250.00 Contributor address; City; State; Zip Code 100 INTERSTATE 45 N STE 100A CONROE, TX 77304 Principal occupation / Job title (See Instructions) Employer (See Instructions) Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V3.5.1.0bfcfb67

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 28/48 Rpt: 31/155 2 FILER NAME 3 Filer ID Mack, Wayne 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 08/14/2023 LONON, KAREN \$500.00 6 Contributor address; City; State; Zip Code 848 EAGLE POINTE MONTGOMERY, TX 77316 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor ut-of-state PAC (ID#; Amount of Contribution (\$) 08/19/2023 LUND, NATHAN \$500.00 Contributor address; City; State; Zip Code 13281 LAZY LN **WILLIS, TX 77318** Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/23/2023 LUND, NATHAN \$395.00 Contributor address; City; State; Zip Code 13281 LAZY LN **WILLIS, TX 77318** Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor ut-of-state PAC (ID#: Amount of Contribution (\$) 10/31/2023 LUND, SAMUEL AND JAN \$50.00 Contributor address; City; State; Zip Code 5689 OLD CASTLE WAY CONROE, TX 77304 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 10/07/2023 MACK, MINDY \$10.00 Contributor address; City; State; Zip Code PO BOX 2234 CONROE, TX 77305 Principal occupation / Job title (See Instructions) Employer (See Instructions) Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V3.5.1.0bfcfb67

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 29/48 Rpt: 32/155 2 FILER NAME 3 Filer ID Mack, Wayne 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 09/12/2023 MAGGIO, PEARL \$35.00 6 Contributor address; City; State; Zip Code 6 S DYLANSHIRE CIR CONROE, TX 77384 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor ut-of-state PAC (ID#: Amount of Contribution (\$) 10/16/2023 MARKOWITZ, ROBERT \$200.00 Contributor address; City; State; Zip Code 18735 WEST COOL BREEZE LN MONTGOMERY, TX 77356 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 09/12/2023 MARMACK, JEFF AND MAGGIE \$250,00 Contributor address; City; State; Zip Code PO BOX 1290 MONTGOMERY, TX 77356 Principal occupation / Job title (See Instructions) Employer (See Instructions) out-of-state PAC (ID#:_ Date Full name of contributor Amount of Contribution (\$) 10/19/2023 MARTIN, JOAN AND RICHARD \$35.00 Contributor address; City; State; Zip Code 15 CARMEL CT MONTGOMERY, TX 77356 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) MARTIN, JOHN 08/14/2023 \$500.00 Contributor address; City; State; Zip Code 105 HUNTER HOLLOW PL MONTGOMERY, TX 77316 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V3.5.1.0bfcfb67

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 30/48 Rpt: 33/155 2 FILER NAME 3 Filer ID Mack, Wayne 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 10/24/2023 MARTINEZ, JACOB \$345,00 6 Contributor address; City; State; Zip Code PO BOX 1874 **WILLIS, TX 77378** 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 08/22/2023 MARUSIK, CURT AND AMY \$500.00 Contributor address; City; State; Zip Code 19 BAY MILLS PLACE THE WOODLANDS, TX 77389 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Amount of Contribution (\$) Full name of contributor out-of-state PAC (ID#: 10/19/2023 MCCLANAHAN, JACK AND MARY \$1,500.00 Contributor address; City; State; Zip Code 13921 HIGHWAY 105 W CONROE, TX 77304 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/19/2023 MCGEE, CHRISTINA \$50.00 Contributor address; City; State; Zip Code 1231 BOWEN LOOP CLEVELAND, TX 77328 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 08/08/2023 MCKINNON, GAIL \$70.00 Contributor address; City; State; Zip Code 297 CLUB ISLAND WAY MONTGOMERY, TX 77356 Principal occupation / Job title (See Instructions) Employer (See Instructions) Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V3.5.1.0bfcfb67

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 31/48 Rpt: 34/155 2 FILER NAME 3 Filer ID Mack, Wayne Date 5 Full name of contributor 7 Amount of Contribution (\$) out-of-state PAC (ID#: 10/19/2023 MCNABB, CONNIE \$75.00 6 Contributor address; City; State; Zip Code 19164 LAKETREE DR MONTGOMERY, TX 77356 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:_ 08/23/2023 \$500.00 MEAD, DANIELA Contributor address; City; State; Zip Code 11672 GRAND PINE DR MONTGOMERY, TX 77356 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 08/09/2023 MEISTAD, CC \$100,00 Contributor address; City; State; Zip Code 17601 RABON CHAPEL RD MONTGOMERY, TX 77316 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Amount of Contribution (\$) Full name of contributor out-of-state PAC (ID#:_ 08/18/2023 MENDELOW, CHRISTY \$220.00 Contributor address; City; State; Zip Code 21175 TOMBALL PKWY STE 115 HOUSTON, TX 77070 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/19/2023 MERCADO, JOHN \$495.00 Contributor address; City; State; Zip Code 6926 ADCOCK ACRES CONROE, TX 77303 Principal occupation / Job title (See Instructions) Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 32/48 Rpt: 35/155 2 FILER NAME Filer ID Mack, Wayne 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 08/28/2023 MILLESON, GARY \$500.00 6 Contributor address; City; State; Zip Code 117 S OCOTILLO RIDGE MONTGOMERY, TX 77316 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 08/09/2023 MILSTEAD, AMY \$1,000.00 Contributor address; City; State; Zip Code PO BOX 7859 **SPRING, TX 77387** Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 08/14/2023 MONTALVO, ANDY AND CASEY \$100.00 Contributor address; City; State; Zip Code 13528 BROOKLYN MEAD LN **WILLIS, TX 77378** Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of Contribution (\$) 08/15/2023 MORRIS, JIM \$1,000.00 Contributor address; City; State; Zip Code 17178 W FM 1097 RD MONTGOMERY, TX 77356 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/19/2023 MORRISON, F JOSEPH AND DAWN \$250.00 Contributor address; City; State; Zip Code 675 LONESTAR RD **HUNTSVILLE, TX 77340** Principal occupation / Job title (See Instructions) Employer (See Instructions) Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V3.5.1.0bfcfb67

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 33/48 Rpt: 36/155 2 FILER NAME Filer ID Mack, Wayne 4 Date 5 Full name of contributor 7 Amount of Contribution (\$) out-of-state PAC (ID#: 08/28/2023 MORRISON, JOE \$500.00 6 Contributor address; City; State; Zip Code 675 LONESTAR RD HUNTSVILLE, TX 77340 B Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 09/12/2023 MORTON, RICKY \$500.00 Contributor address; City; State; Zip Code 10910 KALEO WAY CONROE, TX 77304 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 09/16/2023 ODELL, COURTNEY \$35.00 Contributor address; City; State; Zip Code 8960 COUNTY LINE RD WILLIS, TX 77378 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of Contribution (\$) 10/19/2023 OLIPHANT, JASON \$790.00 Contributor address; City; State; Zip Code 11435 RUNNELS RD CONROE, TX 77303 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 07/21/2023 OLIVER, ETHEL \$70.00 Contributor address; City; State; Zip Code 25543 SHARP RD MONTGOMERY, TX 77356 Principal occupation / Job title (See Instructions) Employer (See Instructions) Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V3.5.1.0bfcfb67

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 34/48 Rpt: 37/155 2 FILER NAME Filer ID Mack, Wayne 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 08/09/2023 ONEIL, SHARON \$100.00 6 Contributor address; City; State; Zip Code 36 BENTHAVEN ISLE MONTGOMERY, TX 77356 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/25/2023 OUGHTON, NANCY \$50.00 Contributor address; City; State; Zip Code 13378 BUNKER HILL RD **WILLIS, TX 77318** Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 08/08/2023 PARADA, CHARLES \$250.00 Contributor address; City; State; Zip Code 18754 GRAND HARBOR POINT MONTGOMERY, TX 77356 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of Contribution (\$) 07/31/2023 PARISE, LORRIE \$70.00 Contributor address; City; State; Zip Code 9950 WOODLOCH FOREST DR STE 1100 THE WOODLANDS, TX 77380 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 07/25/2023 PARSONS, CAROLE \$35.00 Contributor address; City; State; Zip Code 158 APRIL WATERS DR N MONTGOMERY, TX 77356 Principal occupation / Job title (See Instructions) Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 35/48 Rpt: 38/155 2 FILER NAME Filer ID Mack, Wayne 4 Date 5 Full name of contributor 7 Amount of Contribution (\$) out-of-state PAC (ID#: 08/13/2023 PATIN, TROY AND DEBBIE \$1,000.00 6 Contributor address; City; State; Zip Code 204 KINGS LN MONTGOMERY, TX 77356 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor ut-of-state PAC (ID#: Amount of Contribution (\$) 08/16/2023 PATTON, JACK AND CARYN \$500.00 Contributor address; City; State; Zip Code 11711 EDGEWATER CT MONTGOMERY, TX 77356 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 07/29/2023 PENA, DANIEL \$35.00 Contributor address; City; State; Zip Code 4054 TIMBER SAPP DR CONROE, TX 77304 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 08/24/2023 PENA, DANIEL \$35.00 Contributor address; City; State; Zip Code 4054 TIMBER SAPP DR CONROE, TX 77304 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/19/2023 PENA, DANIEL \$50.00 Contributor address; City; State; Zip Code 4054 TIMBER SAPP DR CONROE, TX 77304 Principal occupation / Job title (See Instructions) Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 36/48 Rpt: 39/155 2 FILER NAME 3 Filer ID Mack, Wayne 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 10/17/2023 PERRINE, BRAD \$1,000.00 6 Contributor address; City; State; Zip Code PO BOX 1103 CONROE, TX 77305 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/19/2023 PERRY, KIMBERLY \$25.00 Contributor address; City; State; Zip Code 1906 PARNEVIK PL CONROE, TX 77304 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/19/2023 PIERSON, GLADYS \$500.00 Contributor address; City; State; Zip Code 122 W DAVIS ST STE 110 CONROE, TX 77301 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 08/21/2023 PORTEN, LINDA \$100.00 Contributor address; City; State; Zip Code 110 CLEAR SPRINGS MONTGOMERY, TX 77356 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 08/08/2023 REID, SHANNAN \$35.00 Contributor address; City; State; Zip Code 3701 BRECKENRIDGE DR MONTGOMERY, TX 77356 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V3.5.1.0bfcfb67

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 37/48 Rpt; 40/155 2 FILER NAME 3 Filer ID Mack, Wayne 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 09/06/2023 RICHARDS, VALERIE \$140.00 6 Contributor address; City; State; Zip Code 15455 RABON CHAPEL MONTGOMERY, TX 77316 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 08/09/2023 RIEDLINGER, CLAUDIA \$70.00 Contributor address; City; State; Zip Code 569 EDGEWOOD DR MONTGOMERY, TX 77356 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 08/27/2023 RINGO, PETE \$1,000.00 Contributor address; City; State; Zip Code 595 HAMPTON HALL LN CONROE, TX 77302 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/09/2023 RIVERA, ANABEL \$70.00 Contributor address; City; State; Zip Code 90 TUPELO LN CONROE, TX 77304 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) ROBERSON, EVAN 09/27/2023 \$1,500.00 Contributor address; City; State; Zip Code 162 REMINGTON RD HUNTSVILLE, TX 77340 Principal occupation / Job title (See Instructions) Employer (See Instructions) Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V3.5.1.0bfcfb67

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 38/48 Rpt: 41/155 FILER NAME 3 Filer ID Mack, Wayne 4 Date 5 Full name of contributor out-of-state PAC (ID#:_ 7 Amount of Contribution (\$) 10/19/2023 ROBERT WALKER CAMPAIGN \$350.00 6 Contributor address; City; State; Zip Code PO BOX 558 PINEHURST, TX 77362 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of Contribution (\$) 09/28/2023 ROLAND, MICKIE \$105.00 Contributor address; City; State; Zip Code 300 N FRAZIER ST CONROE, TX 77301 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of Contribution (\$) 08/27/2023 RONSMAN, ANN MARIE \$70.00 Contributor address; City; State; Zip Code 135 ANGIE LN MONTGOMERY, TX 77316 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#; Amount of Contribution (\$) 10/19/2023 ROSALES, JENNY \$160,00 Contributor address; City; State; Zip Code 11261 ROSE RD CONROE, TX 77303 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 08/28/2023 ROSS, BOB \$500.00 Contributor address; City; State; Zip Code 8006 SHADOW PARK CT CONROE, TX 77304 Principal occupation / Job title (See Instructions) Employer (See Instructions) Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V3.5.1.0bfcfb67

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 39/48 Rpt: 42/155 2 FILER NAME Filer ID Mack, Wayne 4 Date 5 Full name of contributor ut-of-state PAC (ID#; 7 Amount of Contribution (\$) 07/07/2023 RUMMELL, KATHERINE \$35.00 6 Contributor address; City; State; Zip Code 25531 RICHARDS RD SPRING, TX 77386 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#: Amount of Contribution (\$) 10/02/2023 RUPPERT, TERRA \$35.00 Contributor address; City; State; Zip Code 110 S PARK DR MONTGOMERY, TX 77356 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 10/19/2023 RUSSO, CONNIE \$55.00 Contributor address; City; State; Zip Code 2240 GOLDEN LAUREL DR CONROE, TX 77304 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of Contribution (\$) 07/30/2023 SAIKOWSKI, RONALD \$35,00 Contributor address; City; State; Zip Code 14 EAST KNIGHTSBRIDGE DR CONROE, TX 77385 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 09/04/2023 SALAZAR, ANGELA \$35.00 Contributor address; City; State; Zip Code 222 ELIANNE LACE CT WILLIS, TX 77318 Principal occupation / Job title (See Instructions) Employer (See Instructions) Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V3.5.1.0bfcfb67

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 40/48 Rpt: 43/155 2 FILER NAME 3 Filer ID Mack, Wayne 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 10/19/2023 SALAZAR, ANGELA \$40.00 6 Contributor address; City; State; Zip Code 222 ELIANNE LACE CT **WILLIS, TX 77318** 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date out-of-state PAC (ID#: Full name of contributor Amount of Contribution (\$) 10/13/2023 SCHOENEBERG, TRAVIS \$35.00 Contributor address; City; State; Zip Code 663 OLD PLANTERSVILLE RD MONTGOMERY, TX 77316 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/20/2023 SCHOENEBERG, TRAVIS \$350.00 Contributor address; City; State; Zip Code 663 OLD PLANTERSVILLE RD MONTGOMERY, TX 77316 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of Contribution (\$) 09/14/2023 SCOTT, DAVID \$70.00 Contributor address; City; State; Zip Code 14583 BRIDGEPOINT CT **WILLIS, TX 77318** Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 08/21/2023 SCOTT, MCKENZIE \$35.00 Contributor address; City; State; Zip Code 26207 COUNTRY WOODS TRL MAGNOLIA, TX 77355 Principal occupation / Job title (See Instructions) Employer (See Instructions) Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V3.5.1.0bfcfb67

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 41/48 Rpt: 44/155 2 FILER NAME 3 Filer ID Mack, Wayne 4 Date 5 Full name of contributor out-of-state PAC (ID#; 7 Amount of Contribution (\$) 10/19/2023 SIGFORD, BRIDGIT \$60.00 6 Contributor address; City; State; Zip Code 12502 PARK LN **WILLIS, TX 77318** 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#; Amount of Contribution (\$) 09/12/2023 SIMMONS, MICHAEL \$500.00 Contributor address; City; State; Zip Code 19132 STEWART CREEK RD MONTGOMERY, TX 77356 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/25/2023 SMITH, GREG \$2,500.00 Contributor address; City; State; Zip Code 20850 EVA ST MONTGOMERY, TX 77356 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of Contribution (\$) 07/25/2023 SMITH, MARILYNNE \$1,10.00 Contributor address; City; State; Zip Code 1637 CAFE DUMONDE CONROE, TX 77304 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/19/2023 SMITH, TODD \$60.00 Contributor address; City; State; Zip Code 4510 PIN OAK CREEK LN KINGWOOD, TX 77345 Principal occupation / Job title (See Instructions) Employer (See Instructions) Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V3.5.1.0bfcfb67

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 42/48 Rpt: 45/155 FILER NAME Filer ID Mack, Wayne 4 Date 5 Full name of contributor 7 Amount of Contribution (\$) out-of-state PAC (ID#; 08/23/2023 SMITH, TRENT \$500.00 6 Contributor address; City; State; Zip Code 1612 ODD FELLOW ST CONROE, TX 77301 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/09/2023 SOBUS, KEITH \$35.00 Contributor address; City; State; Zip Code 67 1/2 APRIL WIND DR S MONTGOMERY, TX 77356 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: 08/09/2023 STEENWYK, TIMOTHY AND MARILYN \$1,000,00 Contributor address; City; State; Zip Code 248 GREEN COVE DR MONTGOMERY, TX 77356 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor ut-of-state PAC (ID#:_ Amount of Contribution (\$) 10/30/2023 STEGEMAN, JAMES AND LINDA \$250.00 Contributor address; City; State; Zip Code 27 LAKE ESTATES DR MONTGOMERY, TX 77356 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 08/10/2023 STEINMANN, BERT \$500.00 Contributor address; City; State; Zip Code 103 W PHILLIPS CONROE, TX 77301 Principal occupation / Job title (See Instructions) Employer (See Instructions) Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V3.5.1.0bfcfb67

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 43/48 Rpt: 46/155 2 FILER NAME 3 Filer ID Mack, Wayne 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 10/19/2023 STEINMANN, RAY \$245.00 6 Contributor address; City; State; Zip Code PO BOX 1679 CONROE, TX 77305 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Amount of Contribution (\$) Full name of contributor out-of-state PAC (ID#: 10/19/2023 STEWART, LORI \$125.00 Contributor address; City; State; Zip Code 425 MCCALEB RD APT 5108 MONTGOMERY, TX 77316 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of Contribution (\$) 10/19/2023 STRACK, RUSSELL AND TERESA \$100.00 Contributor address; City; State; Zip Code 36102 POST OAK CIR MAGNOLIA, TX 77355 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:__ Amount of Contribution (\$) 10/20/2023 SUTTON, KIMBERLY \$185.00 Contributor address; City; State; Zip Code 235 PLEASANT HILL WAY CONROE, TX 77304 Principal occupation / Job title (See Instructions) Employer (See Instructions) out-of-state PAC (ID#: Date Full name of contributor Amount of Contribution (\$) 08/02/2023 TATE, DAVID AND RHONDA \$105.00 Contributor address; City; State; Zip Code 15378 JODY LN CONROE, TX 77303 Principal occupation / Job title (See Instructions) Employer (See Instructions) Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V3.5.1.0bfcfb67

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 44/48 Rpt: 47/155 2 FILER NAME Filer ID Mack, Wayne 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 10/19/2023 TEAGUE, JANET \$228.00 6 Contributor address; City; State; Zip Code 3097 N FM 1486 RD MONTGOMERY, TX 77356 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/25/2023 TEAGUE, JANET \$105.00 Contributor address; City; State; Zip Code 3097 N FM 1486 RD MONTGOMERY, TX 77356 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#; 09/12/2023 TEXAS PROFESSIONAL SURVEYING LLC \$60,000.00 Contributor address; City; State; Zip Code 3032 N FRAZIER ST CONROE, TX 77303 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#:_ 09/27/2023 THE BLAIR LAW FIRM PC \$110.00 Contributor address; City; State; Zip Code 7 GROGANS PARK DR REDBUD BLDG 3 THE WOODLANDS, TX 77380 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#; 08/16/2023 THE FOWLER LAW FIRM \$500,00 Contributor address; City; State; Zip Code 505 W DAVIS CONROE, TX 77301 Principal occupation / Job title (See Instructions) Employer (See Instructions) Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V3.5.1.0bfcfb67

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 45/48 Rpt: 48/155 2 FILER NAME Filer ID Mack, Wayne 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 08/17/2023 THOMAS, JUDI \$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 Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/19/2023 THOMPSON, BRAD \$250.00 Contributor address; City; State; Zip Code 2477 AVENUE A SAN LEON, TX 77539 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/19/2023 THOMPSON, FRANKLIN AND CYNTHIA \$50.00 Contributor address; City; State; Zip Code 3407 WILLOWRUN DR MONTGOMERY, TX 77356 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 08/10/2023 THORNTON, HELEN \$110.00 Contributor address; City; State; Zip Code 3619 W DAVIS ST CONROE, TX 77304 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 09/13/2023 TRAYLOR, BILL \$500.00 Contributor address; City; State; Zip Code 9531 COUNTY LINE RD WILLIS, TX 77378 Principal occupation / Job title (See Instructions) Employer (See Instructions) Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V3.5.1.0bfcfb67

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 46/48 Rpt: 49/155 2 FILER NAME 3 Filer ID Mack, Wayne 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 10/19/2023 TUTTLE, ARTHUR \$525.00 6 Contributor address; City; State; Zip Code 123 LYNDSEY DR MONTGOMERY, TX 77316 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 08/29/2023 UDELL, BOB \$500.00 Contributor address; City; State; Zip Code 350 S LOOP 336 W CONROE, TX 77304 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/19/2023 VINCE SANTINI CAMPAIGN FUND \$1.00.00 Contributor address; City; State; Zip Code 2257 N LOOP 336 W STE 140-422 CONROE, TX 77304 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/20/2023 VLAHA, BARBARA \$50.00 Contributor address; City; State; Zip Code 27 W PIPERS GREEN ST THE WOODLANDS, TX 77382 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of Contribution (\$) 08/05/2023 WALKER CAMPAIGN \$1,000.00 Contributor address; City; State; Zip Code **PO BOX 558** PINEHURST, TX 77362 Principal occupation / Job title (See Instructions) Employer (See Instructions) Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V3.5.1.0bfcfb67

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 47/48 Rpt: 50/155 2 FILER NAME 3 Filer ID Mack, Wayne 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 08/09/2023 WALKER CAMPAIGN \$3,000.00 6 Contributor address; City; State; Zip Code **PO BOX 558** PINEHURST, TX 77362 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 09/08/2023 WEBB, KIMBERLY \$1.00.00 Contributor address; City; State; Zip Code 101 WEBB RD OAKHURST, TX 77359 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 10/17/2023 WELBES, TIMOTHY AND MARILYN \$110.00 Contributor address; City; State; Zip Code 23 MEADOW FAIR CT THE WOODLANDS, TX 77381 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of Contribution (\$) 10/19/2023 \$75.00 WHEELER, KIMA Contributor address; City; State; Zip Code 10689 FM 1484 RD CONROE, TX 77303 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Amount of Contribution (\$) Full name of contributor out-of-state PAC (ID#: 08/10/2023 WIEGHAT, JASON AND JACKIE \$1,000.00 Contributor address; City; State; Zip Code 17667 FM 1484 CONROE, TX 77303 Principal occupation / Job title (See Instructions) Employer (See Instructions) Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V3.5.1.0bfcfb67

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 48/48 Rpt: 51/155 2 FILER NAME 3 Filer ID Mack, Wayne 4 Date 5 Full name of contributor out-of-state PAC (ID#; 7 Amount of Contribution (\$) 08/09/2023 WIESNER FAMILY \$500.00 6 Contributor address; City; State; Zip Code 230 INTERSTATE 45 NORTH **HUNTSVILLE, TX 77320** 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#; Amount of Contribution (\$) 10/19/2023 WILLIAMSON, STACEY \$125.00 Contributor address; City; State; Zip Code 18727 PALM BEACH BLVD MONTGOMERY, TX 77356 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/01/2023 WOOD, BOB \$35,00 Contributor address; City; State; Zip Code 3627 COUNTRY CLUB BLVD MONTGOMERY, TX 77356 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of Contribution (\$) 10/16/2023 ZARATE, CHRISTIAN \$1,000.00 Contributor address; City; State; Zip Code 5814 ANDERSHIRE DR CONROE, TX 77304 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/19/2023 ZARATE, CHRISTIAN \$800.00 Contributor address; City; State; Zip Code 5814 ANDERSHIRE DR CONROE, TX 77304 Principal occupation / Job title (See Instructions) Employer (See Instructions) Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V3.5.1,0bfcfb67

The Instru	ction Guide explains how to complete this f	1 Total pages Schedule A2: Sch: 1/9 Rpt: 52/155			
2 FILER NAME		3 Filer ID			
Mack, Wayr		a Filet ID			
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	\$			
5 Date 10/19/2023	 Full name of contributor out-of-state PAC (ID#:	8 Amount of contribution (\$) In-kind contribution (\$) description \$50.00 I GOD'S GARAGE GIFT BASKET Check if travel outside of Texas. Complete Schedule T.			
10 Principal occi	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON			
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)		
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contribute	r's spouse (if any) (FOR JUDICIAL)		
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	<u></u>			
Date 10/19/2023	Full name of contributor out-of-state PAC (ID#: GONZALES, JASON Contributor address; City; State; Zip Code 197 LONG RD		Amount of In-kind contribution contribution (\$) description \$120.00 LARGE METAL TEXAS STAR WALL Dic1/2COR		
	LIVINGSTON, TX 77351		Check if travel outside of Texas. Complete Schedule T.		
Principal occi	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	I-JUDICIAL) (See instructions)		
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See instructions)			
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)			
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date 10/19/2023	Date Full name of contributor out-of-state PAC (ID#:		Amount of In-kind contribution contribution (\$), description \$45.00 I SENSACALM WEIGHTED BLANKET		
	CONROE, TX 77304		Check if travel outside of Texas, Complete Schedule T.		
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	I-JUDICIAL) (See instructions)		
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)		
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)			
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	 			

The Instru	ction Guide explains how to complete this f	1 Total pages Schedule A2: Sch: 2/9 Rpt: 53/155				
2 FILER NAME		3 Filer ID				
Mack, Wayr	· ·					
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	\$				
5 Date	6 Full name of contributor ut-of-state PAC (ID#:)	8 Amount of 9 In-kind contribution			
10/19/2023	HATAWAY, BOB AND CAROLINE		contribution (\$) description			
	7 Contributor address; City; State; Zip Code		\$500.001TEXAS A & M !TAILGATING PACKAGE			
	10301 AUTUMN RUN LN		THAT INCLUDES 2			
		ICHAIRS AND A				
ot	CONROE, TX 77304		Check if travel outside of Texas. Complete Schedule T.			
10 Principal occi	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	I-JUDICIAL) (See instructions)			
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)			
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)			
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDIC!AL)					
Date	Full name of contributor ut-of-state PAC (ID#:		Amount of In-kind contribution			
10/19/2023	JIM'S HARDWARE		contribution (\$) description \$200.00 HAND TUNED WIND			
	Contributor address; City; State; Zip Code		!CHIMES			
	14460 LIBERTY					
	MONTGOMERY, TX 77356		I I Check if travel outside of Texas. Complete Schedule T.			
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON				
		, , ,	,			
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)			
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	Law firm of contributor's spouse (if any) (FOR JUDICIAL)			
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	<u> </u>				
	, , , , , , , , , , , , , , , , , , , ,		•			
Date	Full name of contributor out-of-state PAC (ID#:	1	Amount of In-kind contribution			
10/19/2023			contribution (\$) description			
ŀ	Contributor address; City; State; Zip Code	***************************************	\$85.00 L142 PC CRESCENT WRENCH TOOL SET			
}	14460 LIBERTY		WARENCH TOOL SET			
	MONTGOMERY, TX 77356		Check if travel outside of Texas. Complete Schedule T.			
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	N-JUDICIAL) (See instructions)			
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)			
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)			
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	·				

The Instru	iction Guide explains how to complete this f	1 Total pages Schedule A2: Sch: 3/9 Rpt: 54/155			
2 FILER NAME		3 Filer ID			
Mack, Wayr			3 FREI ID		
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	\$			
5 Date	6 Full name of contributor Out-of-state PAC (ID#:)	8 Amount of 9 In-kind contribution		
10/19/2023	JUSTICE COURT 1 CLERKS		contribution (\$) description		
	7 Contributor address; City; State; Zip Code	***************************************	\$130.00 FALL D�COR WITH CENTERPIECE,		
	300 S DANVILLE		PILLOWS, BLANKET,		
			PUMPKIN AND		
	WILLIS, TX 77378		Check if travel outside of Texas. Complete Schedule T.		
10 Principal occi	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	-JUDICIAL) (See Instructions)		
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)		
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)		
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of In-kind contribution		
10/19/2023			contribution (\$) description		
	Contributor address; City; State; Zip Code		\$180.00 ROUND OF GOLF FOR 4 AT PANORAMA GOLF		
	PO BOX 1081		CLUB INCLUDING CART		
	CONROE, TX 77305		Check if travel outside of Texas. Complete Schedule T.		
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	-JUDICIAL) (See instructions)		
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See instructions)			
Contributorie	employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)			
Continuators	employemaw with (POR JODICIAL)	Law into of contribute	or's spouse (if any) (FOR JODICIAL)		
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of In-kind contribution		
10/19/2023	· —		contribution (\$) description		
	Contributor address; City; State; Zip Code		\$101.00 ANGEL WING CROSS		
	197 LONG RD		1		
	LIVINGSTON, TX 77351		Check if travel outside of Texas. Complete Schedule T.		
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	I-JUDICIAL) (See instructions)		
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)		
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)		
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				

The Instru	ction Guide explains how to complete this f	orm	1 Total pages Schedule A2:	
		Sch: 4/9 Rpt: 55/155		
2 FILER NAME			3 Filer ID	
Mack, Wayr	ne			
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$	
5 Date	6 Full name of contributor ut-of-state PAC (ID#:)	8 Amount of 9 In-kind contribution	
10/19/2023			contribution (\$) description \$75.0014 PERSONAL TRAINING	
	7 Contributor address; City; State; Zip Code 2510 S LOOP 336 W STE 205		SESSIONS AT PLUS 40	
	2510 S LOOP 336 W S1E 205		FITNESS	
	CONROE, TX 77304		Chack if traval outside of Taylor Complete Only 1 T	
10 Principal occı	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	-JUDICIAL) (See instructions)	
, 	· · · · · · · · · · · · · · · · · · ·	, , , , , ,	•	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)	
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)	
	•			
16 If contributor i	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	<u> </u>		
Date	Full name of contributor ut-of-state PAC (ID#:)	Amount of In-kind contribution	
10/19/2023	RINGO, MISSY		contribution (\$) description \$145.00 FALL WREATH	
	Contributor address; City; State; Zip Code		\$145.001 PALL VVKEATH	
	595 HAMPTON HALL			
	CONROE, TX 77302			
Principal occi	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	Li Check if travel outside of Texas. Complete Schedule TJUDICIAL) (See instructions)	
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)	
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)	
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor cut-of-state PAC (ID#:		Amount of In-kind contribution contribution (\$)	
10/19/2023	RODRIGUEZ, ELIAS	***************************************	\$150.0011 MONTH FREE	
	Contributor address; City; State; Zip Code 1647 N FRAZIER ST STE 55		CROSSTRAINING OR	
	104/ N FRAZIER 31 31E 55		JIU JITSU AT ENDURE I CROSS TRAINING	
	CONROE, TX 77301		Check if travel outside of Texas, Complete Schedule T.	
Principal occi	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	<u> </u>	
	•			
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See Instructions)	
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)	
		<u></u>		
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

·			
The Instru	ction Guide explains how to complete this f	1 Total pages Schedule A2: Sch: 5/9 Rpt: 56/155	
2 FILER NAME Mack, Wayr			3 Filer ID
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$
5 Date 10/19/2023	7 Contributor address; City; State; Zip Code 12113 ANDERSON RD		8 Amount of 9 In-kind contribution contribution (\$) description \$110.00 HANDMADE QUILT
10 Principal occu	WILLIS, TX 77318 upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON-	Check if travel outside of Texas, Complete Schedule T. JUDICIAL) (See instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL) (See instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contributo	r's spouse (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date 10/19/2023	Full name of contributor out-of-state PAC (ID#:		Amount of In-kind contribution contribution (\$) description \$50.0012 ORIGINAL HORSE WATERCOLOR PRINTS MATTED WITH I CERTIFICATES OF
Principal occ	MONTGOMERY, TX 77356 spation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	Check if travel outside of Texas. Complete Schedule T. -JUDICIAL) (See instructions)
		Employer (FOR NOW	OOSTOTAL) (See appropriate
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title ((FOR JUDICIAL) (See instructions)
	employer/law firm (FOR JUDICIAL)	Law firm of contributo	r's spouse (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date 10/19/2023	Full name of contributor out-of-state PAC (ID#:		Amount of In-kind contribution contribution (\$) description \$40.001 HOMEMADE COOKIES, CHOCOLATE, AND CHAMPAGNE
Principal occi	MONTGOMERY, TX 77356 upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	Check if travel outside of Texas. Complete Schedule T. -JUDICIAL) (See instructions)
0			
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	r's spouse (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	-	

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The Instru	ction Guide explains how to complete this f	1 Total pages Sch Sch: 6/9 Rpt:			
2 FILER NAME			01/133		
Mack, Wayı		3 Filer ID			
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	\$			
5 Date 10/19/2023	7 Contributor address; City; State; Zip Code 401 MILL CREEK DR		contribution (\$)	9 In-kind contribution description CATFISH MAN GUIDE SERVICE FOR 4 ON LAKE CONROE	
10 Principal occ	WILLIS, TX 77378 upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (EOP NON		utside of Texas. Complete Schedule T.	
as Findipal Occi	apadon / voo tide (FON NON-VODIOIAL) (See insuddions)	TT CITIPIONEI (FOR NON	-JODICIAE) (366 II	isa dellons)	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL)	(See instructions)	
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)	
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date 10/19/2023	Full name of contributor out-of-state PAC (ID#: TEAGUE, JANET Contributor address; City; State; Zip Code 3097 N FM 1486 RD		Amount of contribution (\$) \$125.00	In-kind contribution description IAUTOGRAPHED "THE BIBLE & THE BADGES" BOOK	
	MONTGOMERY, TX 77356		Check if travel of	I outside of Texas. Complete Schedule T.	
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON		nstructions)	
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See instructions)			
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)	
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date 10/19/2023	Full name of contributor out-of-state PAC (ID#:			In-kind contribution description ITEXAS WOOD SIGN WITH ROPE TRIM I I I I I I I I I I I I I I I I I I	
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	 	nstructions)	
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL)	(See instructions)	
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)			
lf contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
					

The Instru	ction Guide explains how to complete this f	1 Total pages Schedule A2: Sch: 7/9 Rpt: 58/155		
2 FILER NAME		3 Filer ID		
Mack, Wayr				
⁴ TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	\$		
5 Date	6 Full name of contributor ut-of-state PAC (ID#:)	8 Amount of 9 In-kind contribution	
10/19/2023	TEAGUE, RAY & JANET		contribution (\$) description	
	7 Contributor address; City; State; Zip Code	***************************************	\$60.00 MARRIAGE TAKES 3 ENTWINED HEARTS	
	3097 N FM 1486 RD		CROSS	
			i	
	MONTGOMERY, TX 77356		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occi	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON		
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)	
			•	
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)	
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Data				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of In-kind contribution contribution (\$) description	
10/19/2023	1411-141-1411-1411-14		\$50.00 MARRIAGE TAKES 3	
	Contributor address; City; State; Zip Code		ENTWINED HEARTS	
	3097 N FM 1486 RD		CROSS	
	MONTOOMEDY TV 779E6			
Deineinelenn	MONTGOMERY, TX 77356	L Control	Check if travel outside of Texas, Complete Schedule T.	
Principal occi	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	I-JUDICIAL) (See instructions)	
Contributorlo	principal accuration (FOR HIDIOIAL)	Contributorio inlesido	(COD TUDIOIAL) (Coo instructions)	
Contributors	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)	
Contributorio	employer/law firm (FOR JUDICIAL)	Lave firms of contribute	and are an officer of COD AUDIOIAL	
Contributors	employernaw Intil (FOR JODICIAL)	Law IIIm of contribute	or's spouse (if any) (FOR JUDICIAL)	
If contributor	in a child law firm of narout(a) (if any) (FOR HIDICIAL)			
ir contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor ut-of-state PAC (ID#:)	Amount of In-kind contribution	
10/19/2023	TEAGUE, RAY & JANET		contribution (\$) description \$95.00 FAITH RING	
	Contributor address; City; State; Zip Code		1 595.00 FAITH RING	
	3097 N FM 1486 RD			
			ļ į	
	MONTGOMERY, TX 77356		Check if travel outside of Texas. Complete Schedule T.	
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	I-JUDICIAL) (See instructions)	
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)	
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)	
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
	M			

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A2:
	-	Sch: 8/9 Rpt: 59/155	
2 FILER NAME		3 Filer ID	
Mack, Wayn	IC		
	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$
5 Date	6 Full name of contributor ut-of-state PAC (ID#:)	8 Amount of 9 In-kind contribution contribution (\$) description
10/19/2023	TRYON, JOHN	***************************************	contribution (\$) description \$30.00 I TICKETS TO CONROE
	7 Contributor address; City; State; Zip Code		SYMPHONY
	3010 CHAUCER DR		ORCHESTRA
	MONTGOMERY, TX 77356		
10 Deinsingless		44 Fardayay (FOR NON	Check if travel outside of Texas, Complete Schedule T.
To Principal occi.	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	-JUDICIAL) (See instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)
14 Company	analogoday 6vo (EOD TIDICIAL)	45 L C	(5-2)
14 Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)
16 H contributes:	is a child law firm of normat(a) (if any A /COD TI INICIAL)	<u> </u>	
TO 11 CONTRIBUTOR	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
		· · · · · · · · · · · · · · · · · · ·	
Date	Full name of contributor ut-of-state PAC (ID#:		Amount of In-kind contribution contribution (\$) description
10/19/2023		***************************************	\$0.00 TICKETS TO CONROE
	Contributor address; City; State; Zip Code		SYMPHONY
	3010 CHAUCER DR		ORCHESTRA
	MONTGOMERY, TX 77356		
Dringing agg	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Empleyer (EOD NON	Check if travel outside of Texas. Complete Schedule T. -JUDICIAL) (See instructions)
Principal occi		Employer (FOR NON	-JODICIAL) (See instructions)
Contributoria	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)
Contributors	principal occupation (FOR SODICIAL)	Contributor's job title	(FOR JUDICIAL) (See IIISBBCBOIRS)
Contributoris	employer/law firm (FOR JUDICIAL)	Low firm of contribute	or's spouse (if any) (FOR JUDICIAL)
Contributors	employemaw iimi (FOR JODICIAL)	Law IITH OF CONTIDUE	ors spouse (if any) (FOR JUDICIAL)
If pontributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	<u> </u>	
и сонавиног	is a ciniu, iaw initi oi pareni(s) (ii any) (FOR JUDICIAL)		
Date	Full name of contributor uut-of-state PAC (ID#:		Amount of In-kind contribution contribution (\$) description
10/19/2023		***************************************	\$110.001 FARMHOUSE Ditalycon
	Contributor address; City; State; Zip Code		BASKET THAT
_	4205 W DAVIS ST		INCLUDED WALL
•	CONDOE TY 77204		ICANDLE SCONCES AND
Dringing Lagra	CONROE, TX 77304	Employer/EOD NO.	Check if travel outside of Texas. Complete Schedule T.
Principal occi	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	I-JUDICIAL) (See instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)
[
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)
1	·		,,
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	4,	······································
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NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 9/9 Rpt: 60/155 2 FILER NAME 3 Filer ID Mack, Wayne \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS contribution (\$) In-kind contribution description ut-of-state PAC (ID#: 6 Full name of contributor 10/19/2023 WILSON, KIMBERLY \$50.0012 CROSS HATS Contributor address; City; State; Zip Code 655 STONEWALL JACKSON DR CONROE, TX 77302 Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) (See instructions) 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

SCHEDULE F1

Version V3.5.1.0bfcfb67

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Polling Expense Contributions/ Donations Made By -Travel Out of District Printing Expense Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME 3 Filer ID Sch: 1/52 Rpt: 61/155 Mack, Wayne 4 Date Payee name 07/06/2023 AMERICAN EXPRESS 6 Amount (\$) Payee address; City: State; Zip Code \$30.00 PO BOX 650448 **DALLAS, TX 75265** 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas, Complete Schedule T. Credit Card Payment **EXPENDITURE** Check if Austin, TX, officeholder living expense CREDIT CARD Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 07/06/2023 AMERICAN EXPRESS Amount (\$) Payee address; City: State; Zip Code \$148.00 PO BOX 650449 DALLAS, TX 75265 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas, Complete Schedule T. Credit Card Payment **EXPENDITURE** Check if Austin, TX, officeholder living expense CREDIT CARD Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 07/06/2023 AMERICAN EXPRESS Amount (\$) Payee address; City; State: Zip Code \$280,30 PO BOX 650450 DALLAS, TX 75265 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas, Complete Schedule T. OF Credit Card Payment **EXPENDITURE** Check if Austin, TX, officeholder living expense CREDIT CARD Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

SCHEDULE F1

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

Event Expense Loan Repayment/Relmbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Travel Out of District
OTHER (enter a category not listed above) Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID Sch: 2/52 Rpt: 62/155 Mack, Wayne 4 Date Payee name 07/12/2023 AMERICAN EXPRESS 6 Amount (\$) Payee address; City; State; Zip Code \$30,00 PO BOX 650450 DALLAS, TX 75265 **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas, Complete Schedule T. Credit Card Payment **EXPENDITURE** Check if Austin, TX, officeholder living expense CREDIT CARD Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 07/12/2023 AMERICAN EXPRESS City; Amount (\$) Payee address; State; Zip Code \$151,86 PO BOX 650450 DALLAS, TX 75265 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas, Complete Schedule T. Credit Card Payment **EXPENDITURE** Check if Austin, TX, officeholder living expense CREDIT CARD Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 07/24/2023 AMERICAN EXPRESS Amount (\$) Payee address; City; State; Zip Code \$126.14 PO BOX 650450 DALLAS, TX 75265 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Credit Card Payment **EXPENDITURE** Check if Austin, TX, officeholder living expense CREDIT CARD Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURE CATEGORIES FOR BOX 8(a)

SCHEDULE F1

Advertising Expense Advertising Expense
AccountingBanking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Relmbursement 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

Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME 3 Filer ID Sch: 3/52 Rpt: 63/155 Mack, Wayne 4 Date Payee name 07/28/2023 AMERICAN EXPRESS 6 Amount (\$) Payee address; City; State; Zip Code \$167.00 PO BOX 650450 DALLAS, TX 75265 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Credit Card Payment **EXPENDITURE** Check if Austin, TX, officeholder living expense CREDIT CARD Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 08/07/2023 AMERICAN EXPRESS Amount (\$) Payee address; City; State; Zip Code \$50.00 PO BOX 650449 DALLAS, TX 75265 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Credit Card Payment **EXPENDITURE** Check if Austin, TX, officeholder living expense CREDIT CARD Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 08/07/2023 AMERICAN EXPRESS Amount (\$) Payee address; City; State: Zip Code \$55.00 PO BOX 650450 DALLAS, TX 75265 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Credit Card Payment **EXPENDITURE** Check if Austin, TX, officeholder living expense

Candidate/Officeholder name

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

CREDIT CARD

Office held

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	l Cor	nmittee	Gift/Awards/Memorial Legal Services The Instruction G	·		Vages/	Contract Labor	Travel Out of District OTHER (enter a categor	y not listed above)
1	Total pages Schedule F1:	2	FILER NAME		<u></u>		···		3 Filer ID	
	Sch: 4/52 Rpt: 64/155		Mack, Wayı						1 100 10	
4	Date	5	Payee name	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						· · · · · · · · · · · · · · · · · · ·
	08/07/2023		AMERICAN							
6	Amount (\$)	7	Payee addre	ss; City;	State;	Zip Co	de			
	\$151.86		PO BOX 65	0450						
			DALLAS, T	X 75265						
8	PURPOSE	(a)	Category (S	ee Categories listed at	the top of this sch	edule)	(b)	Description		
	OF EXPENDITURE		Credit Card						outside of Texas. Complete So	
								CREDIT CAP	, TX, officeholder living expens	se
								CREDIT CAP	(D	
g	Complete ONLY if direct	L	Candidate/Off	ceholder name		Office sou	laht		Office held	
_	expenditure to benefit C/O		2011010000,011	scrioider rame		ince sou	grit		Office field	
	Date	Ī	Payee name			-:				
	08/07/2023		•	I EXPRESS						
	Amount (\$)	 	Payee addre		State*	Zip Co	nde			
	\$176.84		PO BOX 65		Otaro,	2.p 00	, GG			
	+=/=:=/									
			DALLAS, T	X 75265						
	PURPOSE OF	(a)		ee Categories listed a	t the top of this sch	edule)	(b)	Description		
	EXPENDITURE		Credit Card	Payment				hI	outside of Texas. Complete So , TX, officeholder living expens	
								CREDIT CAR		•
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Off	iceholder name	C	Office sou	ıght		Office held	
	experiulture to beriefit C/Or	- T								
	Date		Payee name							
	08/07/2023		AMERICAN	EXPRESS						
	Amount (\$)		Payee addre	ss; City;	State;	Zip Co	ode			
	\$400.00		PO BOX 65	50450						i
			DALLAS, T	X 75265						
	PURPOSE OF	(a)		ee Categories listed a	t the top of this sch	edule)	(b)	Description		
	EXPENDITURE		Credit Card	l Payment					outside of Texas. Complete Son, TX, officeholder living expen	
								CREDIT CAI		ou.
_	Complete ONLY if direct	- (Candidate/Off	iceholder name		Office sou	ught		Office held	
	expenditure to benefit C/OI	H					-			
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L										

SCHEDULE F1

Advertising Expense

Event Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Giftl/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor			Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
	Gredit Card Payment		The Instruction Guide expla	ins how to comp	lete this form.		
1	Total pages Schedule F1:					3 Filer ID	
	Sch: 5/52 Rpt: 65/155	Mack, Way	ne				
4	Date	5 Payee name	1				
	08/07/2023		NEXPRESS				:
6	Amount (\$)	7 Payee addre	ess; City; St	ate; Zip Code	,		
	\$1,103.44	PO BOX 65					
		DALLAS, T	X 75265				
8	PURPOSE		See Categories listed at the top of this	s enhadules (h) Description		··· ··· ·· ·
	OF	Credit Card		a autreuule)		outside of Texas, Complete Schedule T.	
	EXPENDITURE		. , 	1		n, TX, officeholder living expense	
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9	Complete ONLY if direct expenditure to benefit C/OF		ficeholder name	Office sough	t	Office held	
L	exherining to neticit C/OI			<u></u> -		Market 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	Date	Payee name	}		······································		
	08/21/2023	AMERICA	N EXPRESS				
	Amount (\$)	Payee addre	ess; City; St	tate; Zip Code	· · · · · · · · · · · · · · · · · · ·		
	\$47.46	PO BOX 65	50450				
		DALLAS, T	TX 75265				
H	PURPOSE		See Categories listed at the top of this	s schedule) (b) Description		
	OF EXPENDITURE	Credit Card		, (2000)	Check if travel	outside of Texas, Complete Schedule T.	
	EAFENDITURE		-		harred.	n, TX, officeholder living expense	
					CREDIT CAR	אט	
<u> </u>	0		2L-1				
l	Complete ONLY if direct expenditure to benefit C/OF		ficeholder name	Office sough	π	Office held	
L							
	Date	Payee name					
L	08/21/2023	AMERICAI	N EXPRESS				
1	Amount (\$)	Payee addre	• • • • • • • • • • • • • • • • • • • •	tate; Zip Code	,		
	\$66.97	PO BOX 6	50450				
	ŀ	I					
	i	DALLAS, T	TX 75265				
m	PURPOSE	(a) Category (s	See Categories listed at the top of thi	s schedule) (b) Description		
1	OF EXPENDITURE	Credit Card	-	, [Check if travel	outside of Texas. Complete Schedule T.	
ĺ						n, TX, officeholder living expense	
1	į	1			CREDIT CAI	עא	
L	Opportunity Children		U_h_l_f			A10 1	
1	Complete ONLY if direct expenditure to benefit C/OF		ficeholder name	Office sough	IE	Office held	
L							-
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SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Crossit Card Baymont		
	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID	
	Sch: 6/52 Rpt: 66/155	Mack, Wayne	
4	Date	5 Payee name	_
	08/21/2023	AMERICAN EXPRESS	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
_	\$575.00	PO BOX 650450	
	Ψ0, 0,00		
		DALLAS, TX 75265	
	DUDDOCT		
8	PURPOSE OF	(a) Category (see Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		CREDIT CARD	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		
H	Date	Payee name	-
	08/21/2023	AMERICAN EXPRESS	
_	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,000.00	PO BOX 650450	
	, 100		
		DALLAS, TX 75265	
-	PURPOSE		
	OF	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check If Austin, TX, officeholder living expense	
		CREDIT CARD	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	expenditure to belieff C/OI		
	Date	Payee name	
	08/28/2023	AMERICAN EXPRESS	
	Amount (\$)	Payee address; City; State; Zip Code	•
	\$3,600.00	PO BOX 650450	
		DALLAS, TX 75265	
<u> </u>	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.	
	MATERIAL ONE	Check if Austin, TX, officeholder living expense	
		CREDIT CARD	
<u> </u>	0		
	Complete <u>QNLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
_	,		
	rma providad by Toyog C		-

SCHEDULE F1

Advertising Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment	Committee	Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Expe Printing Expe Salaries/Waç	ense ges/Contract Labor	Transportation Equipment & Related Expen Travel In District Travel Out of District OTHER (enter a category not listed above)	
	· · · · · · · · · · · · · · · · · · ·		The Instruction Guide expla	nins how to com	plete this form.		
1	Total pages Schedule F1:					3 Filer ID	
	Sch: 7/52 Rpt: 67/155	Mack, Way	ne				
4	Date	5 Payee name	<u> </u>				
	09/05/2023		N EXPRESS				
6	Amount (\$)	7 Payee addre	ess; City; St	tate; Zip Code	9		
	\$167.00	PO BOX 65	• • • • • • • • • • • • • • • • • • • •				!
		DALLAS, T	'X 75265				
6	DUDDAGE				3 5 : -		
8	OF		See Categories listed at the top of this	s schedule)	 Description Check if travel 	outside of Texas. Complete Schedule T.	
	EXPENDITURE	Credit Card	a nayment			outside of Texas. Complete Schedule T. TX, officeholder living expense	
					CREDIT CAP		
ĺ							
9	Complete ONLY if direct		ficeholder name	Office sough	nt	Office held	
	expenditure to benefit C/OF						
-	Date	Payee name	Y				
	09/05/2023	j -	; N EXPRESS				
 	Amount (\$)			late: 7th Cold	3		
	Amount (\$) \$289,24	Payee addre	, ,,	tate; Zip Code	c		
	φ ∠ 89.24	PO BOX 65	UU4U U				
Ī			h/ 75005				
		DALLAS, T	X 75265				
	PURPOSE OF		See Categories listed at the top of thi	's schedule) (l	b) Description		
	EXPENDITURE	Credit Card				outside of Texas, Complete Schedule T.	
	ł				CREDIT CAL	n, TX, officeholder living expense	
					JALDII CAL		
 -	Complete ONLY if direct	Candidate/Off	ficeholder name	Office sough	nt	Office held	
	expenditure to benefit C/OF		JOHONG HAHIG	omee soug.		Onice Held	
┝	Data		Walter State Control of the Control				Y
Ī	Date	Payee name					
	09/05/2023		N EXPRESS				
Ī	Amount (\$)	Payee addre		tate; Zip Cod	e		
	\$375.00	PO BOX 65	50450				
		DALLAS, T	TX 75265				
	PURPOSE	(a) Category 19	See Categories listed at the top of thi	's schedule)	b) Description		
	OF EXPENDITURE	Credit Card		/	Check if travel	outside of Texas. Complete Schedule T.	
	EN LINDITURE				Annual Control	n, TX, officeholder living expense	
ĺ					CREDIT CAI	RD	
	Complete ONLY if direct expenditure to benefit C/OF		ficeholder name	Office soug	ht	Office held	_
L	expenditure to benefit C/OI						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica		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)
Credit Card Payment	The Instruction Guide expla	lns how to complete this form.	
1. Total pages Schedule F1:	2 FILER NAME		3 Filer ID
Sch: 8/52 Rpt: 68/155	Mack, Wayne		
4 Date	5 Payee name		
09/18/2023	AMERICAN EXPRESS		
3 Amount (\$) \$100.00	PO BOX 650450	rate; Zip Code	
,	DALLAS, TX 75265		
8 PURPOSE OF EXPENDITURE	(a) Category (see Categories listed at the top of this Credit Card Payment	Check if travel o	outside of Texas. Complete Schedule T. TX, officeholder living expense D
Ocomplete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name I	Office sought	Office held
Date	Payee name		
10/03/2023	AMERICAN EXPRESS		
Amount (\$) \$30.00	Payee address; City; Si PO BOX 650450 DALLAS, TX 75265	tate; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this Credit Card Payment	Check if travel o	outside of Texas, Complete Schedule T. TX, officeholder living expense PD
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name	Office sought	Office held
Date	Payee name		
10/03/2023	AMERICAN EXPRESS		
Amount (\$) \$55.00	Payee address; City; Si PO BOX 650450	tate; Zip Code	
	DALLAS, TX 75265		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of thi Credit Card Payment	Check if travel of	outside of Texas. Complete Schedule T. TX, officeholder living expense
Complete <u>QNLY</u> if direct expenditure to benefit C/Ol	 Candidate/Officeholder name 	Office sought	Office held

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Relmbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER Contract and Indian

	Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment	- Committee	Gift/Awards/Memorials Expense Legal Services The Instruction Guide	ense Prin Sala	_	nse es/Contract Labor	Travel In Justice Travel Out of District OTHER (enter a category not listed at	oove)
1	Total pages Schedule F1:	2 FII FR NAME		,	m		3 Filer ID	
-	Sch: 9/52 Rpt: 69/155	Mack, Way					- Clisar Har	
4	·	5 Payee name					<u> </u>	
	10/03/2023	-	I EXPRESS					
6	, -	7 Payee addre	ss; City;	State; Zi	p Code			
	\$119.67	PO BOX 65	50450					
_		DALLAS, T	X 75265					
8	PURPOSE	(a) Category (s	ee Categories listed at the to	p of this schedule)) (b) Description		
	OF EXPENDITURE	Credit Card					outside of Texas. Complete Schedule T.	
						CREDIT CAF	n, TX, afficeholder living expense	
						DII OAI		
9	Complete ONLY if direct		iceholder name	Office	e soughi	<u> </u>	Office held	
	expenditure to benefit C/OF		· · · · · · · · · · · · · · · · · ·	Cillet	wylf		ss notw	
	Date	Payee name					### ### ### ### ### ### ### ### ### ##	
	10/03/2023	•	N EXPRESS	•				
	Amount (\$)	Payee addre	ess; City;	State; Zi	p Code		· · · · · · · · · · · · · · · · · · ·	
	\$167.00	PO BOX 65	•	,				
		DALLAS, T	X 75265					
	PURPOSE OF		See Categories listed at the to	p of this schedule	,) (b	Description		
	EXPENDITURE	Credit Card	I Payment				outside of Texas. Complete Schedule T. 1, TX, officeholder living expense	
						CREDIT CAR		
	Complete ONLY if direct		iceholder name	Office	e sough	t	Office held	
	expenditure to benefit C/OF	1						
	Date	Payee name			- - ' - '			
	10/10/2023	AMERICAN	NEXPRESS					
	Amount (\$)	Payee addre		State; Zi	ip Code	į		
	\$201.06	PO BOX 65	50450					
		1						
		DALLAS, T	X 75265					
	PURPOSE		See Categories listed at the to	op of this schedule	,) (b) Description		
	OF EXPENDITURE	Credit Card				terranyal .	outside of Texas. Complete Schedule T.	
	İ					CREDIT CA	n, TX, officeholder living expense RD	
	İ					uri on		
	Complete ONLY if direct		ficeholder name	Office	e sough	t	Office held	,
	expenditure to benefit C/OF		***		- 3 - '		- · · - · -	
				·				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politice Credit Card Payment	Event Expense Fees Food/Beverage Expense 7 - Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Office Overhea Polling Expens Printing Expens Salaries/Wages	se s/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAME	·····	3	Filer ID
	Sch: 10/52 Rpt:	Mack, Wayne			
4	Date	5 Payee name			
	10/10/2023	AMERICAN EXPRESS			
6	Amount (\$) \$260.84	7 Payee address; City; StatePO BOX 650450DALLAS, TX 75265	; Zip Code		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sch Credit Card Payment	nedule) (b)	_	de of Texas, Complete Schedule T. officeholder living expense
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name (H	Office sought		Office held
	Date	Payee name			
	10/10/2023	AMERICAN EXPRESS			
	Amount (\$) \$432.50	PO BOX 650450	; Zip Code		
_		DALLAS, TX 75265			
	PURPOSE OF EXPENDITURE	(a) Category (see Categories listed at the top of this sch Credit Card Payment	redule) (b)		de of Texas. Complete Schedule T. officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name (Office sought		Office held
Γ	Date	Payee name			
	10/10/2023	AMERICAN EXPRESS			
	Amount (\$) \$636,36	Payee address; City; State; PO BOX 650450	; Zìp Code		
		DALLAS, TX 75265			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sch Credit Card Payment	lectule) (b)		de of Texas. Complete Schedule T. officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name C H	Office sought		Office held

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees
Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politics	
	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 11/52 Rpt:	Mack, Wayne
4	Date	5 Payee name
	10/13/2023	AMERICAN EXPRESS
_		
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	PO BOX 650450
		DALLAS, TX 75265
В	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Credit Card Payment Check if travel outside of Texas, Complete Schedule T.
	LXI LIVETI OILL	Check if Austin, TX, officeholder living expense
		CREDIT CARD
_		
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	expenditure to nenent C/Ot	
	Date	Payee name
	10/13/2023	AMERICAN EXPRESS
┢	Amount (\$)	Payee address; City; State; Zip Code
	\$513,45	PO BOX 650450
	,	
		DALLAS, TX 75265
<u> </u>		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
İ		CREDIT CARD
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	H
 	Date	Davies verse
	10/13/2023	Payee name AMERICAN EXPRESS
<u> </u>		
ŀ	Amount (\$)	Payee address; City; State; Zip Code
	\$3,548.70	PO BOX 650450
		DALLAS, TX 75265
Γ	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		CREDIT CARD
L		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experience to beliefit C/OI	

SCHEDULE F1

Advertising Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking Consulling Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Fees Food/Beverage Expense Glft/Awards/Memorials Expe Legal Services	ense	Office Over Polling Exp Printing Exp Salaries/Wi	rhea ense pens ages	se :/Contract Labor		Suintendividual repense Transportation Equipment & Relater Travel in District Travel Out of District OTHER (enter a category not listed		
_		T .		The Instruction Gulde	explains h	ow to con	nple	ete this form,			
1	Total pages Schedule F1:	1		_					3	Filer ID	
_	Sch: 12/52 Rpt:		Mack, Wayn	e							
4	Date	1	Payee name								1 1111
	10/24/2023		MERICAN								
6	Amount (\$) \$588.62	F	Payee addres PO BOX 650	0450	State;	Zip Coo	de				
			DALLAS, TX	(75265							
8	PURPOSE OF EXPENDITURE		Category (Se Credit Card	e Categories listed at the to Payment	p of this sched	dule)	(b)		, TX,	de of Texas. Complete Schedule T. officeholder living expense	
9	Complete ONLY if direct expenditure to benefit C/O		andidate/Offic	eholder name	Of	ffice soug	ght			Office held	
	Date	F	ayee name								
	11/03/2023	A	AMERICAN	EXPRESS							
	Amount (\$)	F	ayee addres	s; City;	State;	Zip Cod	le				
	\$30.00	F	PO BOX 650	0450							
			DALLAS, TX								
	PURPOSE OF EXPENDITURE	(a) C	Category _{(Se} Credit Card	e Categories listed at the top Payment	p of this sched	dule)	(b)		, TX,	de of Texas. Complete Schedule T. officeholder living expense	:
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Offic	eholder name	Of	ffice soug	ght			Office held	
	Date	F	ayee name			 					
	11/03/2023	A	MERICAN	EXPRESS							
	Amount (\$) \$55.00	-	ayee addres O BOX 650		State;	Zip Coo	de		· · ·		
			DALLAS, TX	75265							
	PURPOSE OF EXPENDITURE		Category _{(Se} Credit Card	e Categories listed at the top Payment	p of this sched	dule)	(b)		, TX,	de of Texas. Complete Schedule T. officeholder living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Ca H	andidate/Offic	eholder name	Of	fice soug	ght			Office held	
					-						

SCHEDULE F1

Advertising Expense Accounting/Banking

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment	L Committee	Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services The Instruction Guid			ense iges/	e /Contract Labor	Travel in District Travel Out of District OTHER (enter a category not listed above	/e)
1	Total pages Schedule F1:	2 FILER NA	AME				3	Filer ID	
	Sch: 13/52 Rpt:	Mack, V	/ayne						
4	Date	5 Payee na	me						
	11/03/2023	AMERIC	CAN EXPRESS						
6	Amount (\$)	7 Payee ad	dress; City;	State;	Zip Cod	le			
	\$64.66	РО ВОХ	650450						
		D 411 40	TV 75005			•			
			5, TX 75265						
8	PURPOSE OF		(See Categories listed at the	top of this sche	dule) ((b)	Description		
	EXPENDITURE	Credit C	ard Payment					de of Texas. Complete Schedule T. officeholder living expense	
							CREDIT CARD	officerolast halig exherise	
9	Complete ONLY if direct	Candidate	Officeholder name		ffice soug	ht		Office held	
,	expenditure to benefit C/O		Officerolder Harrie		nice soug	IF IL		Office nega	
	Date	Payee na	me						
	11/03/2023	AMERIC	CAN EXPRESS						
	Amount (\$)	Payee ad	ldress; City;	State;	Zip Cod	le	· · · · · · · · · · · · · · · · · · ·		·
	\$109.81	РО ВОХ	(650450						
		DALLAS	S, TX 75265						
	PURPOSE	(a) Category	(See Categories listed at the	top of this sche	dule)	(b)	Description		
	OF EXPENDITURE		ard Payment				<u> </u>	de of Texas. Complete Schedule T.	
	1						(manual	, officeholder living expense	
							CREDIT CARD		
_									
	Complete ONLY if direct expenditure to benefit C/OF		Officeholder name	O	ffice soug	iht		Office held	
_				·					
	Date	Payee na	ıme	· ·					
	11/03/2023	AMERIC	AN EXPRESS						
	Amount (\$)	Payee ac	ldress; City;	State;	Zip Coo	te .		, , , , , , , , , , , , , , , , , , , ,	· ··· · · · · · · · · · · · · · · · ·
	\$750.00	РО ВОХ	(650450		•				
	,								
		DALLAS	s, TX 75265						
	PURPOSE	(a) Category	(See Categories listed at the	top of this sche	edule)	(b)	Description	······································	
	OF EXPENDITURE		ard Payment	•	´			ide of Texas, Complete Schedule T.	:
	LAI LIVUITORE							, officeholder living expense	
							CREDIT CARD		
	Complete ONLY if direct		Officeholder name	0	ffice souç	jht		Office held	
	expenditure to benefit C/O	-							
									*

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	y - al Committee	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials E Legal Services	xpense [Office Overhea Polling Expens Printing Expen Salaries/Wage	se s/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expens Travel in District Travel Out of District OTHER (enter a category not listed above)	e
L			The Instruction Guid	de explains ho	w to compl	ete this form.		
1	Total pages Schedule F1:						3 Filer ID	
	Sch: 14/52 Rpt:	Mack, Wa	ayne			i		
4	Date	5 Payee nan	те					
İ	11/06/2023	AMERICA	AN EXPRESS					
6	Amount (\$) \$167.00	7 Payee add PO BOX DALLAS,		State;	Zip Code			
8	PURPOSE OF EXPENDITURE		(See Categories listed at the rd Payment	top of this schedu	ile) (b)	Description Check if travel o Check if Austin, CREDIT CAR	utside of Texas. Complete Schedule T. TX, officeholder living expense D	<u></u>
9	Complete ONLY if direct expenditure to benefit C/O		fficeholder name	Off	ice sought		Office held	
Γ	Date	Payee nan		· · · · · · · · · · · · · · · · · · ·				
	11/13/2023	AMERICA	N EXPRESS					
	Amount (\$) \$248.90	Payee add PO BOX (DALLAS,	•	State;	Zip Code			
	PURPOSE OF EXPENDITURE		(See Categories listed at the rd Payment	top of this schedu	(b)		utside of Texas, Complete Schedule T. TX, officeholder living expense D	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/C	fficeholder name	Offi	ce sought		Office held	
	Date	Payee nam	e		†			
	11/13/2023	AMERICA	N EXPRESS					
	Amount (\$) \$500.00	Payee add		State; 2	Zip Code			
	Dippos	DALLAS,						
	PURPOSE OF EXPENDITURE	(a) Category Credit Car	See Categories listed at the did Payment	top of this schedu	le) (b)		uside of Texas. Complete Schedule T. TX, officeholder living expense D	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/O	fficeholder name	Offi	ce sought		Office held	
						·····		

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Polling Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Food/Beverage Expense Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID Sch: 15/52 Rpt: Mack, Wayne 4 Date Pavee name 11/20/2023 AMERICAN EXPRESS 6 Amount (\$) Payee address; City; State; Zip Code \$66.83 PO BOX 650450 DALLAS, TX 75265 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Credit Card Payment **EXPENDITURE** Check if Austin, TX, officeholder living expense CREDIT CARD Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name AMERICAN EXPRESS 11/20/2023 Amount (\$) Payee address: City: State; Zip Code \$88.83 PO BOX 650450 DALLAS, TX 75265 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Credit Card Payment **EXPENDITURE** Check if Austin, TX, officeholder living expense CREDIT CARD Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 11/20/2023 AMERICAN EXPRESS Amount (\$) City, Payee address; State; Zip Code \$134.89 PO BOX 650450 **DALLAS, TX 75265 PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Credit Card Payment **EXPENDITURE** Check if Austin, TX, officeholder living expense CREDIT CARD Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

Advertising Expense Accounting/Banking

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement
Office Overhead/Rental Events Event Expense Fees

Solicitation/Fundraising Expense

С	consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politics Fredit Card Payment	ittee i	Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services	xpense	Polling Ex Printing Ex Salaries/M	pense (pens /ages	e /Contract Labor		Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	,	
				The Instruction Guid	d enialqxe et	low to co	mple	te this form,			
1 To	tal pages Schedule F1: Sch: 16/52 Rpt:		ILER NAME lack, Wayn						3	Filer ID	
4 Da	ite	5 Pí	ayee name			- · · · · · · · · · · · · · · · · · · ·			L		
ŀ	/30/2023	1		EXPRESS							
6 An	nount (\$)	7 P€	ayee addres	ss; City;	State;	Zip Co	de				
	\$1.34.89	PC	O BOX 650	0450							
		 	ALLAS, TX								
8	PURPOSE OF			e Categories listed at the	top of this sche	dule)	(b)	Description			
E	XPENDITURE	Gr	redit Card I	Payment					, TX,	de of Texas, Complete Schedule T. officeholder living expense	
	omplete <u>ONLY</u> if direct penditure to benefit C/ON	Can H	ndidate/Offic	ceholder name	O	ffice sou	ght			Office held	
Da	te	Pê	ayee name								
11	/30/2023	1A	MERICAN	EXPRESS							
An	nount (\$)	Pε	ayee addres:	s; City;	State;	Zip Co	de				
	\$167.00	PC	O BOX 650			****					
	!										
		D/	ALLAS, TX	75265							
	PURPOSE OF			e Categories listed at the	top of this sche	dule)	(b)	Description			
E	XPENDITURE	Cr	redit Card F	Payment						de of Texas, Complete Schedule T.	
	!							CREDIT CAR		officeholder flying expense	
	J							**.	`-		
	mplete <u>ONLY</u> if direct penditure to benefit C/OI	Can H	ıdidate/Offic	eholder name	Of	ffice sou	ght			Office held	
									·		
Da			ayee name			_	_				
	/30/2023	AIN	MERICAN	EXPRESS							
Am	nount (\$)	I '	ayee address		State;	Zip Co	de				
	\$250.00	PC	O BOX 650)450							
		D/	ALLAS, TX	. 75265							
	PURPOSE OF			e Categories listed at the t	top of this sche	dule)	(b)	Description	'.		
E	XPENDITURE		redit Card F						, TX,	le of Texas, Complete Schedule T. officeholder living expense	
	mplete <u>ONLY</u> if direct penditure to benefit C/OF		didate/Offic	eholder name	Of	ffice sou	ght			Office held	

SCHEDULE F1

Advertising Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politics Credit Card Payment	y - al Committee	Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Ex Printing E Salaries/V	Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor			
Ļ		T	The Instruction Guide explain	ns how to co	mplet			
1	Total pages Schedule F1: Sch: 17/52 Rpt:	2 FILER NAM Mack, Way					3	Filer ID
4	Date 11/30/2023	5 Payee name AMERICAL	e N EXPRESS					
6	Amount (\$) \$575.74	7 Payee addre	550450	ate; Zip Co	ide		•••	
L		DALLAS, T	fX 75265					
8	PURPOSE OF EXPENDITURE	(a) Category (s Credit Card	See Categories listed at the top of this and Payment	schedule)			TX,	de of Texas. Complete Schedule T. officeholder Ilving expense
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Off H	fficeholder name	Office sou	ght			Office held
	Date	Payee name	e					
	11/30/2023	AMERICA	N EXPRESS					
Γ	Amount (\$)	Payee addre	ess; City; Sta	ate; Zip Co	ide			
	\$750.00	PO BOX 6	50450					
	PURPOSE	DALLAS, T			F ;-			
	OF EXPENDITURE	Credit Card	See Categories listed at the top of this a d Payment	schedule)	[TX,	le of Texas, Complete Schedule T. officeholder living expense
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	Date	Payee name	9				_	
	12/01/2023	4	N EXPRESS					
	Amount (\$) \$34,43	Payee addre		ate; Zip Co	de		 ,	
		DALLAS, T	X 75265					
	PURPOSE OF EXPENDITURE	(a) Category (s Credit Card	See Categories listed at the top of this s d Payment	schedule)	[*****	TX,	le of Texas. Complete Schedule T. officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Off	ficeholder name	Office sou	ght			Office held

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment		nmittee	Gift/Awards/Memorial Legal Services The Instruction G	•		/ages/	Contract Labor	Travel Out of District OTHER (enter a category not listed a	bove)
1	Total pages Schedule F1:	2	EII ED MANA		wine exhibition		hie	w ana iviilli	3 Filer ID	
_	• "	4							3 Filer ID	
	Sch: 18/52 Rpt:		Mack, Wayı	। ए						
4		5	Payee name							
	12/01/2023		AMERICAN	EXPRESS						
6	Amount (\$)	7	Payee addre	ss; City;	State;	Zip Co	de			
	\$225.00		PO BOX 65	0450						
			DALLAS, T	X 75265						
8	PURPOSE	(a)		ee Categories listed at	the top of this o-l-	adule)	(b)	Description		
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	EXPENDITURE			,				Check if Austin	, TX, afficeholder living expense	
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9	Complete ONLY if direct		Candidate/Offi	ceholder name	C	Office sou	ght		Office held	· · · · · · · · · · · · · · · · · · ·
	expenditure to benefit C/O	- 1								
	Date		Payee name							
	12/01/2023		AMERICAN	EXPRESS						
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	\$250.00		PO BOX 65		•	•				
			DALLAS, T	X 75265						
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H	Date		Pavee name		 					
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-	Amount (\$)	-	Payee addre		State	; Zip Co	nde			
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			DALL 40 -	V 75005						
_		<u> </u>	DALLAS, T					•••	· · · · · · · · · · · · · · · · · · ·	
	PURPOSE OF	(a)		ee Categories listed a	t the top of this sch	redule)	(b)	Description		
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┝	Complete ONLY if direct	Ц	Candidate/Off	iceholder name		Office sou	laht.		Office held	
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SCHEDULE F1

Advertising Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	1	Fees Office Overhead/Rental Expense Food/Beverage Expense Piniting Expense Legal Services Salaries/Wages/Contract Labor						Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
	Gredit Card Payment			The Instruction Guide	explains ho	ow to con	nple	te this form.		•	,
1	Total pages Schedule F1:	2 F	ILER NAME						3	Filer ID	
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4	Date	5 F	Payee name				_		<u> </u>		
	12/11/2023	1	AMERICAN	EXPRESS							
6	Amount (\$)	7 F	Payee addres	s; City;	State:	Zip Cod	de				
	\$30.00	F	O BOX 650	0450							
		£	DALLAS, TX	75265							
8	PURPOSE	(a) (Category (Sei	e Categories listed at the to	op of this sched	lule)	(b)	Description			
	OF EXPENDITURE		Credit Card					Check if travel of		ie of Texas. Complet	
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								CREDIT CAR	(U		
9	Complete ONLY if direct		andidate/Offic	eholder name	Off	fice soug	aht.			Office held	
	expenditure to benefit C/O			TOTAL PIGNIC	O.	noc acut	gist			Omce nelu	
······	Date	F	ayee name							"	
	12/11/2023	<i> </i>	AMERICAN	EXPRESS							
	Amount (\$)	F	ayee addres	s; City;	State;	Zip Cod	de			·	
	\$75.36	F	O BOX 650	0450							
			DALLAS, TX	75265							
	PURPOSE	(a) (Category (Se	e Categories listed at the to	p of this sched	lule)	(b)	Description			
	OF EXPENDITURE		Credit Card							ie of Texas, Comple	
								CREDIT CAR		officeholder living ex	pense
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	Complete ONLY if direct	 Са	andidate/Offic	eholder name	Off	fice sou	aht			Office held	
	expenditure to benefit C/O						9			omoo nota	
_	Date	F	Payee name			·					
	12/11/2023		AMERICAN	EXPRESS							
_	Amount (\$)	F	Payee addres	s; City;	State;	Zip Co	de				
	\$516.89	F	PO BOX 650	0450	·	•					
			DALLAS, TX	75265							
	PURPOSE	(a) (Category (Se	e Categories listed at the to	p of this sched	lule)	(b)	Description	-		
	OF EXPENDITURE		Credit Card					<u></u>		de of Texas. Comple	
						Ì		CREDIT CAF		officeholder living ex	pense
	+					l		UNLUIT UMF	, U		
-	Complete ONLY if direct	LC	andidate/Offic	eholder name	Of	fice soug	aht			Office held	·
	expenditure to benefit C/O				311		٠٠			Silloo Holu	
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SCHEDULE F1

Advertising Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Food/Beverage Expense Git/Awards/Memorials Expense Legal Services	Polling Expensions Printing Experion Salaries/Wage	ns e es/Contract Labor	Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
_			The Instruction Guide explain	ns how to comp	lete this form.		
1	Total pages Schedule F1: Sch: 20/52 Rpt:	2 FILER NAM Mack, Wa				3 Filer ID	
4	Date 12/11/2023	5 Payee nam AMERICA	e N EXPRESS				
6	Amount (\$) \$769.30	PO BOX 6	550450	ite; Zip Code			
8	PURPOSE OF EXPENDITURE		See Categories listed at the top of this d Payment	schedule) (b)		outside of Texas. Complete Schedule T. TX, officeholder living expense	
9	Complete ONLY if direct expenditure to benefit C/O		fficeholder name	Office sought	İ	Office held	* - :
Г	Date	Payee nam	е				
	12/11/2023	AMERICA	N EXPRESS				
	Amount (\$) \$1,545.00	Payee addr PO BOX 6		ate; Zip Code			
		DALLAS,					
	PURPOSE OF EXPENDITURE		See Categories listed at the top of this d Payment	schedule) (b	<u></u>	outside of Texas. Complete Schedule T. , TX, officeholder living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		fficeholder name	Office sough	İ.	Office held	
	Date 08/21/2023	Payee nam ASSOCIA	e TION OF TEXAS PROFES	SSIONAL ED	UCATORS		
	Amount (\$) \$60.00		NTLAND DR STE 300	ate; Zip Code			
L		AUSTIN,					
	PURPOSE OF EXPENDITURE	(a) Category Fees	See Categories listed at the top of this	schedule) (b		outside of Texas. Complete Schedule T. , TX, officeholder living expense IP DUES	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		fficeholder name	Office sough		Office held	***

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Fees Food/Beverage Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment	l Cor	nmittee	Gift/Awards/Memorials Legal Services	•		Vages/	Contract Labor	Travel Out of District OTHER (enter a category not listed	i above)
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1	Total pages Schedule F1:	2							3 Filer ID	
	Sch: 21/52 Rpt:		Mack, Way	ne						
4	Date	5	Payee name							
	10/20/2023		BOSTICK,	PAUL						
6	Amount (\$)	7	Payee addre	ss; City;	State;	Zip Co	ode			
	\$175.00		115 BUSIN	ESS PARK DR						
			WILLIS, TX	77378						
8	PURPOSE	(2)		 			0-3			
P	OF	(a)		ee Categories listed at t		edule)	(D)	Description Chack if travel	outside of Texas. Complete Schedule T.	
	EXPENDITURE		Salaries/vva	ages/Contract La	apor		[, TX, officeholder living expense	
								SECURITY		
9	Complete ONLY if direct	L(Candidate/Off	ceholder name	(Office sou	ıaht		Office held	
-	expenditure to benefit C/OI				·		-9		555 N.S.S	
 -	Date		Davisa							
l	10/20/2023		Payee name CADE, TIM							
<u> </u>		_	<u> </u>	 						
	Amount (\$)		Payee addre	•	State	; Zip Co	ode			
	\$175.00		133 N MAIR	N ST						
			CONROE,	TX 77301						
Г	PURPOSE	(a)	Category (S	ee Categories listed at 1	the top of this sch	edule)	(b)	Description		
	OF EXPENDITURE			ages/Contract L					outside of Texas. Complete Schedule T.	
	EXPENDITORE								n, TX, officeholder living expense	
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L	No. 2011	L								·
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Off	iceholder name	(Office sou	ught		Office held	
L	expenditure to benefit o/or									
Г	Date		Payee name	<u> </u>		***************************************				1
	10/30/2023		CAMPBEL	_, KENNEDY						
<u> </u>	Amount (\$)	T	Payee addre	ss; City;	State	; Zip Co	ode			
•	\$250.00		-	HWAY 75 N		•				
			WILLIS, TX	77378						
-	DUDDOCE	10		<u> </u>			(le)	D		
	PURPOSE OF	(al		ee Categories listed at	the top of this sch	redule)	(a)	Description	l outside of Texas. Complete Schedule T.	
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一	Complete ONLY if direct	<u>. </u>	Candidate/Off	iceholder name		Office so	uaht		Office held	
	expenditure to benefit C/O			The state of the s	·	50 001	a'''		ese nou	
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SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID
	Sch: 22/52 Rpt:	Mack, Wayne
4	Date	5 Payee name
	10/30/2023	CAMPBELL, SHANA
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$250.00	12165 HIGHWAY 75 N
		WILLIS, TX 77378
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense EVENT MUSIC
		EAFIAL MOSIC
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
3	expenditure to benefit C/O	
	Data	
	Date 07/07/2023	Payee name CAPITAL ONE
	Amount (\$)	Payee address; City; State; Zip Code
	\$58,63	PO BOX 609599
		CITY OF INDUSTRY, CA 91716
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
		CREDIT CARD
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
-	Date	Dayon nama
	08/07/2023	Payee name CAPITAL ONE
<u> </u>	Amount (\$)	
	\$66.09	Payee address; City; State; Zip Code PO BOX 609599
	ΦΟυ.ΟΘ	1 O DON 303333
	i	CITY OF INDUSTRY, CA 91716
-	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		CREDIT CARD
<u> </u> _		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
<u> </u>	- 4	
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SCHEDULE F1

Advertising Expense Accounting/Banking

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Food/Beverage Expense Polling Expersion Food/Beverage Expense Polling Expersion Frinting Expersion Frinting Expersion Frinting Expersion Food Food Frinting Expersion Food Food Food Food Food Food Food Fo	nse Travel Out of District es/Contract Labor OTHER (enter a category not listed above)
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	Sch: 23/52 Rpt:	Mack, Wayne	
4	Date	Payee name	
	09/11/2023	CAPITAL ONE	
6	Amount (\$)	Payee address; City; State; Zip Code	
	\$500.00	PO BOX 609599	
		CITY OF INDUSTRY, CA 91716	
8	PURPOSE OF		Description
l	EXPENDITURE	Credit Card Payment	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			CREDIT CARD
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sough	t Office held
	Date	Payee name	
	09/11/2023	CAPITAL ONE	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$514.93	PO BOX 609599	
		CITY OF INDUSTRY, CA 91716	
	PURPOSE OF	(b) Category (See Categories listed at the top of this schedule) Credit Card Payment	Description Check if travel outside of Texas, Complete Schedule T.
	EXPENDITURE	Credit Card Payment	Check if Austin, TX, officeholder living expense
			CREDIT CARD
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	Date 09/18/2023	Payee name	
		CAPITAL ONE	
	Amount (\$) \$66.09	Payee address; City; State; Zip Code PO BOX 609599)
	Ψ00.03	FO DOX 009399	
		CITY OF INDUSTRY, CA 91716	
	PURPOSE OF		Description
	EXPENDITURE	Credit Card Payment	Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense
			CREDIT CARD
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SCHEDULE F1

Advertising Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	y - al Committee	Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Expens Printing Expen		Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
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1	Total pages Schedule F1: Sch: 24/52 Rpt:	2 FILER NAM Mack, Wa				3 Filer ID	-
4	Date 09/18/2023	5 Payee nam CAPITAL			· · · · · · · · · · · · · · · · · · ·		
6	Amount (\$) \$612.86	7 Payee addr PO BOX 6	=	ate; Zip Code			
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this d Payment	schedule) (b)		utside of Texas. Complete Schedule T. TX, officeholder living expense D	
9	Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Office sought		Office held	
	Date	Payee nam	е				
	10/03/2023	CAPITAL					
	Amount (\$) \$66.09	Payee addr PO BOX 6	* *	ate; Zip Code		**************************************	
L			NDUSTRY, CA 91716				
	PURPOSE OF EXPENDITURE		See Categories listed at the top of this d Payment	schedule) (b)		utside of Texas. Complete Schedule T. TX, officeholder living expense D	
	Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Office sought		Office held	
	Date 10/03/2023	Payee nam CAPITAL					
	Amount (\$) \$383.63	Payee addr PO BOX 6	-	ate; Zip Code			
L		CITY OF I	NDUSTRY, CA 91716				
	PURPOSE OF EXPENDITURE		See Categories listed at the top of this d Payment	schedule) (b)	المبيسا	atside of Texas. Complete Schedule T. TX, officeholder living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ficeholder name	Office sought		Office held	

SCHEDULE F1

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

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica	
	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID
	Sch: 25/52 Rpt:	Mack, Wayne
4	Date	5 Payee name
	10/03/2023	CAPITAL ONE
ß	Amount (\$)	7 Payee address; City; State; Zip Code
Ĭ	\$522.00	PO BOX 609599
		1 0 20% 33333
		CITY OF INDUCTORY CA 01716
_		CITY OF INDUSTRY, CA 91716
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		CREDIT CARD
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	10/10/2023	CAPITAL ONE
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,044,25	PO BOX 609599
		CITY OF INDUSTRY, CA 91716
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Credit Card Payment Credit Card Payment Credit Card Payment
l	EXPENDITURE	Check if Austin, TX, officeholder living expense
		CREDIT CARD
<u> </u>		
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
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	Date	Payee name
L	10/13/2023	CAPITAL ONE
	Amount (\$)	Payee address; City; State; Zip Code
	\$535,38	PO BOX 609599
		CITY OF INDUSTRY, CA 91716
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
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┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
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SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee	Gift/Award Legal Serv	ls/Memorials Ex vices	pense	Printing EX Salaries/W	kpens		Travel Out of D OTHER (enter		
	Credit Gard Payment			The Inst	ruction Guid	e explains l	low to co	mple	ete this form,			
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	10/18/2023		CAPITAL C	NE								
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٥	Amount (\$)	[Payee addre		City;	State;	Zip Co	de				
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			CITY OF IN	IDUSTF	RY, CA 917	' 16						
8	PURPOSE	(a)	Category (S	ee Catenori	les listed at the t	on of this echo	rdula)	(b)	Description			\dashv
	OF EXPENDITURE		Credit Card			op er and some	iddic)	• •		outside of Texas. Cor	mplete Schedule T.	
	EXPENDITORE								Check If Austin	, TX, officeholder livin	ng expense	
									CREDIT CAR	₹D		
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9	Complete ONLY if direct		Candidate/Offi	ceholdei	r name	0	ffice sou	ght		Office h	neld	_
	expenditure to benefit C/O	٦.										
	Date		Payee name									=
	10/20/2023		CAPITAL C	NE								
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			CITY OF IN	DUSTF	RY, CA 917	16						
	PURPOSE OF	(a)	Category (S	ee Categori	es listed at the t	op of this sche	dule)	(b)	Description			
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	\$1,500.00		PO BOX 60	9599								
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	OF .	(a)	Category (Se			op of this sche	dule)	(0)	Description		andre a la la m	
	EXPENDITURE		Credit Card	Payme	nt					outside of Texas. Cor , TX, officeholder livir		
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	Complete ONLY if direct		andidate/Offi	ceholder	name		ffice sou	nht		Office I	hler	4
	expenditure to benefit C/OI			- 51 101401		O	moc sou	Aill		Onice	ICIŲ	
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SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (Notes a contemp and listed above)

	Candidate/Officeholder/Politica		egal Services	Salaries/W		ontract Labor	OTHER (enter a category not listed above)	
	Credit Card Payment	•	The Instruction Guide explair	is how to cor	nplete	this form.		
1	Total pages Schedule F1:	2 FILER NAME				3	Filer ID	
	Sch: 27/52 Rpt:	Mack, Wayn	e			i		
4	Date	5 Payee name						
	10/23/2023	CAPITAL O	NE					
6	Amount (\$)	7 Payee addres	s; City; Sta	te; Zip Co	de			
	\$349.98	PO BOX 609	• •	•				
		CITY OF INI	DUSTRY, CA 91716					
8	PURPOSE		· · · · · · · · · · · · · · · · · · ·	1	(b) r	Description		
	OF	Credit Card	e Categories listed at the top of this s Payment	schedule)	(~, [de of Texas. Complete Schedule T.	
	EXPENDITURE	Oroant Ocard	- cymoni		Ì	Check if Austin, TX,	officeholder living expense	
					(CREDIT CARD		
						<u> </u>		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Offic	eholder name	Office sou	ght		Office held	
	experiulture to beliefit C/Oi	·	,	·				
	Date	Payee name				,		
	11/03/2023	CAPITAL OI	NE					
	Amount (\$)	Payee addres	s; City; Sta	ite; Zip Co	de			
	\$2,000.00	PO BOX 609	9599					
		CITY OF IN	DUSTRY, CA 91716					
	PURPOSE	(a) Category (Se	e Categories listed at the top of this	schedule)	(b) [Description		
	OF EXPENDITURE	Credit Card]	 -	de of Texas. Complete Schedule T.	
					Į	CREDIT CARD	officeholder living expense	
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	Complete ONLY if direct	Candidate/Offic	oholder name	Office sou	abt		Office held	
	expenditure to benefit C/O		cerioider name	Onice sou	ynı		Office field	
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	Date 11/13/2023	Payee name	NIE					
L		CAPITAL O						
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	\$320.00	PO BOX 60	9599					
L		CITY OF IN	DUSTRY, CA 91716				·	
	PURPOSE OF		e Categories listed at the top of this	schedule)	(b)	Description	ila af Tanan Camalan Cabadala T	
	EXPENDITURE	Credit Card	Payment				ide of Texas. Complete Schedule T. , officeholder living expense	
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┢	Complete ONLY if direct	Candidate/Offi	ceholder name	Office sou	ght	 	Office held	
	expenditure to benefit C/O	H						
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SCHEDULE F1

Advertising Expense Accounting/Banking

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Gredit Card Payment	al Committee	Food/Beverage Expense Gift/Awards/Memorials Expe Legal Services The Instruction Guide	nse Printir Salari	•	se s/Contract Labor	Travel in District Travel Out of Dist	rict category not listed above)
1	Total pages Schedule F1: Sch: 28/52 Rpt:	2 FILER NAI Mack, Wa					3 Filer ID	
4	Date	5 Payee nan	-				<u> </u>	<u> </u>
	11/13/2023	CAPITAL						
6	Amount (\$)	7 Payee add	ress; City;	State; Zip	Code			
	\$500.00	PO BOX	609599					
		CITY OF	INDUSTRY, CA 9171	6				
8	PURPOSE	(a) Category	(See Categories listed at the top	of this schedule)	(b)	Description		
	OF EXPENDITURE		rd Payment	,		Check if trave	l outside of Texas. Comp	
						CREDIT CA	n, TX, officeholder living	expense
						OKEDII OA		
9	Complete ONLY if direct expenditure to benefit C/OI		fficeholder name	Office s	ought		Office hel	ld
	Date	Dougo par						
	11/13/2023	Payee nan CAPITAL						
H	Amount (\$)	Payee add		State; Zip	Code			
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		CITY OF	INDUSTRY, CA 9171	6				į
	PURPOSE OF	(a) Category	(See Categories listed at the top	of this schedule)	(b)	Description		
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	Complete ONLY if direct expenditure to benefit C/OF	Candidate/C	fficeholder name	Office s	ought		Office hel	id
	Date	Payee nam	ie					
	11/13/2023	CAPITAL	ONE					
	Amount (\$)	Payee add	ress; City;	State; Zip	Code			
	\$527.50	PO BOX (609599					
		CITY OF	NDUSTRY, CA 9171	6				
	PURPOSE	(a) Category	(See Categories listed at the top	of this schedule)	(b)	Description		
	OF EXPENDITURE		rd Payment	·		Check if travel	outside of Texas. Compi	
						CREDIT CAI	n, TX, officeholder living e	expense
						JAMES I CA		
	Complete ONLY if direct expenditure to benefit C/OF		fficeholder name	Office s	ought		Office hel	d
	me provided by Toyon El	lalas Carre						

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loen Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wanes/Contract Lahor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment		nmittee	Legal Service				Expense Wages/	e Contract Labor te this form.	Travel Out of District OTHER (enter a category not listed above	9)
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1	Total pages Schedule F1:	2	FILER NAME							3 Filer ID	İ
	Sch: 29/52 Rpt:		Mack, Wayı	1 e	-						
4	Date	5	Payee name								,
	11/13/2023	ĺ	CAPITAL O	NE							
6	Amount (\$)	7	Payee addre	ss; Cit	y;	State;	Zip Co	ode			
	\$950.00		PO BOX 60	9599							;
			CITY OF IN	DUSTRY	. CA 9171	16					
8	PURPOSE	(a)	 			 	 	I/b)	Deporieties		
	OF	رم)	Category (se Credit Card			p of this sch	edule)	100	Description Check if travel	outside of Texas. Complete Schedule T.	
	EXPENDITURE		Credit Calu	i i ayını c ıı.	•					n, TX, officeholder living expense	
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9			Candidate/Offi	ceholder n	ame	C	Office sou	ught		Office held	
l	expenditure to benefit C/OF			- •		_					
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ĺ	Amount (\$)		Payee addre		Уī	State;	; Zip C	ude			
	\$1,000.00		PO BOX 60	19099							
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Γ	PURPOSE	(a)	Category (S	ee Categories	listed at the to	p of this sch	edule)	(b)	Description		
	OF EXPENDITURE		Credit Card						Check if travel	outside of Texas. Complete Schedule T,	
	MESS AND SECTIONS]								n, TX, officeholder living expense	
	i								CREDIT CAI	KD	
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ı	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Off	iceholder r	name	(Office so	ught		Office held	
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Γ	Date	Γ	Payee name	·							
	11/15/2023		CAPITAL C	NE							
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	ĺ		CITY OF IN	יםדפווםו	′ ሮለ በ17′	16					
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	PURPOSE OF	(a	Category (s			op of this sch	nedule)] ^(b)	Description	Louteida of Toyar Complete C. L. L	
	EXPENDITURE	1	Credit Card	ı Paymen	τ			1	larend.	i outside of Texas. Complete Schedule T. in, TX, officeholder living expense	
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\vdash	Complete ONLY if direct	Щ	Candidate/Off	iceholder -	lame		Office so	Hopt		Office held	
	expenditure to benefit C/O		Canundae/UII	ioenoluei l	iai IIC	· ·	oine€ 80	uyiil		Office Netu	
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SCHEDULE F1

Advertising Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Accounting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Food/Beverage Expense Glft/Awards/Memorials Exp Legal Services	Polling I ense Printing Salaries	Expense Expense Wages	se s/Contract Labor		Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
L			The Instruction Guide	explains how to d	omple	ete this form.			
1	Total pages Schedule F1:	2 FILER	NAME				3	Filer ID	
	Sch: 30/52 Rpt:	Mack,	Wayne						
4	Date	5 Payee	name			 	<u> </u>		
	11/15/2023		TAL ONE						
6	Amount (\$)	7 Payee	address; City;	State: Zin C	`ada				
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		CITY	OF INDUSTRY, CA 9173	16					
8	PURPOSE	(a) Catego	Ory (See Categories listed at the to	p of this schedule)	(b)	Description			_
1	OF EXPENDITURE		Card Payment		-			le of Texas. Complete Schedule T,	
								officeholder living expense	
						CREDIT CA	RD		j
L									
9	Complete ONLY if direct expenditure to benefit C/Ol		ite/Officeholder name	Office so	ught			Office held	
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	PURPOSE	(a) Catego	OTY (See Categories listed at the to	p of this schedule)	(b)	Description			
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						CREDIT CA	RD		
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	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		te/Officeholder name	Office so	ught			Office held	
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ŀ	11/29/2023	CAPIT	AL ONE						
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	PURPOSE OF		OTY (See Categories listed at the to	p of this schedule)	(b)	Description			
	EXPENDITURE	Credit	Card Payment					le of Texas, Complete Schedule T.	
								officeholder living expense	!
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	Complete ONLY if direct expenditure to benefit C/OH		te/Officeholder name	Office so	ught			Office held	
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SCHEDULE F1

Advertising Expense Accounting/Banking

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expe

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Food/Beverage Expense Polling Expense Travel in District Gitt/Awards/Memorials Expense Printing Expense Travel Out of District Committee Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID
	Sch: 31/52 Rpt:	Mack, Wayne
4	Date	5 Payee name
	07/07/2023	CARSEY, PEGGY
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	14437 WEIR CREEK RD
		WILLIS, TX 77318
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		MAILING PREPARATION
_	On soulain ONE V Halington	
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/25/2023	CARTERS FLORIST
	Amount (\$)	Payee address; City; State; Zip Code
	\$64.96	1416 S FRAZIER ST
		CONROE, TX 77301
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas, Complete Schedule T.
		Check if Austin, TX, officeholder living expense SHEIK MEMORIAL/FUNERAL
		SHEIR WEWORIAL/PONERAL
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
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	Amount (\$)	Payee address; City; State; Zip Code
	\$456.21	809 CABLE ST
		CONROE, TX 77301
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Printing Expense
	more million to	Check if Austin, TX, officeholder living expense
		PRINTING OF TICKETS AND FLIERS
	Complete ONLY if direct	Candidate/Officeholder page
	expenditure to benefit C/Oł	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wanes/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
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Candidat Credit Card	te/Officeholder/Politice Payment	al Committee	Legal Services The Instruction Guide			/Contract Labor ete this form.	OTHER (enter a c	category not listed above)
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		<u> </u>	E, TX 77301					+ + · · · · · · · · · · · · · · · · · ·
8 PURPO			(See Categories listed at the to	op of this schedule)	(b)	Description		
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	\$1,500.00	1106 WII	SON RD					
		CONRO	Ξ, TX 77303					
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EXPEND			tions/Donations Made			إجبسا	outside of Texas. Comp , TX, officeholder living	
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		SPRING	, TX 77380					
PURP		(a) Category	(See Categories listed at the t	top of this schedule)	(b)	Description		
OF EXPEND		Event Ex				Luud	outside of Texas. Comp	
	TI Services					_	n, TX, officeholder living	expense
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	ONLY if direct re to benefit C/C		Officeholder name	Office so	ught		Office he	eld
ехренины	16 IO Deliciii C.C	'П						
								

SCHEDULE F1

Advertising Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Loan Repayment/Reimbursement

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - d Committee	Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Expens Printing Expen Salaries/Wage	se s/Contract Labor	Transportation Equipment & Related Exp Travel in District Travel Out of District OTHER (enter a category not listed abov	
L	•		The Instruction Guide exp	lains how to compl	ete this form.		
1	Total pages Schedule F1: Sch: 33/52 Rpt:	2 FILER NAM Mack, Way				3 Filer ID	
4	Date 10/30/2023	5 Payee name DOROW, A					
6	Amount (\$) \$250.00	7 Payee addre 12165 HIG WILLIS, TX	HWAY 75 N	State; Zip Code			
8	PURPOSE OF EXPENDITURE	(a) Category (s Event Exp	See Categories listed at the top of t	his schedule) (b)		outside of Texas. Complete Schedule T. TX, officeholder living expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol		ficeholder name	Office sought		Office held	
	Date	Payee name)				
	10/30/2023	DOROW, (COLTEN				
	Amount (\$) \$250.00	Payee addre 12165 HIG	ess; City; : HWAY 75 N	State; Zip Code			·
		WILLIS, T	〈 77378				
	PURPOSE OF EXPENDITURE	(a) Category (s Event Expe	See Categories listed at the top of t	his schedule) (b)	<u> </u>	outside of Texas, Complete Schedule T. TX, officeholder living expense	
	Complete ONLY if direct expenditure to benefit C/O		iceholder name	Office sought		Office held	
Г	Date	Payee name					
	11/11/2023	FAMILY PI	ROMISE OF MONTGO	MERY COUNTY	•		
	Amount (\$) \$500.00	Payee addre	- · ·	State; Zip Code			
		CONROE,	TX 77305				
	PURPOSE OF EXPENDITURE	Contributio	see Categories listed at the top of t ns/Donations Made By Officeholder/Political C			outside of Texas, Complete Schedule T. TX, officeholder living expense NSORSHIP	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		iceholder name	Office sought		Office held	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Credit Card Payment Total pages Schedule F1: 2 Sch: 34/52 Rpt: Date 5	The Instruction Guide explains how FILER NAME	to complete this form.	
Sch: 34/52 Rpt:	FILER NAME		
			3 Filer ID
Date 5	Mack, Wayne		
	,		
11/08/2023	FIRST LIBERTY INSTITUTE		
Amount (\$) \$5,000.00	Payee address; City; State; Z 2001 W PLANO PKWY STE 1600 PLANO, TX 75075	ip Code	
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PURPOSE OF EXPENDITURE	a) Category (see Categories listed at the top of this schedul Contributions/Donations Made By Candidate/Officeholder/Political Committee	e Check if tre	avel outside of Texas. Complete Schedule T. ustin, TX, officeholder living expense PONSORSHIP
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office	e sought	Office held
Date	Payee name		
10/30/2023	GOFF, NATALIE		
Amount (\$) \$250.00	Payee address; City; State; Z 12165 HIGHWAY 75 N	ip Code	
	WILLIS, TX 77378		
PURPOSE OF EXPENDITURE	A) Category (See Categories listed at the top of this schedul Event Expense	Check if tra	avel outside of Texas, Complete Schedule T. ustin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office	e sought	Office held
Date	Payee name		
11/01/2023	HARLAND CLARKE		
Amount (\$) \$71.90	Payee address; City; State; Z 1800 W WHITE OAK TERRACE	ip Code	
	CONROE, TX 77304		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedul Office Overhead/Rental Expense	Check if tra	avel outside of Texas. Complete Schedule T. ustin, TX, officeholder living expense R CAMPAIGN CHECKS
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office	e sought	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Office Overhead/Rental Expense Consulting Expense Contributions/ Donations Made By Food/Beverage Expense Polling Expense Travel in District Printing Expense
Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Candidate/Officeholder/Political Committee Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME Filer ID Sch: 35/52 Rpt: Mack, Wayne 4 Date Payee name 10/20/2023 HASARA, CHASE 6 Amount (\$) Payee address; State; Zip Code \$500,00 14500 HASARA LN **WILLIS, TX 77378 PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas, Complete Schedule T. **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense EVENT MUSIC Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 10/30/2023 HAYES, ALISHA Amount (\$) Payee address; City; State; Zip Code \$250,00 12165 HIGHWAY 75 N WILLIS, TX 77378 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas, Complete Schedule T. **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense **EVENT MUSIC** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 10/30/2023 HAYES, RUSSELL Amount (\$) Payee address; State; Zip Code \$250,00 12165 HIGHWAY 75 N WILLIS, TX 77378 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas, Complete Schedule T, **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense **EVENT MUSIC** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment	l Con		Gift/Awar Legal Ser	rds/Memorials Ex rvices	(pense	Printing E Salaries/V	xpense Nages/	e /Contract Labor	Travel Out of District OTHER (enter a category not list	ted above)
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1	Total pages Schedule F1:	2	FILER NAME	=						3 Filer ID	
	Sch: 36/52 Rpt:	_	Mack, Wayr								
4			Payee name		_ _	_ _		_			
	11/17/2023	<u> </u>	HOPE AND	HEAL	ING FOR \	WARRIOR	RS				
6			Payee addres		City;	State;	Zip Co	ode			
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		1									
			MONTGON	IERY,	TX 77356			,			
8	PURPOSE OF		Category (Se				edule)	(b)	Description		
	EXPENDITURE		Contribution Candidate/				ittoo		<u></u>	outside of Texas. Complete Schedule ' n, TX, officeholder living expense	т.
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9	Complete ONLY if direct		Candidate/Offi	ceholde	er name	C	Office sou	ıght		Office held	
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_	Date	Г	Payee name				••••••••			· · · · · · · · · · · · · · · · · · ·	
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\vdash	Amount (\$)	\vdash	Payee addre		City;	State:	Zip Co	ode			
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	į	1	CONROE,	TX 773	301						
\vdash	PURPOSE	(a)	Category (S	ee Catego	orles listed at the	top of this sch	edule)	(b)	Description		· · · · · · · · · · · · · · · · · · ·
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-	Complete ONLY if direct	<u>_</u>	Candidate/Offi	iceholde	ar name		Office sou	ught.	- i	Office held	
ĺ	expenditure to benefit C/OF			.comple	a. HWITIG		00 001	∼Aıır		CHOO HOIG	
-	Date	一	Davice name								
	10/20/2023		Payee name JONETTA I		DUCTIONS	S					
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ĺ	OF	(a,	Category _{(S} Event Expe		ories listed at the	top of this sch	nedule)	100	•	outside of Texas. Complete Schedule	т.
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	Complete ONLY if direct expenditure to benefit C/O		Candidate/Off	icehold	er name		Office so	ught	_ _	Office held	-
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SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

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) Legal Services Credit Card Payment The Instruction Guide explains how to complete this form, Total pages Schedule F1: 2 FILER NAME Filer ID Sch: 37/52 Dnt

	Suii. 37/32 Rpt.	Mack, wayne
4	Date 12/12/2023	5 Payee name JOURNEY HOME
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$250.00	9950 CYPRESSWOOD DR STE 350
		HOUSTON, TX 77070
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EVDENDITUDE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee
		DONATION
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experience to belief cros	
	Date	Payee name
	11/21/2023	LAKE CONROE AREA REPUBLICAN WOMEN PAC
	Amount (\$)	Payee address; City; State; Zip Code
	\$55.00	PO BOX 737
		MONTGOMERY, TX 77356
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas, Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		MEMBERSHIP DUES
	Complete ONLY if direct	Condidate Office halds are seen as a first of the seen as a first of
	expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
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	Date	Payee name
	11/22/2023	LAKE CONROE AREA REPUBLICAN WOMEN PAC
	Amount (\$)	Payee address; City; State; Zip Code
	\$60.00	PO BOX 737
		MONTGOMERY, TX 77356
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas, Complete Schedule T.
		Check if Austin, TX, officeholder living expense CHRISTMAS PARTY FEE
		CHRISTIVIAS FARTI FEE
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Oł	
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SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment		nmittee	Gift/Award Legal Ser		Expense	Printir Sa l ari			Travel Out of District OTHER (enter a category not li	sted above)
1	Total pages Schedule F1:	2	FILER NAME	=						3 Filer ID	
	Sch: 38/52 Rpt:		Mack, Wayı								
4	, i	5	Payee name								
	11/28/2023	L	LIBERTY B	ELLES	REPUBLI	ICAN W	OMEN				
6	Amount (\$)	7	Payee addre	SS;	City;	Stat	te; Zip	Code			
	\$50.00		PO BOX 10	181							
			CONROE,	TX 773	05				 		
8	PURPOSE OF	(a)	Category (S	ee Catego	ries listed at the	e top of this s	schedule)	(b)	Description		_
	EXPENDITURE		Fees							l outside of Texas. Complete Schedule n, TX, officeholder living expense	÷ Т.
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9	Complete ONLY if direct		Candidate/Offi	iceholde	r name		Office	sought	 	Office held	
	expenditure to benefit C/OF										
	Date		Payee name								
	10/20/2023		LINDA LEE	ì							
	Amount (\$)	Г	Payee addre	ss;	City;	Sta	te; Zip	Code	,,		
Ī	\$2,025.00		3243 DISC	OVERY	/ LN		•				;
			CONROE,	TX 773	01						
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L	expenditure to benefit C/O	H							-		
ſ	Date		Payee name	!							
	10/10/2023		LONE STA	R EXE	CUTIVE L	IMOUSI	NE				
	Amount (\$)		Payee addre	-	City;		ite; Zip				
	\$758.90		1135 GRAN	AD CEI	NTRAL PA	\RKWAY	STE 3	359			
L			CONROE,	TX 773	304			,			
	PURPOSE OF	(a	Category (s		ries listed at th	e top of this	schedule)	(b)	Description		-
	EXPENDITURE		Event Expe	ense					-	el outside of Texas. Complete Schedul in, TX, officeholder living expense	е Т.
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┢	Complete ONLY if direct	_	Candidate/Off	iceholde	er name		Office	sought	<u> </u>	Office held	
	expenditure to benefit C/OI				•			5			
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SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Selaries/Wanes/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
4	T-1-1 6-1	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 39/52 Rpt:	Mack, Wayne
4	Date	5 Payee name
	09/18/2023	LOPEZ, BRANDIE
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,000.00	197 LONG RD
	+2,555.55	
		LIMINOCTON, TV 77054
		LIVINGSTON, TX 77351
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, afficeholder living expense
		EVENT COORDINATOR
	College of the control of the contro	į .
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	evhending to negati C/O	
	Date	Payee name
	10/12/2023	LOPEZ, BRANDIE
┝	Amount (\$)	Payee address; City; State; Zip Code
	\$134,17	197 LONG RD
	420 Har	10, 10, 10
		IN MALOOTON TW. TOTAL
L		LIVINGSTON, TX 77351
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas, Complete Schedule T.
		Check If Austin, TX, officeholder living expense
		EVENT SUPPLIES
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	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Overalitate to Bettelli Over	
Г	Date	Payee name
	11/06/2023	LOPEZ , BRANDIE
-	Amount (\$)	Payee address; City; State; Zip Code
	\$3,500.00	197 LONG RD
	7-1	
		UNANIOCTON TV 77054
L	·	LIVINGSTON, TX 77351
1	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense
1		EVENT COORDINATOR
L		
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
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SCHEDULE F1

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

Event Expense Fees Food/Beverage Expense Git/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	l Cor		Gift/Awards/Memorials Legal Services The Instruction G	Expense		kpense /ages/	e /Contract Labor	Travel in District Travel Out of District OTHER (enter a categ	jory not listed above)
1	Total pages Schedule F1:	2	FILER NAME						3 Filer ID	,
	Sch: 40/52 Rpt:		Mack, Wayı	ne						
4	Date	5	Payee name							
L	10/20/2023		MCGEE, W	ESLEY						
6	Amount (\$)	7	Payee addre	ss; City;	State;	Zip Co	de			
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			CONROE,							
8	PURPOSE OF	(a)		ee Categories listed at		edule)	(b)	Description	outside of Taylor Co. 1	Cohoniula T
	EXPENDITURE		Salaries/Wa	ages/Contract L	abor			느	outside of Texas. Complete a, TX, officeholder living expe	
ļ								SECURITY		
9	Complete ONLY if direct		Candidate/Offi	ceholder name	(Office sou	ght		Office held	
	expenditure to benefit C/Oi	H								
	Date		Payee name							
	10/10/2023	l	MCKENZIE	S BARBQ						
 	Amount (\$)	Г	Payee addre	ss; City;	State	Zip Co	de		· · · · · · · · · · · · · · · · · · ·	
	\$364.52		17099 WAL	DEN RD STE	200	•				
L			MONTGOM	1ERY, TX 7735	6					
Γ	PURPOSE OF	(a)		ee Categories listed at		edule)	(b)	Description		
1	EXPENDITURE			ns/Donations M		vittos			outside of Texas. Complete n, TX, officeholder living expo	
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-	Complete ONLY if direct		Candidate/Offi	ceholder name		Office sou	ı ıght		Office held	
	expenditure to benefit C/OI	Н					-			
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	10/30/2023		MCMAHON							
-	Amount (\$)	\vdash	Payee addre		State	; Zip Co	ode			
	\$250.00		_	, 			=			
			WILLIS, TX	77378						
Г	PURPOSE	(a)	Category (s	ee Categories listed at	the top of this sch	redule)	(b)	Description		
	OF EXPENDITURE	1	Event Expe		,	•		Check if travel	outside of Texas, Complete	
1								Check if Austi	n, TX, officeholder living exp	ense
								EVENT MUS	JIÇ	
H	Complete ONLY if direct	Ц,	Candidate/Off	iceholder name		Office sou	labt.		Office held	
	expenditure to benefit C/Ol		-anduate/OII	ochout name	•	omee SUL	ayı il		Onice nela	
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SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donati

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Candidate/Officeholder/Politica Credit Card Payment	1 Committee Legal Services Printing Expense Fracel Cut of District 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:	2 FILER NAME 3 Filer ID
	Sch: 41/52 Rpt:	Mack, Wayne
4	Date	5 Payee name
	10/10/2023	MENDEZ, CELESTE
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100.00	19380 HIGHWAY 105 W STE 507
		MONTGOMERY, TX 77356
8	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check If travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		MENTOR LUNCH REIMBURSEMENT
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	- 1
	Date	Payee name
	11/14/2023	METAXAS MEDIA LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$743.20	145 E 74TH ST APT 5A
		NEW YORK, NY 10021
-	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Event Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		KEYNOTE SPEAKER TRAVEL EXPENSES
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
_		
	Date	Payee name
	10/20/2023	METAXAS, ERIC
	Amount (\$)	Payee address; City; State; Zip Code
	\$12,000.00	145 E 74TH ST APT 5A
		NEW YORK, NY 10021
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas, Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		EVENT SPEAKER
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
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SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	
	Sch: 42/52 Rpt:	Mack, Wayne
4	Date	5 Payee name
	10/13/2023	MINUTE MAN PRINTING
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$66.57	1201 N LOOP 336 W STE C
		CONROE, TX 77301
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.
		☐ Check If Austin, ⊤X, officeholder living expense FLIERS
		FLIERS
_	O	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Data	
	Date	Payee name
	08/31/2023	MONTGOMERY COUNTY REPUBLICAN CLUB
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,500.00	921 W AUSTIN ST
		CONROE, TX 77301
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	LAFENDITORE	Candidate/Officeholder/Political Committee
		EVENT DONATION
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	07/17/2023	MONTGOMERY COUNTY REPUBLICAN WOMEN
	Amount (\$)	Payee address; City; State; Zip Code
	\$700.00	PO BOX 1766
	!	
		CONROE, TX 77305
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
		EVENT SPONSORSHIP
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

Advertising Expense Accounting/Banking

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Total			The Instruction Guide ex	plains how to co	•	t Labor f orm ,	OTHER (enter a category not listed above)
	pages Schedule F1:	2 FILER NAM	1E			3	Filer ID
S	sch: 43/52 Rpt:	Mack, Wa	yne				
Date	······································	5 Payee nam	e			<u></u>	
07/14	4/2023		MERY ISD EDUCATIO	N FOUNDATI	ON		
Amou	ınt (\$)	7 Payee add	ress; City;	State; Zip Co	de		
	\$500.00	20774 EV	A ST				
		MONTGO	MERY, TX 77356				
P	URPOSE	(a) Category	(See Categories listed at the top of	this schedule)	(b) Desci	iption	· · · · · · · · · ·
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EXF	ENDITORE	Candidate	e/Officeholder/Political (Committee			X, afficeholder fiving expense
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	alaya GANAZ Makana	0	Art I I I				00 . 1.11
	plete <u>ONLY</u> if direct nditure to benefit C/OI		fficeholder name	Office sou	ynt 		Office held
Date		Payee nam	ne				
10/1	0/2023	NEW LIFE	E CHRISTIAN STORE				
Amou	unt (\$)	Payee add	ress; City;	State; Zip Co	de		
	\$3,564.06	139-11 Q	UEENS BLVD				
		JAMAICA	, NY 11435				
P	URPOSE	(a) Category	(See Categories listed at the top o	this schedule)	(b) Desc	ription	
EVI	OF PENDITURE	Event Exp		,	<u></u>		itside of Texas. Complete Schedule T.
LΛ	LINDITONE						FX, officeholder living expense
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Com	who ONLY if direct	CandidatalC	Micabalday was	Office		· · · · · · · · · · · · · · · · · · ·	Office held
	plete <u>ONLY</u> if direct nditure to benefit C/OI		officeholder name	Office sou	gnt		Office held
							
Date		Payee nan					
	8/2023		RCO POLO				
Amo	unt (\$)	Payee add		State; Zip Co	de		
	\$322.75	7501 HAF	RWIN DR				
		HOUSTO	N, TX 77036				
P	PURPOSE	(a) Category	(See Categories listed at the top o	f this schedule)	(b) Desc	ription	
EXI	OF PENDITURE	Office Ov	erhead/Rental Expense	9			utside of Texas. Complete Schedule T.
							TX, officeholder living expense
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Cinna	nlose CNII V Walison	Carolidate/	See:	O#:			Office hold
	plete <u>ONLY</u> if direct anditure to benefit C/O		Officeholder name	Office sou	ឡារ		Office held
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SCHEDULE F1

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

Event Expense Loan
Fees Office
Food/Beverage Expense Pollin
Git/Awards/Memorials Expense Printip

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
		The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 44/52 Rpt:	Mack, Wayne
4	Date	5 Payee name
	07/27/2023	NORTH SHORE REPUBLICAN WOMEN
6	Amount (\$)	7 Payee address; City; State; Zip Code
_	\$500.00	PO BOX 524
	4000,000	, , <u>, , , , , , , , , , , , , , , , , </u>
		WHILE TV 77970
		WILLIS, TX 77378
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee
		Candidate/Officeholder/Political Committee GOLF TOURNAMENT SPONSORSHIP
		GOLI- TOOMANIENT OF ONSONSHIP
_	Complete ON V S dive at	Constitute (Office helder name Office accepts
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/28/2023	NORTH SHORE REPUBLICAN WOMEN
	Amount (\$)	Payee address; City; State; Zip Code
	\$40.00	PO BOX 524
		WILLIS, TX 77378
-	DUDDOCE	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas, Complete Schedule T.
	EXPENDITURE	Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense
		MEMBERSHIP DUES
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
=	Date	Payas rams
	10/20/2023	Payee name PERRIRAZ, PHILLIP
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	14235 BERT BROWN RD
		CONROE, TX 77302
Γ	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EVDENDITUDE	Event Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		EVENT MUSIC
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	H
Γ		

SCHEDULE F1

Advertising Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political (Fees Food/Beverage E Gift/Awards/Mem Committee Legal Services	xpense Polling Ex orials Expense Printing E		Transportation Equipment & Related Expense Travel In District Travel Out of District OTHER (enter a category not listed above)
	Credit Card Payment	The Instruction	n Guide explains how to co	=	The transfer of ballogory not instead appoyer
1	Total pages Schedule F1:	2 FILER NAME			3 Filer ID
	Sch: 45/52 Rpt:	Mack, Wayne			
4	Date	5 Payee name			
	07/18/2023	PILGRIM REST BAPTIS	ST CHURCH		
6	Amount (\$)	7 Payee address; City;	State; Zip Co	de	
	\$1,000.00	509 S 3RD ST			
		CONROE, TX 77301			
8	PURPOSE	(a) Category (See Categories lister	of at the tan of this pahedule)	(b) Description	
	OF EXPENDITURE	Contributions/Donations	Made By		outside of Texas. Complete Schedule T.
	LAPENDITORE	Candidate/Officeholder/		_	TX, officeholder living expense
				HISTORICAL	MARKER PRESENTATION
_	Consulate ONLY IS No. at	0 - 11 - 10 11			
9	Complete ONLY if direct expenditure to benefit C/Oi	Candidate/Officeholder name	e Office sou	ght	Office held
	Date	Payee name			
	09/29/2023	PLANET BAGS			
	Amount (\$)	Payee address; City;	State; Zip Co	ode	
	\$237.00	6885 HARWIN DR			
		HOUSTON, TX 77036			
	PURPOSE OF	(a) Category (See Categories lister	d at the top of this schedule)	(b) Description	
	EXPENDITURE	Event Expense		<u></u>	outside of Texas. Complete Schedule T. TX, officeholder living expense
				SILENT AUC	
	Complete ONLY if direct	Candidate/Officeholder name	e Office sou	ght	Office held
	expenditure to benefit C/OI				
	Date	Payee name			
	10/30/2023	POUNDS, ALEXIS			
	Amount (\$)	Payee address; City;	State; Zip Co	de	
	\$250.00	12165 HIGHWAY 75 N	·		
		WILLIS, TX 77378			
	PURPOSE	(a) Category (See Categories listed	at the ten of this canadule)	(b) Description	
	OF EXPENDITURE	Event Expense	a active top of this selledgie)		outside of Texas. Complete Schedule T.
	EX ENDITORE	-		_	TX, officeholder living expense
				EVENT MUS	IC
_	Commission ONE V if allowed	O-wild-t-tott			
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	e Office sou	gnt	Office held

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
OTHER (enter a category not listed above)

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Gift/Awards/Memorials Expense Printing Expense Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID
	Sch: 46/52 Rpt:	Mack, Wayne
4	Date	5 Payee name
	10/20/2023	RYAN, BRENT
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$175.00	131 N MAIN ST
		CONROE, TX 77301
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense
		SECURITY
-	Complete ONLY & Break	On the College of the
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/14/2023	SONS OF THE AMERICAN LEGION
	Amount (\$)	Payee address; City; State; Zip Code
	\$30.00	PO BOX 974
		CONROE, TX 77305
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		MEMBERSHIP DUES
		WEWSER OF ITS SOLO
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
-	Date	Poveo name
	10/20/2023	Payee name SPECTRUM
_		
	Amount (\$)	Payee address; City; State; Zip Code
	\$21,106,21	9055 AIRPORT RD
L		CONROE, TX 77303
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		EVENT FOOD
	One-plate ONE WILL	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	4	
_		

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica	
	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID
	Sch: 47/52 Rpt:	Mack, Wayne
4	Date	5 Payee name
	09/28/2023	SW TRADING
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$84,62	8000 HARWIN DR STE 410
	•	
		HOUSTON, TX 77036
8	PURPOSE	
٥	OF	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		SILENT AUCTION ITEMS
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	09/07/2023	TEXAS JUSTICE COURT JUDGES ASSOCIATION
	Amount (\$)	Payee address; City; State; Zip Code
	\$75.00	PO BOX 290
	,	
		WINNSBORO, TX 75494
<u> </u>	PURPOSE	
l	OF	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas, Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		ANNUAL MEMBERSHIP DUES
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	08/16/2023	THE UPS STORE
_	Amount (\$)	Payee address; City; State; Zip Code
	\$152.96	502 W MONTGOMERY ST
ĺ		
		WILLIS, TX 77378
-	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		MAILING SUPPLIES
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
L_		

SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services The Instruction Guid		Polling Exp Printing Ex Salaries/W	ense ages/Con		Travel in District Travel Out of District OTHER (enter a category not listed ab	оруе)
1	Total pages Schedule F1:	2 FILER NAM	ИE		-	•		3 Filer ID	
	Sch: 48/52 Rpt:	Mack, Wa	yne						
4	Date	5 Payee nam	ne						
	10/24/2023	TROPHY	HOUSE			_			
6	Amount (\$)	7 Payee add	ress; City;	State;	Zip Co	le			
	\$75.78	804 W DA	ALLAS ST						
		CONROE	, TX 77301						
8	PURPOSE	(a) Category	(See Categories listed at the	tap of this sche	dule)	(b) De	scription		
	OF EXPENDITURE	Gift/Awar	ds/Memorials Exper	ıse				outside of Texas, Complete Schedule T,	
						E\	ENT PLAC	, TX, officeholder living expense	
					Ì			.	:
9	Complete ONLY if direct		fficeholder name	0	ffice sou	ht		Office held	
	expenditure to benefit C/OI	4							
	Date	Payee nan	ne						
	07/14/2023	TXT2GIV	E						
l -	Amount (\$)	Payee add	ress; City;	State;	Zip Co	le			
	\$19.00	PO BOX	80548						
		INDIANA	POLIS, IN 46280						
	PURPOSE	(a) Category	(See Categories listed at the	top of this sche	edule)	(b) De	scription		· · · · · · · · · · · · · · · · · · ·
	OF EXPENDITURE	Fees						outside of Texas, Complete Schedule T,	
						L FE	l	, TX, officeholder living expense	
-	Complete ONLY if direct		Officeholder name	0	office sou	ght		Office held	
	expenditure to benefit C/OI	1							
_	Date	Payee nan	ne			· .			
	11/07/2023	UNITED	STATES POSTAL S	ERVICE					
	Amount (\$)	Payee add	ress; City;	State;	Zip Co	de			
	\$141,65	809 W D	ALLAS ST						
	:	CONRO	E, TX 77301						
Г	PURPOSE	(a) Category	(See Categories listed at the	top of this sche	edule)	(b) De	escription		
ĺ	OF EXPENDITURE		erhead/Rental Expe				ļ	outside of Texas. Complete Schedule T.	
						L	AILING FE	n, TX, officeholder living expense	
						141		-	
H	Complete ONLY if direct	Candidate/0	Officeholder name	0	Office sou	ght		Office held	
	expenditure to benefit C/OI			_					
<u> </u>			· · · · · · · · · · · · · · · · · · ·						

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Densiti

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense

Loan Repayment/Relmbursement Office Overhead/Rental Expense Polling Expense

	Contributions Donations water By - Candidate/Officeholder/Political Committee Cradit Card Reymont			s/Memoriais Expense ices	Printing Exp	e Travel Out of District //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:	2	FILER NAME		,		3 Filer ID			
	Sch: 49/52 Rpt:		Mack, Wayne							
4	Date	5	Payee name	· · · · · · · · · · · · · · · · · · ·		•				
	09/19/2023		WEST CONROE BAPTIST CHURCH							
6	Amount (\$)	7	7 Payee address; City; State; Zip Code							
	\$100.00		1855 LONGMIRE RD							
			CONROE, TX 77304							
8	PURPOSE	(0)	·			(L)				
ľ	OF	(a)	Category (See Categori	es listed at the top of this sche	edule)	(D)	Description Check if travel outside of Texas. Complete Schedule T.			
	EXPENDITURE			понѕ маче ву Ider/Political Commi	ittee		Check if Austin, TX, officeholder living expense			
							EVENT DONATION			
					1					
9	Complete ONLY if direct		Candidate/Officeholder	name O	office soug	ht	Office held			
	expenditure to benefit C/OI	Η								
	Date		Payee name							
	08/14/2023	1	WILLIS AG BOOSTER CLUB INC							
┢	Amount (\$)		Payee address; City; State; Zip Code							
	\$717.00 PO BOX 1735									
	:									
	WILLIS, TX 77318									
							Description			
	OF	(4,			edule)	(D)	Check if travel outside of Texas. Complete Schedule T.			
EXPENDITURE			Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense							
EVENT SPONSORSHIP							EVENT SPONSORSHIP			
L	77									
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH						Office held				
	experialitie to beliefit C/O									
Г	Date		Payee name							
1	07/10/2023		WILLIS LIONS CLU	JB						
	Amount (\$)		Payee address; (City; State;	Zip Co	de				
	\$100.00 PO BOX 250									
		WILLIS, TX 77378								
1	PURPOSE	(a)	Category (See Category	es listed at the top of this sche	edule)	(b)	Description			
	OF EXPENDITURE	ĺ .	Contributions/Dona		osum)	• •	Check if travel outside of Texas. Complete Schedule T.			
Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense						—				
1		EVENT SPONSORSHIP								
L										
	Complete ONLY if direct expenditure to benefit C/Oi		Candidate/Officeholde	name C	Office sou	ght	Office held			
L	portantaro to portone O/OI									
1										

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	y - al Coi	nmittee	Legal Serv	s/Memorials Ex vices ruction Guid			Wages	Contract Labor	Travel Out of District OTHER (enter a category not liste	ed above)
1	Total pages Schedule F1:	2	EII ED NAME			o completino i				3 Filer ID	
_	Sch: 50/52 Rpt:	~								3 FIIEI ID	
	<u> </u>	_	Mack, Way	· · · · · · · · · · · · · · · · · · ·						· · · · · · · · · · · · · · · · · · ·	
4	Date	5	Payee name								
	07/18/2023		WILLIS SE	NIOR C	ENTER						
6	Amount (\$)	7	Payee addre	ss; (City;	State;	Zip C	ode			
	\$100.00		600 GERAI	D ST S	STE 301						
		l	WILLIS, TX	77378							
	BUDDOCE	(-)						Tarx			
8	PURPOSE OF	(a)	Category (s				edule)	(b)	Description		
EXPENDITURE Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee						•	•				
			Canuldaten	Onicenc	JUEI/PORUC	ai Comm	mee		SENIOR LUN	- '	
									0		
9	Complete ONLY if direct	Ц,	Candidate/Off	iaabalda			Office so			Office health	
9	expenditure to benefit C/OI		Januale/On	icenoidei	name	· ·	nnce so	ugni		Office held	
	Date	i	Payee name	ı							
	08/29/2023		WILLIS SE	NIOR C	ENTER						
	Amount (\$)	Г	Payee addre	ss; (City;	State;	Zip C	ode			
	\$100.00	1	PO BOX 25	50							
			WILLIS, TX	77278							
		1									
	PURPOSE OF	(a)	Category (S				edule)	(b)	Description		
	EXPENDITURE		Contribution				tan		<u> </u>	outside of Texas, Complete Schedule T	
Candidate/Officeholder/Political Committee General Gen											
								1	OLINOIT LOI	(O) ILON	
	Complete ONLY if disect	Ц,		i a a la a lata							·····
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Off	icenoiaei	r name	C	Office so	ugnt		Office held	
				 							
	Date		Payee name								
	10/23/2023		WILLIS SE	NIOR C	ENTER						
Г	Amount (\$)		Payee addre	ss; (City;	State;	Zip C	ode			
	\$100.00		600 GERAI	LD ST S	STE 301		•				
		ŀ	MALLIC TV	77070							
L		_	WILLIS, TX								
	PURPOSE OF	(a)	Category (S				edule)	(b)	Description		i
	EXPENDITURE		Contribution							outside of Texas, Complete Schedule 1	Г,
			Candidate/	Officenc	older/Politic	cai Comm	iittee		SENIOR LUN	I, TX, officeholder living expense	
								ŀ	SENIOR LOI	NCHEON	
<u> </u>	0	<u></u>	S 01 : 1								
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Off	iceholde	r name	C	Office so	ught		Office held	
<u> </u>	- portant of or	. ,							····		
						. —					

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Densities

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Candidate/Officeholder/Politica			
	Credit Card Payment	The Instruction Guide explains how to complete this form.		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID		
	Sch: 51/52 Rpt:	Mack, Wayne		
4	Date	5 Payee name		
	10/03/2023	WILLIS SENIOR CENTER		
6	Amount (\$)	7 Payee address; City; State; Zip Code		
	\$100,00	600 GERALD ST STE 301		
		WILLIS, TX 77378		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.		
	EXPENDITURE	Candidate/Officeholder/Political Committee		
		SENIOR LUNCHEON		
_				
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		
	Date	Payee name		
	11/29/2023	WILLIS SENIOR CENTER		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$100.00	600 GERALD ST STE 301		
		WILLIS, TX 77378		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee		
Candidate/Officerioider/Political Committee SENIOR LUNCHEON				
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
	expenditure to benefit C/O	1		
	Date	Payee name		
	09/18/2023	WILSON, KIM		
Т	Amount (\$)	Payee address; City; State; Zip Code		
	\$1,000.00	655 STONEWALL JACKSON DR		
		CONROE, TX 77302		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.		
	LAFLINDITORE	Check if Austin, TX, officeholder living expense		
		EVENT COORDINATOR		
	Complete ONLY if dies -4	Considera Official address and Constitution of the Constitution of		
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held		
L				

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Committee	Git/Awards/Memorials Expense Legal Services The Instruction Guide exp	Printing E Salaries/V lains how to co	Travel Out of District OTHER (enter a category r	ot (sted above)	
1	Total pages Schedule F1:	2 FILED NAV				0 Files ID	·
-						3 Filer ID	
L	Sch: 52/52 Rpt:	Mack, Way	'ne				
4	Date	5 Payee name	-				
	11/06/2023	WILSON, F					
ß	Amount (\$)	7 Payee addre		State; Zip Co	NAO.		
		-	_	siale, ZIP C	Jue		
	\$3,500.00	OSS STON	EWALL JACKSON DR				
		CONROE,	TX 77302				
8	PURPOSE	(a) Category	See Categories listed at the top of t	Lin L - J 1 1 1 1 1 1 1 1 1	(b) Description		
	OF		see Categories listed at the top of t ages/Contract Labor	nis screaule)		outside of Texas. Complete Sche	dule T.
	EXPENDITURE	Salailes) V	ages/Contract Labor			n, TX, officeholder living expense	
					, Inne	ORDINATOR	
9	Complete ONLY if direct	Candidate/Of	ficeholder name	Office sou	idht	Office held	
	expenditure to benefit C/O	Н	noonvider name	Omeg aut	பூபட	Omce neju	
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EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Loan Repayment/Relmbursement Solicitation/Fundraising Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Contributions/ Donations Made By -Food/Beverage Expense Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Candidate/Officeholder/Political Committee Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F4: 2 FILER NAME Filer ID Sch: 1/43 Rpt: Mack, Wayne \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date 6 Payee name 10/06/2023 ABUNDANT LIFE CHURCH Amount (\$) Payee address; City; State; Zip Code \$2,044.25 12165 HIGHWAY 75 N **WILLIS, TX 77378** TYPE OF Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense EVENT DONATION 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 10/03/2023 AMAZON MARKETPLACE Amount (\$) Payee address; State: Zip Code City; \$636.36 PO BOX 81226 SEATTLE, WA 98108 TYPE OF Non-Political Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense SQUARE TERMINALS FOR PAYMENTS Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Consulting Expense Contributions/ Donations Made By -Food/Beverage Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Candidate/Officeholder/Political Committee Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F4: 2 FILER NAME 3 Filer ID Sch: 2/43 Rpt: Mack, Wayne \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date 6 Payee name 10/05/2023 AMAZON MARKETPLACE Amount (\$) Payee address; City; State; Zip Code \$432.00 PO BOX 81226 SEATTLE, WA 98108 TYPE OF X Political Non-Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) OF Check If travel outside of Texas, Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense GOOD GRIEF: A COMPANION FOR EVERY LOSS BOOKS 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 10/11/2023 AMAZON MARKETPLACE Amount (\$) Payee address; City: State; Zip Code \$513,45 PO BOX 81226 SEATTLE, WA 98108 TYPE OF Non-Political Political **EXPENDITURE** PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas, Complete Schedule T. **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense FLAG AND FLAG STANDS Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Consulting Expense Contributions/ Donations Made By -Food/Beverage Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Candidate/Officeholder/Political Committee Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME 3 Filer ID Sch: 3/43 Rpt: Mack, Wayne TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ Date 6 Payee name 10/23/2023 AMERICAN CANCER SOCIETY Amount (\$) Payee address; City; State; Zip Code \$527.50 PO BOX 6704 HAGERSTOWN, MD 21741 TYPE OF Political Non-Political **EXPENDITURE** 10 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas, Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense DONATION 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 10/29/2023 AT&T MOBILITY Amount (\$) Payee address; City; State; Zip Code \$64.66 PO BOX 6416 CAROL STREAM, IL 60197 TYPE OF Political Non-Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas, Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense CAMPAIGN CELL PHONE BILL Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V3.5.1.0bfcfb67

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Loan Repayment/Reimbursement Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel in District Office Overhead/Rental Expense Consulting Expense Contributions/ Donations Made By -Food/Beverage Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Candidate/Officeholder/Political Committee Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME 3 Filer ID Sch: 4/43 Rpt: Mack, Wayne TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date 6 Payee name 11/30/2023 AT&T MOBILITY Amount (\$) Payee address; City; State; Zip Code \$134.89 PO BOX 6416 CAROL STREAM, IL 60197 TYPE OF Political Non-Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense CAMPAIGN CELL PHONE BILL 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 10/12/2023 **BRETT LIGON CAMPAIGN** Amount (\$) Payee address; City; State: Zip Code \$535.38 PO BOX 805 MONTGOMERY, TX 77356 TYPE OF Non-Political Political Х **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Contributions/Donations Made By Check if travel outside of Texas, Complete Schedule T. **EXPENDITURE** Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense **EVENT SPONSORSHIP** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V3.5.1.0bfcfb67

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Loan Repayment/Relmbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Office Overhead/Rental Expense Consulting Expense Food/Beverage Expense Polling Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Glft/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME 3 Filer ID Sch: 5/43 Rpt: Mack, Wayne \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 6 Payee name 07/06/2023 **BX3 INTERACTIVE** Amount (\$) Payee address; City: State; Zip Code \$30,00 17505 N 79TH AVE STE 208D GLENDALE, AZ 85308 TYPE OF **Political** Non-Political **EXPENDITURE** 10 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense MONTHLY FEE FOR WEBSITE 11. Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 08/07/2023 **BX3 INTERACTIVE** Amount (\$) Payee address: City: State; Zip Code \$50.00 17505 N 79TH AVE STE 208D GLENDALE, AZ 85308 TYPE OF \mathbf{X} Political Non-Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas, Complete Schedule T. Office Overhead/Rental Expense EXPENDITURE Check if Austin, TX, officeholder living expense MONTHLY FEE FOR WEBSITE Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Contributions/ Donations Made By -Polling Expense Travel in District Travel Out of District OTHER (enter a category not listed above) Printing Expense Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Legal Services The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME 3 Filer ID Sch: 6/43 Rpt: Mack, Wayne TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ Date 6 Payee name 09/01/2023 **BX3 INTERACTIVE** Amount (\$) Payee address; City; State; Zip Code \$30.00 17505 N 79TH AVE STE 208D GLENDALE, AZ 85308 TYPE OF X Political Non-Political **EXPENDITURE** 10 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense MONTHLY FEE FOR WEBSITE 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 11/01/2023 **BX3 INTERACTIVE** Amount (\$) Payee address; State; Zip Code \$30.00 17505 N 79TH AVE STE 208D GLENDALE, AZ 85308 TYPE OF Political Non-Political \mathbf{x} **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense MONTHLY FEE FOR WEBSITE Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Food/Beverage Expense Glft/Awards/Memorials Expense Polling Expense Travel Out of District OTHER (enter a category not listed above) Printing Expense Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Legal Services The Instruction Guide explains how to complete this form, Total pages Schedule F4: 2 FILER NAME 3 Filer ID Sch: 7/43 Rpt: Mack, Wayne 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 6 Payee name 12/01/2023 **BX3 INTERACTIVE** Amount (\$) Payee address; City: State; Zip Code \$30,00 17505 N 79TH AVE STE 208D GLENDALE, AZ 85308 TYPE OF \mathbf{X} Political Non-Political **EXPENDITURE** 10 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Office Overhead/Rental Expense Check if travel outside of Texas, Complete Schedule T. **EXPENDITURE** Check if Austin, TX, officeholder living expense MONTHLY FEE FOR WEBSITE 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Pavee name 11/28/2023 CASA CHILD ADVOCATES Amount (\$) Payee address; City; State; Zip Code \$250.00 412 W PHILLIPS ST STE 107 CONROE, TX 77301 TYPE OF Political Non-Political X **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee DONATION Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Consulting Expense Contributions/ Donations Made By -Food/Beverage Expense Gift/Awards/Memorials Expense Poling Expense Travel in District Travel Out of District OTHER (enter a category not listed above) Printing Expense Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Legal Services The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME 3 Filer ID Sch: 8/43 Rpt: Mack, Wayne TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ Date 6 Payee name 12/05/2023 **CHICKFILA** Amount (\$) Payee address; City; State; Zip Code 12310 OLD MONTGOMERY RD \$74.92 **WILLIS, TX 77318** TYPE OF X Political Non-Political **EXPENDITURE** 1.0 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense EXPENDITURE Check if Austin, TX, officeholder living expense STAFF LUNCH 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 11/01/2023 CHILDRENS SAFE HARBOR Amount (\$) Payee address; City: State; Zip Code \$2,000.00 1519 ODD FELLOW ST CONROE, TX 77301 TYPE OF Political Non-Political X **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee DONATION Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V3.5.1.0bfcfb67

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Advertising Expense Event Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Accounting/Banking Consulting Expense Fees Food/Beverage Expense Poliing Expense Printing Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Travel Out of District Salaries/Wages/Contract Labor Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form, Total pages Schedule F4: 2 FILER NAME Filer ID Sch: 9/43 Rpt: Mack, Wayne TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date 6 Payee name 10/16/2023 **CHRISTIANS ENGAGED** Amount (\$) Payee address; City; State; Zip Code \$1,500.00 PO BOX 472655 GARLAND, TX 75047 TYPE OF X Political Non-Political **EXPENDITURE** 10 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee **EVENT SPONSORSHIP** 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 08/07/2023 CONROE NOON LIONS CLUB Amount (\$) Payee address; City: State; Zip Code \$55,00 1712 WILSON RD CONROE, TX 77301 TYPE OF X Political Non-Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense MONTHLY MEMBERSHIP DUES Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Relmbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Food/Beverage Expense Glft/Awards/Memorials Expense Consulting Expense Contributions/ Donations Made By -Polling Expense Printing Expense Salaries/Wages/Contract Labor Travel Out of District Candidate/Officeholder/Political Committee Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form, Total pages Schedule F4: 2 FILER NAME 3 Filer ID Sch: 10/43 Rpt: Mack, Wayne TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ Date 6 Payee name 09/25/2023 CONROE NOON LIONS CLUB Amount (\$) Payee address; City; State; Zip Code \$55.00 1712 WILSON RD CONROE, TX 77301 9 TYPE OF Non-Political X Political **EXPENDITURE** 10 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas, Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense MONTHLY MEMBERSHIP DUES 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 10/25/2023 CONROE NOON LIONS CLUB Amount (\$) Payee address; City: State; Zip Code \$55.00 1712 WILSON RD CONROE, TX 77301 TYPE OF Non-Political Political Х **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas, Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense MONTHLY MEMBERSHIP DUES Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V3.5.1.0bfcfb67

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Office Overhead/Rental Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Travel Out of District Candidate/Officeholder/Political Committee Legal Services OTHER (enter a category not listed above) The instruction Guide explains how to complete this form. 1 Total pages Schedule F4: 2 FILER NAME 3 Filer ID Sch: 11/43 Rpt: Mack, Wayne TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date Payee name 11/29/2023 CONROE NOON LIONS CLUB 7 Amount (\$) Payee address; State; Zip Code \$225.00 1712 WILSON RD CONROE, TX 77301 9 TYPE OF **Political** [x]Non-Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense MONTHLY MEMBERSHIP DUES 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 07/12/2023 CONROE/LAKE CONROE CHAMBER OF COMMERCE Amount (\$) Payee address; State: Zip Code \$30.00 505 W DAVIS ST **CONRE, TX 77301** TYPE OF 1x1 Political Non-Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Check if Austin, TX, officeholder living expense CHAMBER LUNCHEON Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V3.5.1.0bfcfb67

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel in District Travel Out of District OTHER (enter a category not listed above) Printing Expense Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Legal Services The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME 3 Filer ID Sch: 12/43 Rpt: Mack, Wayne TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 6 Payee name 07/07/2023 CONSTANT CONTACT Amount (\$) Payee address; City; State; Zip Code \$58.63 3675 PRECISION DR LOVELAND, CO 80538 TYPE OF X Political Non-Political **EXPENDITURE** 10 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T, **EXPENDITURE** Check if Austin, TX, officeholder living expense CAMPAIGN EMAIL PLATFORM 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 08/05/2023 CONSTANT CONTACT Amount (\$) Payee address; City: State; Zip Code \$66.09 3675 PRECISION DR LOVELAND, CO 80538 TYPE OF Non-Political \overline{X} Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense CAMPAIGN EMAIL PLATFORM Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Loan Repayment/Reimbursement Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel in District Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Candidate/Officeholder/Political Committee Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F4: 2 FILER NAME 3 Filer ID Sch: 13/43 Rpt: Mack, Wayne TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ Date 6 Payee name 08/26/2023 CONSTANT CONTACT Amount (\$) Payee address; City; State; Zip Code \$66.09 3675 PRECISION DR LOVELAND, CO 80538 TYPE OF X Political Non-Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check If travel outside of Texas, Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense CAMPAIGN EMAIL PLATFORM 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 09/26/2023 CONSTANT CONTACT Amount (\$) Payee address; City; State: Zip Code \$66,09 3675 PRECISION DR LOVELAND, CO 80538 TYPE OF Political Non-Political Х **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense CAMPAIGN EMAIL PLATFORM Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Advertising Expense Accounting/Banking Loan Repayment/Reimbursement Office Overhead/Rental Expense Consulting Expense Contributions/ Donations Made By -Food/Beverage Expense Polling Expense Travel in District Travel Out of District OTHER (enter a category not listed above) Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Candidate/Officeholder/Political Committee Legal Services The instruction Guide explains how to complete this form. 1 Total pages Schedule F4: 2 FILER NAME 3 Filer ID Sch: 14/43 Rpt: Mack, Wayne \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD Date 6 Payee name 10/26/2023 CONSTANT CONTACT Amount (\$) Payee address; City; State; Zip Code \$66,06 3675 PRECISION DR LOVELAND, CO 80538 TYPE OF X Political Non-Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense CAMPAIGN EMAIL PLATFORM 11 Complete ONLY if direct Candidate/Officeholder name Office held Office sought expenditure to benefit C/OH Date Payee name 11/26/2023 CONSTANT CONTACT Amount (\$) Payee address; State; Zip Code City; \$66.09 3675 PRECISION DR LOVELAND, CO 80538 TYPE OF Political Non-Political X **EXPENDITURE** PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense CAMPAIGN EMAIL PLATFORM Complete ONLY if direct Candidate/Officeholder name Office sought. Office held expenditure to benefit C/OH Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V3.5.1.0bfcfb67

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Consulting Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F4: 2 FILER NAME 3 Filer ID Sch: 15/43 Rpt: Mack, Wayne TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ Date 6 Payee name 10/15/2023 CONSTANT CONTACT Amount (\$) Payee address; City; State; Zip Code \$701.20 3675 PRECISION DR LOVELAND, CO 80538 TYPE OF \square Political Non-Political **EXPENDITURE** 10 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense CAMPAIGN EMAIL PLATFORM 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 07/24/2023 **EDIBLE ARRANGEMENTS** Amount (\$) Payee address; City; State; Zip Code \$126,14 6777 WOODLANDS PKWY STE 322 THE WOODLANDS, TX 77382 TYPE OF Political Non-Political X. **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Gift/Awards/Memorials Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense APPRECIATION GIFT Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel in District Consulting Expense Contributions/ Donations Made By -Food/Beverage Expense Glft/Awards/Memorials Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Travel Out of District Candidate/Officeholder/Political Committee Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME 3 Filer ID Sch: 16/43 Rpt: Mack, Wayne TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ Date 6 Payee name 08/07/2023 **EL BOSQUE** Amount (\$) Payee address; City; State; Zip Code \$176.84 821 EVA ST MONTGOMERY, TX 77316 TYPE OF X Political Non-Political **EXPENDITURE** 10 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense LUNCH FOR OFFICE STAFF 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 07/06/2023 **FACEBOOK** Amount (\$) Payee address; City: State; Zip Code \$280.30 1601 WILLOW RD BLDG 10 MENLO PARK, CA 94025 TYPE OF **Political** X Non-Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense ADVERTISING Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Forms provided by Texas Ethics Commission

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Consulting Expense Contributions/ Donations Made By -Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel Out of District OTHER (enter a category not listed above) Printing Expense Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Legal Services The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME 3 Filer ID Sch: 17/43 Rpt: Mack, Wayne TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date 6 Payee name 08/07/2023 **FACEBOOK** Amount (\$) Payee address; City; State; Zip Code \$400.00 1601 WILLOW RD BLDG 10 MENLO PARK, CA 94025 TYPE OF Non-Political Х Political **EXPENDITURE** 1.0 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense **ADVERTISING** 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 08/31/2023 **FACEBOOK** Amount (\$) Payee address; City; State; Zip Code \$375.00 1601 WILLOW RD BLDG 10 MENLO PARK, CA 94025 TYPE OF Political Non-Political \mathbf{X} **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedute T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense ADVERTISING Complete ONLY if direct Candidate/Officeholder name Office held Office sought expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Loan Repayment/Reimbursement Solicitation/Fundraising Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Contributions/ Donations Made By -Food/Beverage Expense Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Candidate/Officeholder/Political Committee Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F4: 2 FILER NAME 3 Filer ID Sch: 18/43 Rpt: Mack, Wayne TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ Date 6 Payee name 09/30/2023 **FACEBOOK** Amount (\$) Payee address; City; State; Zip Code \$119.67 1601 WILLOW RD BLDG 10 MENLO PARK, CA 94025 TYPE OF Political Non-Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense **ADVERTISING** 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 10/30/2023 **FACEBOOK** Amount (\$) Payee address; City: State; Zip Code \$750.00 1601 WILLOW RD BLDG 10 MENLO PARK, CA 94025 TYPE OF ΙXΙ Political Non-Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense **ADVERTISING** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V3.5.1.0bfcfb67

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel in District Loan Repayment/Reimbursement Office Overhead/Rental Expense Poliing Expense Consulting Expense Contributions/ Donations Made By -Food/Beverage Expense Printing Expense Salaries/Wages/Contract Labor Glft/Awards/Memorials Expense Travel Out of District Candidate/Officeholder/Political Committee Legal Services OTHER (enter a category not listed above) The Instruction Gulde explains how to complete this form. Total pages Schedule F4: 2 FILER NAME 3 Filer ID Sch: 19/43 Rpt: Mack, Wayne TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date 6 Payee name 10/31/2023 **FACEBOOK** Amount (\$) Payee address; City; State; Zip Code \$109.81 1601 WILLOW RD BLDG 10 MENLO PARK, CA 94025 TYPE OF X Political Non-Political **EXPENDITURE** 10 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) DE Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense ADVERTISING 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 11/25/2023 **FACEBOOK** Amount (\$) Payee address; City; State; Zip Code \$750.00 1601 WILLOW RD BLDG 10 MENLO PARK, CA 94025 TYPE OF Political ΙXΙ Non-Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense **ADVERTISING** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V3.5.1.0bfcfb67

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 EXPENDITURE CATEGORIES FOR BOX 10(a) Advertising Expense Accounting/Banking Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Committee Food/Beverage Expense Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F4: 2 FILER NAME 3 Filer ID Sch: 20/43 Rpt: Mack, Wayne TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date 6 Payee name 11/30/2023 **FACEBOOK** Amount (\$) Payee address; City; State; Zip Code \$34.43 1601 WILLOW RD BLDG 10 MENLO PARK, CA 94025 TYPE OF X Political Non-Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas, Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense **ADVERTISING** 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 12/01/2023 **FACEBOOK** Amount (\$) Payee address; City; State; Zip Code \$250.00 1601 WILLOW RD BLDG 10 MENLO PARK, CA 94025 TYPE OF ΙXΙ Political Non-Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas, Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense **ADVERTISING** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V3.5.1.0bfcfb67

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Loan Repayment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Office Overhead/Rental Expense Consulting Expense Contributions/ Donations Made By -Food/Beverage Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Travel Out of District Gift/Awards/Memorials Expense Candidate/Officeholder/Political Committee Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME 3 Filer ID Sch: 21/43 Rpt: Mack, Wayne TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date 6 Payee name 09/17/2023 FELLOWSHIP OF CHRISTIAN ATHLETES Amount (\$) Payee address; State; Zip Code City; \$522.00 8701 LEEDS RD KANSAS CITY, MO 64129 TYPE OF Political Non-Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas, Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense DONATION 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 08/16/2023 GO FUND ME - HELP SAM BEAT BREAST CANCER Amount (\$) Payee address; State: Zip Code City: \$575.00 PO BOX 121270 815 E STREET SAN DIEGO, CA 92101 TYPE OF [x]Political Non-Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Contributions/Donations Made By Check if travel outside of Texas, Complete Schedule T. **EXPENDITURE** Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense DONATION Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 EXPENDITURE CATEGORIES FOR BOX 10(a) Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Office Overhead/Rental Expense Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Polling Expense Printing Expense Salaries/Wages/Contract Labor Travel Out of District Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME 3 Filer ID Sch: 22/43 Rpt: Mack, Wayne TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ Date 6 Payee name 09/12/2023 GODADDY Amount (\$) Payee address; City; State; Zip Code \$612.86 2155 E GODADDY WAY TEMPE, AZ 85284 TYPE OF X Political Non-Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense EMAIL PLATFORM FOR CAMPAIGN 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 09/01/2023 **GODADDY** Amount (\$) Pavee address: City: State: Zip Code \$383.63 2155 E GODADDY WAY **TEMPE, AZ 85284** TYPE OF $|\mathbf{x}|$ Political Non-Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas, Complete Schedule T, Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense EMAIL PLATFORM FOR CAMPAIGN Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V3.5.1.0bfcfb67

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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Event Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Food/Beverage Expense Polling Expense Printing Expense Gift/Awards/Memorials Expense Travel Out of District Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME 3 Filer ID Sch: 23/43 Rpt: Mack, Wayne TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date 6 Payee name 12/07/2023 GODS GARAGE Amount (\$) Payee address; City: State; Zip Code \$1,545.00 2100 E DAVIS ST CONROE, TX 77301 9 TYPE OF \mathbf{X} Political Non-Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas, Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee DONATION 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 12/08/2023 **GRINGOS MEXICAN KITCHEN** Amount (\$) Payee address; City: State; Zip Code \$516.89 2550 INTERSTATE 45 N CONROE, TX 77304 TYPE OF Political Non-Political X **EXPENDITURE** PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense STAFF APPRECIATION Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V3.5.1.0bfcfb67

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Loan Repayment/Relmbursement Solicitation/Fundraising Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Contributions/ Donations Made By -Food/Beverage Expense Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Travel Out of District Gift/Awards/Memorials Expense Candidate/Officeholder/Political Committee Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME 3 Filer ID Sch: 24/43 Rpt: Mack, Wayne TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date 6 Payee name 11/12/2023 HONOR CAF Amount (\$) Payee address; City; State; Zip Code \$63.87 103 N THOMPSON ST STE 101 CONROE, TX 77301 TYPE OF X Political Non-Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas, Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense POLITICAL LUNCH 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 11/20/2023 HONOR CAF Amount (\$) Payee address; City: State; Zip Code \$63.87 103 N THOMPSON ST STE 101 CONROE, TX 77301 TYPE OF X Political Non-Political **EXPENDITURE** PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense POLITICAL LUNCH Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Loan Repayment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Office Overhead/Rental Expense Consulting Expense Contributions/ Donations Made By -Food/Beverage Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F4: 2 FILER NAME 3 Filer ID Sch: 25/43 Rpt: Mack, Wayne TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date 6 Payee name 10/19/2023 **HYATT REGENCY CONROE** Amount (\$) Payee address; City; State; Zip Code \$588.62 1001 GRAND CENTRAL PKWY CONROE, TX 77304 TYPE OF X Political Non-Political **EXPENDITURE** 10 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense **EVENT SPEAKER HOTEL** 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 07/06/2023 **ISTORAGE** Amount (\$) Payee address; City: State: Zip Code \$148.00 4300 W DAVIS ST CONROE, TX 77304 TYPE OF Non-Political X Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense CAMPAIGN STORAGE Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Loan Repayment/Reimbursement Solicitation/Fundraising Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Candidate/Officeholder/Political Committee Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F4: 2 FILER NAME 3 Filer ID Sch: 26/43 Rpt: Mack, Wayne TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date 6 Payee name 07/28/2023 **ISTORAGE** Amount (\$) Payee address; City; State; Zip Code \$167.00 4300 W DAVIS ST CONROE, TX 77304 TYPE OF Political Non-Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas, Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense CAMPAIGN STORAGE 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 08/27/2023 **ISTORAGE** Amount (\$) Payee address; City: State: Zip Code \$167.00 4300 W DAVIS ST CONROE, TX 77304 TYPE OF X Political Non-Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas, Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense CAMPAIGN STORAGE Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Forms provided by Texas Ethics Commission

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EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel in District Travel Out of District Printing Expense Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME 3 Filer ID Sch: 27/43 Rpt: Mack, Wayne TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ Date 6 Payee name 09/27/2023 **ISTORAGE** Amount (\$) Payee address; City; State; Zip Code \$167.00 4300 W DAVIS ST CONROE, TX 77304 TYPE OF Non-Political \mathbf{X} Political **EXPENDITURE** 10 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Check if Austin, TX, officeholder living expense CAMPAIGN STORAGE 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 10/27/2023 **ISTORAGE** Amount (\$) Payee address; City; State; Zip Code \$167.00 4300 W DAVIS ST CONROE, TX 77304 TYPE OF Non-Political Political X **EXPENDITURE** PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description DF Check if travel outside of Texas, Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense CAMPAIGN STORAGE Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V3.5.1.0bfcfb67

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Solicitation/Fundralsing Expense Loan Repayment/Reimbursement Transportation Equipment & Related Expense Travel in District Office Overhead/Rental Expense Consulting Expense Food/Beverage Expense Polling Expense Travel Out of District OTHER (enter a category not listed above) Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID Sch: 28/43 Rpt: Mack, Wayne \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD Date 6 Payee name 11/27/2023 **ISTORAGE** Amount (\$) Payee address; City: State; Zip Code \$167.00 4300 W DAVIS ST CONROE, TX 77304 TYPE OF **Political** Non-Political **EXPENDITURE PURPOSE** 10 (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense CAMPAIGN STORAGE 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 10/20/2023 LAGWAY ELEMENTARY Amount (\$) Payee address: City: State: Zip Code \$950.00 11505 PINE VALLEY DR CONROE, TX 77304 TYPE OF \mathbf{x} Political Non-Political **EXPENDITURE** PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense **EVENT DONATION** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V3.5.1.0bfcfb67

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Consulting Expense Contributions/ Donations Made By -Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Travel Out of District Printing Expense Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME 3 Filer ID Sch: 29/43 Rpt: Mack, Wayne TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date 6 Payee name 09/05/2023 LEADERSHIP MONTGOMERY COUNTY Amount (\$) Payee address; City; State; Zip Code \$500.00 2001 TIMBERLOCH PL STE 500 THE WOODLANDS, TX 77380 TYPE OF X Political Non-Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description ΩE Check if travel outside of Texas, Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense **EVENT SPONSORSHIP** 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 09/05/2023 LEADERSHIP MONTGOMERY COUNTY Amount (\$) Payee address; City: State; Zip Code \$100.00 2001 TIMBERLOCH PL STE 500 THE WOODLANDS, TX 77380 TYPE OF Non-Political X Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense **EVENT SPONSORSHIP** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Consulting Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Travel in District Food/Beverage Expense Polling Expense Travel Out of District OTHER (enter a category not listed above) Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME 3 Filer ID Sch: 30/43 Rpt: Mack, Wayne \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD Date 6 Payee name 10/12/2023 MELONHEAD PHOTOGRAPHY Amount (\$) Payee address; City; State; Zip Code \$717.16 608 METCALF ST CONROE, TX 77301 TYPE OF X Political Non-Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense **EVENT PHOTOGRAPHY** 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 09/01/2023 MONTGOMERY COUNTY WOMENS CENTER Amount (\$) Payee address; City: State; Zip Code \$514.93 1401 AIRPORT RD CONROE, TX 77301 TYPE OF Political Non-Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas, Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense EVENT SPONSORSHIP Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Loan Repayment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Office Overhead/Rental Expense Consulting Expense Food/Beverage Expense Polling Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Travel Out of District Gift/Awards/Memorials Expense Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F4: 2 FILER NAME 3 Filer ID Sch: 31/43 Rpt: Mack, Wayne TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ Date 6 Payee name 10/22/2023 OPERATION RED WINGS FOUNDATION Amount (\$) Payee address; City: State: Zip Code \$515.00 1414 11TH ST **HUNTSVILLE, TX 77340** TYPE OF Political Non-Political **EXPENDITURE** 10 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas, Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense DONATION 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 10/28/2023 PEET JR HIGH PTO Amount (\$) Payee address; City: State; Zip Code \$500.00 1895 LONGMIRE CONROE, TX 77304 TYPE OF X Political Non-Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas, Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense DONATION Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V3.5.1.0bfcfb67

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Loan Repayment/Reimbursement Solicitation/Fundraising Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Contributions/ Donations Made By -Food/Beverage Expense Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Candidate/Officeholder/Political Committee Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F4: 2 FILER NAME 3 Filer ID Sch: 32/43 Rpt: Mack, Wayne TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date 6 Payee name 10/18/2023 RANCHO GRANDE Amount (\$) Payee address; City; State; Zip Code \$349.98 2207 N FRAZIER ST CONROE, TX 77303 TYPE OF \mathbf{x} Political Non-Political **EXPENDITURE** 10 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas, Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense VOLUNTEER APPRECIATION LUNCH 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 11/05/2023 REFLECTIVE LIFE MINSISTRIES Amount (\$) Payee address; City; State; Zip Code \$320.00 6606 FM 1488 MAGNOLIA, TX 77354 TYPE OF Х Political Non-Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense DONATION Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

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 Loan Repayment/Reimbursement Solicitation/Fundralsing Expense Office Overhead/Rental Expense Polling Expense Transportation Equipment & Related Expense Travel in District Food/Beverage Expense Gift/Awards/Memorials Expense Printing Expense Travel Out of District Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Gulde explains how to complete this form. 1 Total pages Schedule F4: 2 FILER NAME 3 Filer ID Sch: 33/43 Rpt: Mack, Wayne TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ Date 6 Payee name 11/28/2023 REFLECTIVE LIFE MINSISTRIES Amount (\$) Payee address; City; State; Zip Code \$575.24 6606 FM 1488 MAGNOLIA, TX 77354 TYPE OF Political Non-Political **EXPENDITURE PURPOSE** 1.0 (a) Category (See Categories ilsted at the top of this schedule) OF Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense DONATION 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 08/16/2023 **SALTGRASS** Amount (\$) Payee address; City: State; Zip Code \$47.46 810 INTERSTATE 45 N CONROE, TX 77304 TYPE OF Х Political Non-Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas, Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense POLITICAL DINNER Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V3.5.1.0bfcfb67

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 Loan Repayment/Reimbursement Solicitation/Fundraising Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Polling Expense Printing Expense Food/Beverage Expense Travel in District Gift/Awards/Memorials Expense Travel Out of District Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME 3 Filer ID Sch: 34/43 Rpt: Mack, Wayne TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date 6 Pavee name 10/07/2023 **SALTGRASS** Amount (\$) Payee address; City: State; Zip Code \$260.84 810 INTERSTATE 45 N CONROE, TX 77304 TYPE OF 9 X Political Non-Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas, Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense POLITICAL DINNER 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 07/12/2023 SAM'S CLUB Amount (\$) Payee address; City: State; Zip Code \$156.86 2000 WESTVIEW BLVD CONROE, TX 77301 TYPE OF Political Non-Political X **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas, Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense TRAUMA INFORMED COURT PROGRAM Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V3.5.1.0bfcfb67

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Consulting Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Office Overhead/Rental Expense Polling Expense Transportation Equipment & Related Expense Travel in District Food/Beverage Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME 3 Filer ID Sch: 35/43 Rpt: Mack, Wayne \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD Date 6 Payee name 08/07/2023 SAM'S CLUB Amount (\$) Payee address; City; State; Zip Code \$156.86 2000 WESTVIEW BLVD CONROE, TX 77301 TYPE OF 9 Political Non-Political **EXPENDITURE** 10 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas, Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense TRAUMA INFORMED COURT PROGRAM 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 08/29/2023 SAM'S CLUB Amount (\$) Payee address: City: State; Zip Code \$289.24 2000 WESTVIEW BLVD **CONROE, TX 77301** TYPE OF $|\mathbf{x}|$ Political Non-Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas, Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense TRAUMA INFORMED COURT PROGRAM **SUPPLIES** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Relmbursement Solicitation/Fundraising Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Polling Expense Travel in District Contributions/ Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out of District Candidate/Officeholder/Political Committee Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F4: 2 FILER NAME 3 Filer ID Sch: 36/43 Rpt: Mack, Wayne TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date 6 Payee name 10/04/2023 SAM'S CLUB Amount (\$) Payee address; City; State; Zip Code \$201.06 2000 WESTVIEW BLVD CONROE, TX 77301 TYPE OF X Political Non-Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description ÖF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense TRAUMA INFORMED COURT PROGRAM SUPPLIES 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 11/02/2023 SAM'S CLUB Amount (\$) Payee address; City: State: Zip Code \$248.90 2000 WESTVIEW BLVD CONROE, TX 77301 TYPE OF X Political Non-Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense TRAUMA INFORMED COURT PROGRAM **SUPPLIES** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Relmbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Consulting Expense Contributions/ Donations Made By -Food/Beverage Expense Polling Expense Travel in District Travel Out of District OTHER (enter a category not listed above) Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Legal Services The instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME 3 Filer ID Sch: 37/43 Rpt: Mack, Wayne TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ Date 6 Payee name 11/17/2023 SAM'S CLUB Amount (\$) Payee address; City; State; Zip Code \$66.83 2000 WESTVIEW BLVD CONROE, TX 77301 TYPE OF Political Non-Political X **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas, Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense TRAUMA INFORMED COURT PROGRAM SUPPLIES 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 11/17/2023 SAM'S CLUB Amount (\$) Payee address; City: State; Zip Code \$88.83 2000 WESTVIEW BLVD CONROE, TX 77301 TYPE OF Non-Political **Political** X **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas, Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense TRAUMA INFORMED COURT PROGRAM SUPPLIES Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Loan Repayment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Office Overhead/Rental Expense Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Committee Food/Beverage Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F4: 2 FILER NAME 3 Filer ID Sch: 38/43 Rpt: Mack, Wayne \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date 6 Payee name 12/06/2023 SAM'S CLUB Amount (\$) Payee address; City; State; Zip Code \$75.36 2000 WESTVIEW BLVD CONROE, TX 77301 TYPE OF $\overline{\mathbf{X}}$ Political Non-Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense TRAUMA INFORMED COURT PROGRAM **SUPPLIES** 11. Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 08/19/2023 SHIPLEY DONUTS Amount (\$) Payee address; State; Zip Code City: \$66.97 4477 W DAVIS ST CONROE, TX 77304 TYPE OF Political Non-Political \mathbf{x} **EXPENDITURE** PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense JUROR BREAKFAST Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V3.5.1.0bfcfb67

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Loan Repayment/Relmbursement Solicitation/Fundralsing Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Travel in District Consulting Expense Contributions/ Donations Made By -Food/Beverage Expense Polling Expense Travel Out of District OTHER (enter a category not listed above) Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Candidate/Officeholder/Political Committee Legal Services The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME 3 Filer ID Sch: 39/43 Rpt: Mack, Wayne TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date 6 Payee name 11/02/2023 SPIRITUAL CARE NETWORK Amount (\$) Payee address; City; State; Zip Code \$1,000.00 11801 GROGANS MILL RD THE WOODLANDS, TX 77380 **TYPE OF** X Political Non-Political **EXPENDITURE** 10 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense HOPE RISING CONFERENCE 11 Complete ONLY if direct Candidate/Officeholder name Office held Office sought expenditure to benefit C/OH Date Pavee name 11/13/2023 THE APRICITY FOUNDATION Amount (\$) Payee address; State: Zip Code City; \$500.00 2257 N LOOP 336 STE 140 CONROE, TX 77304 TYPE OF Political Non-Political ΙXΙ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense DONATION Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Consulting Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Office Overhead/Rental Expense Polling Expense Transportation Equipment & Related Expense Food/Beverage Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Contributions/ Donations Made By -Gift/Awards/Memorials Expense Travel Out of District Candidate/Officeholder/Political Committee Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F4: 2 FILER NAME 3 Filer ID Sch: 40/43 Rpt: Mack, Wayne TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ Date 6 Payee name 11/15/2023 VERNON'S KUNTRY BARBQUE Amount (\$) Payee address; City; State; Zip Code \$134.89 5000 W DAVIS ST CONROE, TX 77304 TYPE OF \mathbf{x} Political Non-Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas, Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense POLICITAL LUNCH 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 10/03/2023 VINCE SANTINI CAMPAIGN Amount (\$) Payee address; City: State; Zip Code \$500.00 **PO BOX 558** PINEHURST, TX 77362 TYPE OF IXI Political Non-Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense **EVENT SPONSORSHIP** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Advertising Expense Accounting/Banking Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Consulting Expense Contributions/ Donations Made By -Food/Beverage Expense Polling Expense Printing Expense Salarles/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME 3 Filer ID Sch: 41/43 Rpt: Mack, Wayne TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ Date 6 Payee name 08/07/2023 W BRADSHAW BONEY & ASSOCIATES Amount (\$) Payee address; City; State; Zip Code \$1,103,44 18333 EGRET BAY BLVD STE 110 HOUSTON, TX 77058 TYPE OF X Political Non-Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas, Complete Schedule T. **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense CAMPAIGN MAILER 11 Complete ONLY if direct Candidate/Officeholder name Office held Office sought expenditure to benefit C/OH Date Payee name 12/07/2023 **WALGREENS** Amount (\$) Payee address; State; Zip Code \$769.30 1120 N LOOP 336 W CONROE, TX 77304 TYPE OF X Political Non-Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Gift/Awards/Memorials Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense STAFF APPREICATION GIFTS Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V3.5.1.0bfcfb67

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Loan Repayment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Office Overhead/Rental Expense Consulting Expense Contributions/ Donations Made By -Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor Travel Out of District Candidate/Officeholder/Political Committee Legal Services OTHER (enter a category not listed above) The Instruction Gulde explains how to complete this form. Total pages Schedule F4: 2 FILER NAME 3 Filer ID Sch: 42/43 Rpt: Mack, Wayne TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ Date 6 Payee name 08/25/2023 WAY BETTER SOUND AND VISUALS Amount (\$) Payee address; City; State; Zip Code \$3,600.00 3576 W TC JESTER BLVD HOUSTON, TX 77018 TYPE OF X Political Non-Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense AUDIO AND VISUAL EQUIPMENT RENTAL FOR PRAYER BREAKFAST 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 10/10/2023 WAY BETTER SOUND AND VISUALS Amount (\$) Payee address; City: State; Zip Code \$3,548.70 3576 W TC JESTER BLVD HOUSTON, TX 77018 TYPE OF X Political Non-Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense AUDIO AND VISUAL EQUIPMENT RENTAL FOR PRAYER BREAKFAST Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Consulting Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Travel Out of District Salaries/Wades/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F4: 2 FILER NAME Filer ID Sch: 43/43 Rpt; Mack, Wayne TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date Payee name 08/19/2023 WEST CONROE BAPTIST CHURCH 7 Amount (\$) Payee address; City; State; Zip Code \$1,000.00 1855 LONGMIRE RD CONROE, TX 77304 TYPE OF 9 X Political Non-Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF: Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense BETHLEHEM CITY DONATION 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH