

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID	2 Total pages filed: 115	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY Date Received Date Hand-Delivered or Date Postmarked Receipt # Amount 115 PHS PC Date Processed Date Imaged
		Wayne		
NICKNAME	LAST	SUFFIX		
	Mack			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; PO Box 2234 Conroe, TX 77305		ZIP CODE	
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	
		GREGORY	W	
NICKNAME	LAST	SUFFIX		
	WILL	SMITH		
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 63 HIWON ST		APT / SUITE #;	CITY; STATE; ZIP CODE Conroe, TX 77304
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
	(836) 800-8094			
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)			
9 PERIOD COVERED	Month	Day	Year	Month Day Year
	07	01	2024	THROUGH 12/31/2024
10 ELECTION	ELECTION DATE Month Day Year		ELECTION TYPE	
			<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff
			<input type="checkbox"/> General	<input type="checkbox"/> Special
11 OFFICE	OFFICE HELD (if any) JUSTICE COURT 1 Montgomery		12 OFFICE SOUGHT (if known)	

GO TO PAGE 2

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

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

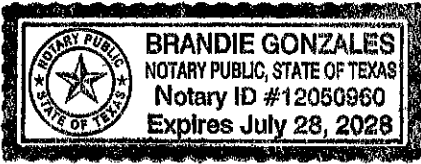
2 of 115

13 C / OH NAME Mack, Wayne	14 Filer ID
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15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.									
<table style="width:100%"> <tr> <td style="width:30%">COMMITTEE TYPE</td> <td>COMMITTEE NAME</td> </tr> <tr> <td><input type="checkbox"/> GENERAL</td> <td>COMMITTEE ADDRESS</td> </tr> <tr> <td><input type="checkbox"/> SPECIFIC</td> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td>COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>	COMMITTEE TYPE	COMMITTEE NAME	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS		
	COMMITTEE TYPE	COMMITTEE NAME								
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS								
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME								
	COMMITTEE CAMPAIGN TREASURER ADDRESS									

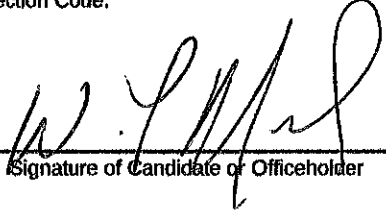
16 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	1,200.00
		2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4.	TOTAL POLITICAL EXPENDITURES	\$	156,351.03
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	88,088.91
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	6,936.00

17 AFFIDAVIT




AFFIX NOTARY STAMP / SEAL ABOVE

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

Sworn to and subscribed before me, by the said Wayne L. Mack, this the 14 day of Jan, 2025, to certify which, witness my hand and seal of office.



 Signature of officer administering

Brandie Gonzales

 Printed name of officer administering

Clerk

 Title of officer administering oath

SUBTOTALS - C/OH

18 FILER NAME Mack, Wayne		19 Filer ID
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 118,756.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 3,098.00
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 115,657.78
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 40,693.25
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/45 Rpt: 4/115
2 FILER NAME Mack, Wayne		3 Filer ID
4 Date 10/03/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ADAMS, AMANDA 6 Contributor address; City; State; Zip Code 4433 PEPPERHILL DR MONTGOMERY, TX 77356	7 Amount of Contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ADAMS, DUSTY AND RENEE Contributor address; City; State; Zip Code 15585 CROWN OAKS DR MONTGOMERY, TX 77316	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ANGLIN, LUKE Contributor address; City; State; Zip Code 6451 SH 105 CONROE, TX 77304	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ARTHUR, SHANA Contributor address; City; State; Zip Code 5427 PINE SPRINGS CT CONROE, TX 77304	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BAKER, KRISTI Contributor address; City; State; Zip Code 10911 CLUBHOUSE CIR MAGNOLIA, TX 77354	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/45 Rpt: 5/1.15
2 FILER NAME Mack, Wayne		3 Filer ID
4 Date 10/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BAKER, TERESA	7 Amount of Contribution (\$) \$230.00
6 Contributor address; City; State; Zip Code PO BOX 1074 MONTGOMERY, TX 77356		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BARCENAS, CELINA	Amount of Contribution (\$) \$30.00
Contributor address; City; State; Zip Code 13900 COALTOWN RD WILLIS, TX 77378		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BAYS, J RANDAL	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code 1503 HAILEY ST CONROE, TX 77301		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BENNETT, MARY	Amount of Contribution (\$) \$110.00
Contributor address; City; State; Zip Code 216 VALLEY DR CONROE, TX 77304		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BLAIR, DANIELLE	Amount of Contribution (\$) \$70.00
Contributor address; City; State; Zip Code 10023 MARY LN CBEACH CITY, TX 77523		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/45 Rpt: 6/115
2 FILER NAME Mack, Wayne		3 Filer ID
4 Date 10/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BLAIR, MICHELLE	7 Amount of Contribution (\$) \$30.00
	6 Contributor address; City; State; Zip Code 32222 WILLOW CREEK PK CONROE, TX 77385	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BOND, TAY	Amount of Contribution (\$) \$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 10/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BOOTH, JENNIFER	Amount of Contribution (\$) \$120.00
	Contributor address; City; State; Zip Code 14510 EDWARDS RD MONTGOMERY, TX 77316	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BRANNON, MIKE	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code 3060 ROLLING VALLEY LN BRENHAM, TX 77833	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BRENNAN, PAT	Amount of Contribution (\$) \$110.00
	Contributor address; City; State; Zip Code 7279 GRAND LAKE DR WILLIS, TX 77318	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/45 Rpt: 7/115
2 FILER NAME Mack, Wayne		3 Filer ID
4 Date 09/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BUCKALEW, DONNIE	7 Amount of Contribution (\$) \$1,000.00
6 Contributor address; City; State; Zip Code PO BOX 500 CONROE, TX 77305		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BULL, BRADLEY	Amount of Contribution (\$) \$35.00
Contributor address; City; State; Zip Code 29015 ELMWOOD DR SHENANDOAH, TX 77381		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BURGESS, RAY	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code PO BOX 3188 CONROE, TX 77305		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BUSH, DON	Amount of Contribution (\$) \$35.00
Contributor address; City; State; Zip Code 13250 FM 830 RD WILLIS, TX 77318		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BUTLER, CARRIE	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code 204 DAWNS EDGE MONTGOMERY, TX 77356		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/45 Rpt: 8/115
2 FILER NAME Mack, Wayne		3 Filer ID
4 Date 08/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CAIN, GAIL	7 Amount of Contribution (\$) \$35.00
6 Contributor address; City; State; Zip Code 47 FM 3179 RD HUNTSVILLE, TX 77340		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CANTRELL LUND, JAN	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code 1104 A WILSON RD CONROE, TX 77301		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CANTU, ANDREW	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code 1815 HART RD CONROE, TX 77304		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CARLING, ERIN	Amount of Contribution (\$) \$35.00
Contributor address; City; State; Zip Code 3269 EAST CHUNK DR CONROE, TX 77301		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CARR, MARK	Amount of Contribution (\$) \$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)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/45 Rpt: 9/115
2 FILER NAME Mack, Wayne		3 Filer ID
4 Date 09/13/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CARWILE, SALLY	7 Amount of Contribution (\$) \$500.00
	6 Contributor address; City; State; Zip Code PO BOX 189 MONTGOMERY, TX 77356	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CASEY, GREG	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code 19182 GRANDVIEW PT MONTGOMERY, TX 77356	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CASSO, RON	Amount of Contribution (\$) \$110.00
	Contributor address; City; State; Zip Code 12111 KAISO LN CONROE, TX 77304	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CATES, LADORIS	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code PO BOX 6 CONROE, TX 77305	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHAMBERS, KENT	Amount of Contribution (\$) \$35.00
	Contributor address; City; State; Zip Code 542 DIGGS RD WILLIS, TX 77378	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/45 Rpt: 10/115
2 FILER NAME Mack, Wayne		3 Filer ID
4 Date 10/03/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHASTAIN, DANIEL	7 Amount of Contribution (\$) \$70.00
6 Contributor address; City; State; Zip Code 6958 BREEZY POINT WILLIS, TX 77318		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CLARK, LAURA	Amount of Contribution (\$) \$35.00
Contributor address; City; State; Zip Code 9123 KERR DR TOMBALL, TX 77375		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) COKER, ALICE	Amount of Contribution (\$) \$35.00
Contributor address; City; State; Zip Code 104 QUIET WIND DR MONTGOMERY, TX 77356		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CONNER, MATTHEW	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code 15006 CONCHO RIVER WAY CYPRESS, TX 77433		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) COON, DUKE	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code PO BOX 1351 CONROE, TX 77305		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/45 Rpt: 11/115
2 FILER NAME Mack, Wayne		3 Filer ID
4 Date 10/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CORLEY, JOE	7 Amount of Contribution (\$) \$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 10/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CORMIER, CHRISTIAN	Amount of Contribution (\$) \$120.00
Contributor address; City; State; Zip Code 2433 W BRAMLET DR CONROE, TX 77304		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CRAWFORD, BETH	Amount of Contribution (\$) \$35.00
Contributor address; City; State; Zip Code 259 BRISTOL BEND CIR SPRING, TX 77382		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CRESPO, DEBORAH	Amount of Contribution (\$) \$70.00
Contributor address; City; State; Zip Code 1996 CANYON LIVE OAK ST CONROE, TX 77304		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CRESPO, DEBORAH	Amount of Contribution (\$) \$85.00
Contributor address; City; State; Zip Code 1996 CANYON LIVE OAK ST CONROE, TX 77304		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/45 Rpt: 12/115
2 FILER NAME Mack, Wayne		3 Filer ID
4 Date 09/25/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CRONAN, KYLE <hr/> 6 Contributor address; City; State; Zip Code 131 GENESEE RIDGE DR CONROE, TX 77385	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CROWSON, WINDY <hr/> Contributor address; City; State; Zip Code 22578 FM 2620 BEDIAS, TX 77831	Amount of Contribution (\$) \$105.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CROWSON, WINDY <hr/> Contributor address; City; State; Zip Code 22578 FM 2620 BEDIAS, TX 77831	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DEGNER, STEVE <hr/> Contributor address; City; State; Zip Code 436 CUMBERLAND TRAIL CONROE, TX 77302	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DISHONGH, JOHNNIE <hr/> Contributor address; City; State; Zip Code 98 HILBIG RD CONROE, TX 77301	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/45 Rpt: 13/115
2 FILER NAME Mack, Wayne		3 Filer ID
4 Date 08/27/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DOOLEY, J MARK	7 Amount of Contribution (\$) \$1,000.00
6 Contributor address; City; State; Zip Code 13921 HIGHWAY 105 PMB 291 CONROE, TX 77304		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DUKES, SHIRLEY	Amount of Contribution (\$) \$35.00
Contributor address; City; State; Zip Code 207 BYBEE DR CONROE, TX 77301		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EICKENHORST, WILLIAM	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code 1011 OAKSHIRE LN CONROE, TX 77384		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ELLIOTT, JIM	Amount of Contribution (\$) \$70.00
Contributor address; City; State; Zip Code 714 TALMALGE HALL DR CONROE, TX 77302		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ELLISON, BILL	Amount of Contribution (\$) \$1,690.00
Contributor address; City; State; Zip Code 2161 SUMMIT MIST CONROE, TX 77304		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/45 Rpt: 14/115
2 FILER NAME Mack, Wayne		3 Filer ID
4 Date 08/03/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EULITT, H KALA	7 Amount of Contribution (\$) \$1,000.00
6 Contributor address; City; State; Zip Code 8416 KINGS VIEW CT MONTGOMERY, TX 77316		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EVANS, ROY	Amount of Contribution (\$) \$140.00
Contributor address; City; State; Zip Code 12607 LAKE VISTA DR WILLIS, TX 77378		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FINLEY, DAVID	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code PO BOX 682 CONROE, TX 77305		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FLING, DEANNA	Amount of Contribution (\$) \$35.00
Contributor address; City; State; Zip Code 12222 LAKE CONROE HILLS DR WILLIS, TX 77318		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FOLEY, LIZ	Amount of Contribution (\$) \$35.00
Contributor address; City; State; Zip Code 31203 BAKER LAKE DR SPRING, TX 77386		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/45 Rpt: 15/115
2 FILER NAME Mack, Wayne		3 Filer ID
4 Date 09/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FORTNER, MICHAEL 6 Contributor address; City; State; Zip Code 33 STOCKBRIDGE LANDING CT THE WOODLANDS, TX 77382	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FREDRICKS, JAMES Contributor address; City; State; Zip Code 822 STONE MOUNTAIN DR CONROE, TX 77302	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FREELS-RUNEY, JAMIE Contributor address; City; State; Zip Code 33114 FOREST WEST ST MAGNOLIA, TX 77354	Amount of Contribution (\$) \$70.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FREEMAN, FERRAL Contributor address; City; State; Zip Code 1712 N FRAZIER ST STE 206 CONROE, TX 77301	Amount of Contribution (\$) \$70.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GABLE, CONSTABLE RYAN Contributor address; City; State; Zip Code PO BOX 130966 SPRING, TX 77393	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/45 Rpt: 16/115
2 FILER NAME Mack, Wayne		3 Filer ID
4 Date 08/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GALVAN, PEGGY 6 Contributor address; City; State; Zip Code 1928 HONEY LAUREL DR CONROE, TX 77304	7 Amount of Contribution (\$) \$70.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GARCIA, LORENA Contributor address; City; State; Zip Code 10489 CUDE CEMETERY RD WILLIS, TX 77318	Amount of Contribution (\$) \$135.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GARNER, DAVID AND LINDA Contributor address; City; State; Zip Code PO BOX 1323 COLDSPRING, TX 77331	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GONZALEZ, JOEL Contributor address; City; State; Zip Code 812 W DALLAS STE 90 CONROE, TX 77301	Amount of Contribution (\$) \$110.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GOSSMANN, KIMBERLEY Contributor address; City; State; Zip Code 21 HORN SILVER PL THE WOODLANDS, TX 77381	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/45 Rpt: 17/115
2 FILER NAME Mack, Wayne		3 Filer ID
4 Date 10/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GRAY, MATT	7 Amount of Contribution (\$) \$500.00
6 Contributor address; City; State; Zip Code PO BOX 1469 PORTER, TX 77365		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GRAYSON, TOM AND LINDA	Amount of Contribution (\$) \$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 08/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GREEN, DAVID	Amount of Contribution (\$) \$35.00
Contributor address; City; State; Zip Code 2505 AMY LEE DR CONROE, TX 77304		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GREGORY, STEPHANIE KOSUT	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code 620 LONGMIRE RD CONROE, TX 77304		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GULLO FAMILY	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code 925 INTERSTATE 45 S CONROE, TX 77301		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
Sch: 15/45 Rpt: 18/115

2 FILER NAME
Mack, Wayne

3 Filer ID

4 Date
08/26/2024

5 Full name of contributor out-of-state PAC (ID#: _____)
GURLEY, CHRIS

7 Amount of Contribution (\$) \$35.00

6 Contributor address; City; State; Zip Code
49 FAIRFIELD DR

MONTGOMERY, TX 77356

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
09/13/2024

Full name of contributor out-of-state PAC (ID#: _____)
HAINES, MARTHA

Amount of Contribution (\$) \$35.00

Contributor address; City; State; Zip Code
1100 KIMBERLY

CONROE, TX 77301

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
10/21/2024

Full name of contributor out-of-state PAC (ID#: _____)
HALITI, JOE

Amount of Contribution (\$) \$1,500.00

Contributor address; City; State; Zip Code
1604 N FRAZIER ST

CONROE, TX 77301

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
10/10/2024

Full name of contributor out-of-state PAC (ID#: _____)
HALITI, NICK

Amount of Contribution (\$) \$605.00

Contributor address; City; State; Zip Code
1604 N FRAZIER ST

CONROE, TX 77301

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
10/10/2024

Full name of contributor out-of-state PAC (ID#: _____)
HALL, MELANIE

Amount of Contribution (\$) \$40.00

Contributor address; City; State; Zip Code
67 MAGNOLIA LN

CONROE, TX 77304

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/45 Rpt: 19/115
2 FILER NAME Mack, Wayne		3 Filer ID
4 Date 08/07/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HALL, TIFFANY	7 Amount of Contribution (\$) \$1,000.00
6 Contributor address; City; State; Zip Code 14547 LAKE BUSINESS DR CONROE, TX 77304		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HARRELL, JERROD	Amount of Contribution (\$) \$20,990.00
Contributor address; City; State; Zip Code 13179 MCCROREY RD CONROE, TX 77303		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HARRISON, BILL	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code 502 W MONTGOMERY APT 146 WILLIS, TX 77378		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HAWKINS, DEWAYNE	Amount of Contribution (\$) \$35.00
Contributor address; City; State; Zip Code 211 BROCKS LN MONTGOMERY, TX 77356		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HEATH, DAVID	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code 2400 ELLIS PARK LN CONROE, TX 77304		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/45 Rpt: 20/115
2 FILER NAME Mack, Wayne		3 Filer ID
4 Date 10/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HEATH, TRINITY	7 Amount of Contribution (\$) \$30.00
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 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HILL, ENID	Amount of Contribution (\$) \$35.00
Contributor address; City; State; Zip Code 2621 N SARAH ST ST LOUIS, MO 63113		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HINOJOSA, TINA	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code 210 SHERMAN ST CONROE, TX 77301		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HUDSON, ANGELINA	Amount of Contribution (\$) \$70.00
Contributor address; City; State; Zip Code 9401 SOUTHWEST FREEWAY HOUSTON, TX 77074		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HUFFINE, JENNIFER	Amount of Contribution (\$) \$35.00
Contributor address; City; State; Zip Code 30427 TYNHAM SPRINGS DR SPRING, TX 77386		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/45 Rpt: 21/115
2 FILER NAME Mack, Wayne		3 Filer ID
4 Date 10/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HUFFINE, JENNIFER	7 Amount of Contribution (\$) \$65.00
6 Contributor address; City; State; Zip Code 30427 TYNHAM SPRINGS DR SPRING, TX 77386		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HUFFINE, MICHAEL	Amount of Contribution (\$) \$35.00
Contributor address; City; State; Zip Code 701 SAWDUST RD STE 2 SPRING, TX 77380		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HUTSON, ECHO	Amount of Contribution (\$) \$35.00
Contributor address; City; State; Zip Code 210 W DAVIS ST CONROE, TX 77301		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) IBARRA-ROSALES, JENNY	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code 17390 BOUNDS RD CONROE, TX 77302		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOHNSON, KARL	Amount of Contribution (\$) \$35.00
Contributor address; City; State; Zip Code 13496 J B K MEMORIAL DR WILLIS, TX 77318		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
Sch: 19/45 Rpt: 22/115

2 FILER NAME
Mack, Wayne

3 Filer ID

4 Date
10/10/2024

5 Full name of contributor out-of-state PAC (ID#: _____)
JOHNSON, STEPHANIE

7 Amount of Contribution (\$) \$30.00

6 Contributor address; City; State; Zip Code
11203 TWAIN DR
MONTGOMERY, TX 77356

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
08/16/2024

Full name of contributor out-of-state PAC (ID#: _____)
JONES, CAROLYN

Amount of Contribution (\$) \$35.00

Contributor address; City; State; Zip Code
147 RIDGE LAKE LN
MONTGOMERY, TX 77356

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
09/03/2024

Full name of contributor out-of-state PAC (ID#: _____)
JONES, CONSTABLE CHIRS

Amount of Contribution (\$) \$1,000.00

Contributor address; City; State; Zip Code
PO BOX 52
MAGNOLIA, TX 77353

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
10/10/2024

Full name of contributor out-of-state PAC (ID#: _____)
KASPRZAK, LINDSEY

Amount of Contribution (\$) \$250.00

Contributor address; City; State; Zip Code
27 GRAND REGENCY CIR
THE WOODLANDS, TX 77382

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
09/03/2024

Full name of contributor out-of-state PAC (ID#: _____)
KASPRZAK, LINDSEY

Amount of Contribution (\$) \$1,000.00

Contributor address; City; State; Zip Code
27 GRAND REGENCY CIR
THE WOODLANDS, TX 77382

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
Sch: 20/45 Rpt: 23/115

2 FILER NAME
Mack, Wayne

3 Filer ID

4 Date
08/23/2024

5 Full name of contributor out-of-state PAC (ID#: _____)
KATE, ANN

7 Amount of Contribution (\$) \$35.00

6 Contributor address; City; State; Zip Code
585 EDGEWOOD DR
MONTGOMERY, TX 77356

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
08/26/2024

Full name of contributor out-of-state PAC (ID#: _____)
KELLY, JOELLE

Amount of Contribution (\$) \$110.00

Contributor address; City; State; Zip Code
19243 FOREST PARK DR NE
LAKE FOREST PARK, WA 98155

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
08/15/2024

Full name of contributor out-of-state PAC (ID#: _____)
KERR, ANNETTE

Amount of Contribution (\$) \$35.00

Contributor address; City; State; Zip Code
31410 WISTERIA RD
MAGNOLIA, TX 77355

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
10/10/2024

Full name of contributor out-of-state PAC (ID#: _____)
KIRSCH, TY

Amount of Contribution (\$) \$75.00

Contributor address; City; State; Zip Code
110 SHADYLYN DR
CONROE, TX 77304

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
09/13/2024

Full name of contributor out-of-state PAC (ID#: _____)
KNEISLEY, KAM AND SHARON

Amount of Contribution (\$) \$1,000.00

Contributor address; City; State; Zip Code
123 PARK WAY
MONTGOMERY, TX 77356

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 21/45 Rpt: 24/115
2 FILER NAME Mack, Wayne		3 Filer ID
4 Date 10/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KOWIS, GARY	7 Amount of Contribution (\$) \$75.00
6 Contributor address; City; State; Zip Code 1837 LEELA SPRINGS DR CONROE, TX 77304		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAKE CONROE AREA REPUBLICAN WOMEN PAC	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code PO BOX 737 MONTGOMERY, TX 77356		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LARSON, JIM	Amount of Contribution (\$) \$110.00
Contributor address; City; State; Zip Code 12423 LAKEVIEW DR MONTGOMERY, TX 77356		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAVAR, BRENDA	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code 700 HILBIG RD CONROE, TX 77301		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LEACH, RONALD	Amount of Contribution (\$) \$70.00
Contributor address; City; State; Zip Code 11243 BLUE GRASS WAY MONTGOMERY, TX 77316		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 22/45 Rpt: 25/115
2 FILER NAME Mack, Wayne		3 Filer ID
4 Date 10/11/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LIBERTY BELLES REPUBLICAN WOMEN	7 Amount of Contribution (\$) \$500.00
6 Contributor address; City; State; Zip Code PO Box 1081 Conroe, TX 77305		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LINDLEY, GREGORY	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code 2121 SAGE RD STE 150 HOUSTON, TX 77056		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LINEBARGER GOGGAN BLAIR AND SIMPSON LLP	Amount of Contribution (\$) \$110.00
Contributor address; City; State; Zip Code 100 INTERSTATE 54 N STE 100A CONROE, TX 77301		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LINZER, JO	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code 322 N MAIN ST CONROE, TX 77301		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LOCKEY, DORIS	Amount of Contribution (\$) \$70.00
Contributor address; City; State; Zip Code 308 HARBOR CIR MONTGOMERY, TX 77356		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 23/45 Rpt: 26/115
2 FILER NAME Mack, Wayne		3 Filer ID
4 Date 09/25/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LOFTON, RON	7 Amount of Contribution (\$) \$70.00
6 Contributor address; City; State; Zip Code 33 L TAYLOR RD NEW WAVERLY, TX 77358		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LOFTON, RON	Amount of Contribution (\$) \$220.00
Contributor address; City; State; Zip Code 33 L TAYLOR RD NEW WAVERLY, TX 77358		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LONON, KAREN MICHELLE	Amount of Contribution (\$) \$110.00
Contributor address; City; State; Zip Code 848 EAGLE POINTE MONTGOMERY, TX 77316		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LOONEY, PAUL	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 11040 BLUE BELL DR WILLIS, TX 77318		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LUND, JAN CANTRELL	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code 1104A WILSON RD CONROE, TX 77301		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 24/45 Rpt: 27/115
2 FILER NAME Mack, Wayne		3 Filer ID
4 Date 08/28/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LUND, NATHAN	7 Amount of Contribution (\$) \$1,000.00
6 Contributor address; City; State; Zip Code 13281 LAZY LN WILLIS, TX 77318		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MACK, JACLYN	Amount of Contribution (\$) \$45.00
Contributor address; City; State; Zip Code 13107 SHEPARD HILL RD WILLIS, TX 77318		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MAGGIO, PEARL	Amount of Contribution (\$) \$35.00
Contributor address; City; State; Zip Code 6 S DYLANSHIRE DR THE WOODLANDS, TX 77384		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MAGUIRK, TRACY	Amount of Contribution (\$) \$105.00
Contributor address; City; State; Zip Code 11988 WHITE OAK CROSSING CONROE, TX 77385		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MANNERS, MIKE	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code 14371 E FM 1097 WILLIS, TX 77378		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
Sch: 25/45 Rpt: 28/115

2 FILER NAME
Mack, Wayne

3 Filer ID

4 Date
09/11/2024

5 Full name of contributor out-of-state PAC (ID#: _____)
MARLING, ROBERT

7 Amount of Contribution (\$) \$1,000.00

6 Contributor address; City; State; Zip Code
301 RELENTLESS DR
MONTGOMERY, TX 77316

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
09/05/2024

Full name of contributor out-of-state PAC (ID#: _____)
MASON, JOSHUA

Amount of Contribution (\$) \$35.00

Contributor address; City; State; Zip Code
26468 CEMETERY RD
CLEVELAND, TX 77372

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
10/09/2024

Full name of contributor out-of-state PAC (ID#: _____)
MAY, NICOLE

Amount of Contribution (\$) \$35.00

Contributor address; City; State; Zip Code
167 W BRISTOL OAK CIR
SPRING, TX 77382

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
09/03/2024

Full name of contributor out-of-state PAC (ID#: _____)
MCCLANAHAN, JACK

Amount of Contribution (\$) \$3,500.00

Contributor address; City; State; Zip Code
13921 HIGHWAY 105 W
CONROE, TX 77304

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
09/16/2024

Full name of contributor out-of-state PAC (ID#: _____)
MCGEE, CHRISTINA

Amount of Contribution (\$) \$70.00

Contributor address; City; State; Zip Code
1231 BOWEN LOOP
CLEVELAND, TX 77328

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 26/45 Rpt: 29/115
2 FILER NAME Mack, Wayne		3 Filer ID
4 Date 10/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MCNABB, CONNIE 6 Contributor address; City; State; Zip Code 19164 LAKETREE DR MONTGOMERY, TX 77356	7 Amount of Contribution (\$) \$115.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MELANCON, ALICE Contributor address; City; State; Zip Code 17039 SHY LEAF CT CONROE, TX 77385	Amount of Contribution (\$) \$165.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MENDELOW, CHRISTY Contributor address; City; State; Zip Code 21175 TOMBALL PKWY 115 HOUSTON, TX 77070	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MENDIOLA, JOE Contributor address; City; State; Zip Code 9686 ADCOCK ACRES CONROE, TX 77303	Amount of Contribution (\$) \$2,550.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MERCADO, JOHN Contributor address; City; State; Zip Code 7926 ADCOCK ACRES DR CONROE, TX 77303	Amount of Contribution (\$) \$2,665.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 27/45 Rpt: 30/115
2 FILER NAME Mack, Wayne		3 Filer ID
4 Date 08/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MILLER, JOE	7 Amount of Contribution (\$) \$70.00
6 Contributor address; City; State; Zip Code 115 TOWERING PINES DR THE WOODLANDS, TX 77381		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MILLESON, GARY	Amount of Contribution (\$) \$70.00
Contributor address; City; State; Zip Code 117 S OCOTILLO RIDGE MONTGOMERY, TX 77316		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MILSTEAD FAMILY	Amount of Contribution (\$) \$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 08/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MONTALVO, ANDY AND CASEY	Amount of Contribution (\$) \$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 10/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MOORE, SCOTT	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code PO BOX 2683 TRINITY, TX 75862		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 28/45 Rpt: 31/115
2 FILER NAME Mack, Wayne		3 Filer ID
4 Date 11/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MORGAN, CASEY	7 Amount of Contribution (\$) \$500.00
6 Contributor address; City; State; Zip Code 4810 WESTWAY PARK BLVD HOUSTON, TX 77041		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MORRIS, JIM	Amount of Contribution (\$) \$2,000.00
Contributor address; City; State; Zip Code 16751 HIGHWAY 75 N WILLIS, TX 77378		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MORRISON, JOE	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code 675 LONESTAR RD HUNTSVILLE, TX 77340		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MORTON, RICKY	Amount of Contribution (\$) \$300.00
Contributor address; City; State; Zip Code 10910 KALEO WAY CONROE, TX 77304		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MORTON, RICKY AND NANCY	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code 10910 KALEO WAY CONROE, TX 77304		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 29/45 Rpt: 32/115
2 FILER NAME Mack, Wayne		3 Filer ID
4 Date 10/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NAPOLAN, JOE	7 Amount of Contribution (\$) \$200.00
6 Contributor address; City; State; Zip Code 126 BENTWATER BAY DR MONTGOMERY, TX 77356		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NELSON, SHAWN	Amount of Contribution (\$) \$35.00
Contributor address; City; State; Zip Code 26373 E HOLLY LN SPLENDORA, TX 77372		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ONEIL, SHARON	Amount of Contribution (\$) \$35.00
Contributor address; City; State; Zip Code 36 BENTHAVEN WEST MONTGOMERY, TX 77356		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ORTIZ, GERARDO	Amount of Contribution (\$) \$35.00
Contributor address; City; State; Zip Code 16355 CROCKETT CROSSING CONROE, TX 77303		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) OUGHTON, NANCY	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 13378 BUNKER HILL DR WILLIS, TX 77318		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 30/45 Rpt: 33/115
2 FILER NAME Mack, Wayne		3 Filer ID
4 Date 07/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PARADA, CHARLES 6 Contributor address; City; State; Zip Code 18754 GRAND HARBOR POINT MONTGOMERY, TX 77356	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PATEL, KEVIN Contributor address; City; State; Zip Code 1601 INTERSTATE 45 S CONROE, TX 77301	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PATEL, KEVIN Contributor address; City; State; Zip Code 1601 INTERSTATE 45 S CONROE, TX 77301	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PATTON, JACK Contributor address; City; State; Zip Code 11711 EDGEWATER CT MONTGOMERY, TX 77356	Amount of Contribution (\$) \$70.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PAWLAK-DARCY, KAREN Contributor address; City; State; Zip Code 577 EDGEWOOD DR MONTGOMERY, TX 77356	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 31/45 Rpt: 34/115
2 FILER NAME Mack, Wayne		3 Filer ID
4 Date 10/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PENA, DANIEL	7 Amount of Contribution (\$) \$70.00
6 Contributor address; City; State; Zip Code 4054 TIMBER SAPP DR CONROE, TX 77304		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PERRINE, BRAD	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code PO BOX 1103 CONROE, TX 77305		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PEYTON, JOHN	Amount of Contribution (\$) \$210.00
Contributor address; City; State; Zip Code 6 FAIRMONT CT CONROE, TX 77304		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PIERSON, GLADYS	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code 122 W DAVIS ST STE 110 CONROE, TX 77301		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PIERSON, GLADYS	Amount of Contribution (\$) \$1,845.00
Contributor address; City; State; Zip Code 122 W DAVIS STE 110 CONROE, TX 77301		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
Sch: 32/45 Rpt: 35/115

2 FILER NAME
Mack, Wayne

3 Filer ID

4 Date
08/16/2024

5 Full name of contributor out-of-state PAC (ID#: _____)
PORTELE, GEORGE AND BARBARA

7 Amount of Contribution (\$) \$110.00

6 Contributor address; City; State; Zip Code
19973 N SHORE DR
MONTGOMERY, TX 77356

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
08/26/2024

Full name of contributor out-of-state PAC (ID#: _____)
PUCKETT, JULE

Amount of Contribution (\$) \$250.00

Contributor address; City; State; Zip Code
1504 PORTER RD
CONROE, TX 77301

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
10/10/2024

Full name of contributor out-of-state PAC (ID#: _____)
RAY, BARBARA

Amount of Contribution (\$) \$115.00

Contributor address; City; State; Zip Code
11790 COCHRAN ST
WILLIS, TX 77378

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
10/10/2024

Full name of contributor out-of-state PAC (ID#: _____)
RENNELL, WENDY

Amount of Contribution (\$) \$75.00

Contributor address; City; State; Zip Code
8501 EDINBURGH CT
MONTGOMERY, TX 77316

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
10/05/2024

Full name of contributor out-of-state PAC (ID#: _____)
RENNELL, BRYAN

Amount of Contribution (\$) \$70.00

Contributor address; City; State; Zip Code
8501 EDINBURGH CT
MONTGOMERY, TX 77316

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 33/45 Rpt: 36/115
2 FILER NAME Mack, Wayne		3 Filer ID
4 Date 10/08/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RICH, BARBARA	7 Amount of Contribution (\$) \$35.00
6 Contributor address; City; State; Zip Code 6374 FM 1374 NEW WAVERLY, TX 77358		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RILEY, HERSCHELL	Amount of Contribution (\$) \$70.00
Contributor address; City; State; Zip Code 12307 LONGMIRE TRACE CONROE, TX 77304		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RINGO, PETE	Amount of Contribution (\$) \$2,000.00
Contributor address; City; State; Zip Code 595 HAMPTON HALL LN CONROE, TX 77302		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROBERSON, EVAN	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code 162 REMINGTON RD HUNTSVILLE, TX 77340		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROBERSON, EVAN	Amount of Contribution (\$) \$375.00
Contributor address; City; State; Zip Code 162 REMINGTON RD HUNTSVILLE, TX 77340		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 34/45 Rpt: 37/115
2 FILER NAME Mack, Wayne		3 Filer ID
4 Date 10/03/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROBERT WALKER CAMPAIGN	7 Amount of Contribution (\$) \$7,750.00
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 10/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RODRIGUEZ, ERIC	Amount of Contribution (\$) \$790.00
Contributor address; City; State; Zip Code 9591 E WOODMARK CONROE, TX 77304		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RONSMAN, ANN MARIE	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code 135 ANGIE LN MONTGOMERY, TX 77316		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RONSMAN, ANNMARIE	Amount of Contribution (\$) \$70.00
Contributor address; City; State; Zip Code 505 N MAIN ST CONROE, TX 77301		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROSALES, JENNY	Amount of Contribution (\$) \$465.00
Contributor address; City; State; Zip Code 17390 BOUNDS RD CONROE, TX 77302		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 35/45 Rpt: 38/115
2 FILER NAME Mack, Wayne		3 Filer ID
4 Date 08/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SAIKOWSKI, RON	7 Amount of Contribution (\$) \$35.00
6 Contributor address; City; State; Zip Code 14 EAST KNIGHTSBRIDGE DR CONROE, TX 77385		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SALAZAR, ANGELA	Amount of Contribution (\$) \$41.00
Contributor address; City; State; Zip Code 222 ELIANNE LACE CT WILLIS, TX 77318		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SANCHES, CASE	Amount of Contribution (\$) \$225.00
Contributor address; City; State; Zip Code 1044 SHADOW GLENN DR CONROE, TX 77301		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SANCHEZ, VICTORIA	Amount of Contribution (\$) \$70.00
Contributor address; City; State; Zip Code 3315 ROSEMARY TRACE DR SPRING, TX 77386		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SANDERS, JAYMAC	Amount of Contribution (\$) \$35.00
Contributor address; City; State; Zip Code 19 AMBER LEAF CT SPRING, TX 77381		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 36/45 Rpt: 39/115
2 FILER NAME Mack, Wayne		3 Filer ID
4 Date 10/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SANDERS, JAYMAC	7 Amount of Contribution (\$) \$60.00
	6 Contributor address; City; State; Zip Code 19 AMBER LEAF CT THE WOODLANDS, TX 77381	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SASS, WALT	Amount of Contribution (\$) \$35.00
	Contributor address; City; State; Zip Code PO BOX 380 BARKER, TX 77413	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SAVAGE, SHEA	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code 13212 BROWDER TRAYLOR RD WILLIS, TX 77378	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SAVAGE, SHEA	Amount of Contribution (\$) \$365.00
	Contributor address; City; State; Zip Code 13212 BROWDER TRAYLOR RD WILLIS, TX 77378	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SEMMLER, MELISSA	Amount of Contribution (\$) \$35.00
	Contributor address; City; State; Zip Code 83 S BARDSBROOK CIR SPRING, TX 77382	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: .
Sch: 37/45 Rpt: 40/115

2 FILER NAME
Mack, Wayne

3 Filer ID

4 Date
09/17/2024

5 Full name of contributor out-of-state PAC (ID#: _____)
SIMMONS, MICHAEL

7 Amount of Contribution (\$) \$1,000.00

6 Contributor address; City; State; Zip Code
19132 STEWART CREEK RD
MONTGOMERY, TX 77356

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
09/26/2024

Full name of contributor out-of-state PAC (ID#: _____)
SMITH, GREG

Amount of Contribution (\$) \$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
10/11/2024

Full name of contributor out-of-state PAC (ID#: _____)
SMITH, RUTH

Amount of Contribution (\$) \$100.00

Contributor address; City; State; Zip Code
41 COURTYARD CIR
CONROE, TX 77304

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
09/12/2024

Full name of contributor out-of-state PAC (ID#: _____)
SMITH, TRENT

Amount of Contribution (\$) \$1,000.00

Contributor address; City; State; Zip Code
1811 FALDO DR
CONROE, TX 77304

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
09/03/2024

Full name of contributor out-of-state PAC (ID#: _____)
STEENWYK, TIM

Amount of Contribution (\$) \$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)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 38/45 Rpt: 41/115
2 FILER NAME Mack, Wayne		3 Filer ID
4 Date 09/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STEINMANN, BERT	7 Amount of Contribution (\$) \$1,000.00
6 Contributor address; City; State; Zip Code 103 W PHILLIPS ST CONROE, TX 77301		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STEINMANN, RAY	Amount of Contribution (\$) \$156.00
Contributor address; City; State; Zip Code PO BOX 1679 CONROE, TX 77305		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STEWART, LORI	Amount of Contribution (\$) \$40.00
Contributor address; City; State; Zip Code 25704 SWEETPEA CT MONTGOMERY, TX 77356		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STONE, TANYA	Amount of Contribution (\$) \$70.00
Contributor address; City; State; Zip Code 14529 DIAMOND PARK LN CONROE, TX 77384		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STOVALL, DAVE	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code PO BOX 1603 WILLIS, TX 77378		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 39/45 Rpt: 42/115
2 FILER NAME Mack, Wayne		3 Filer ID
4 Date 10/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STRACK, RUSSELL AND TERESA	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 36102 POST OAK CIR MAGNOLIA, TX 77355		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STUCKEY, LINDA	Amount of Contribution (\$) \$35.00
Contributor address; City; State; Zip Code 30310 CHARLIE LN MAGNOLIA, TX 77355		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TALLEY, DELMA	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code 24323 W FM 1097 RD MONTGOMERY, TX 77356		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TEAGUE, JANET	Amount of Contribution (\$) \$55.00
Contributor address; City; State; Zip Code 3097 N FM 1486 MONTGOMERY, TX 77356		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TEAGUE, JANET	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 3097 N FM 1486 MONTGOMERY, TX 77356		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 40/45 Rpt: 43/115
2 FILER NAME Mack, Wayne		3 Filer ID
4 Date 10/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TEAGUE, JANET	7 Amount of Contribution (\$) \$30.00
6 Contributor address; City; State; Zip Code 3097 N FM 1486 MONTGOMERY, TX 77356		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) THE FOWLER LAW FIRM	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code 505 W DAVIS ST CONROE, TX 77301		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TOTH, STEVE	Amount of Contribution (\$) \$70.00
Contributor address; City; State; Zip Code 67 CHESTNUT MEADOW DR CONROE, TX 77384		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TRAYLOR, BILL	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code 9531 COUNTY LINE RD WILLIS, TX 77378		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) UDELL, BOB	Amount of Contribution (\$) \$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)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 41/45 Rpt: 44/115
2 FILER NAME Mack, Wayne		3 Filer ID
4 Date 08/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) UNITED FIRE FIGHTERS OF THE WOODLANDS 6 Contributor address; City; State; Zip Code PO BOX 130388 THE WOODLANDS, TX 77393	7 Amount of Contribution (\$) \$2,500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WALKER, WILLIAM Contributor address; City; State; Zip Code 15798 NORTH DR WILLIS, TX 77378	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WATERS, JOEL Contributor address; City; State; Zip Code 13 RANCH RD ONE WILLIS, TX 77378	Amount of Contribution (\$) \$70.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WAUTELET, MATT Contributor address; City; State; Zip Code 27203 CHEROKEE LN MAGNOLIA, TX 77354	Amount of Contribution (\$) \$70.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WAYNE MACK CAMPAIGN Contributor address; City; State; Zip Code PO BOX 2234 CONROE, TX 77304	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 42/45 Rpt: 45/115
2 FILER NAME Mack, Wayne		3 Filer ID
4 Date 08/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WEAVER, DARLA	7 Amount of Contribution (\$) \$1,000.00
6 Contributor address; City; State; Zip Code 21627 EVA ST MONTGOMERY, TX 77356		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WEAVER, DARLA	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code 3311 FM 1486 N MONTGOMERY, TX 77356		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WEBB, JOSH	Amount of Contribution (\$) \$70.00
Contributor address; City; State; Zip Code 1180 CONMORE CT CONROE, TX 77304		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WEBB, KIMBERLY	Amount of Contribution (\$) \$70.00
Contributor address; City; State; Zip Code 111 TEXAS 150 COLDSRING, TX 77331		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WIEGHAT, WIEGHAT	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code PO BOX 7104 CONROE, TX 77305		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 43/45 Rpt: 46/115
2 FILER NAME Mack, Wayne		3 Filer ID
4 Date 10/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WILLIAMSON, JANE	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 47 CHERRY HILL DR CONROE, TX 77304		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WILLIAMSON, JOHN	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code 4205 W DAVIS ST CONROE, TX 77304		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WILSON, MARK	Amount of Contribution (\$) \$90.00
Contributor address; City; State; Zip Code 4845 WEST FORK BLVD CONROE, TX 77304		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WINSETTE, JON	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code 2007 WOLFLIN AVE AMARILLO, TX 79109		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WISENBAKER, MARY HELEN	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code 21090 BLUE GOOSE DR MONTGOMERY, TX 77316		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 44/45 Rpt: 47/115
2 FILER NAME Mack, Wayne		3 Filer ID
4 Date 09/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WOODALL, DOROTHY	7 Amount of Contribution (\$) \$35.00
6 Contributor address; City; State; Zip Code 65 FAIRFIELD DR MONTGOMERY, TX 77356		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WOODS, ELIZABETH	Amount of Contribution (\$) \$75.00
Contributor address; City; State; Zip Code 131 CHERRY OAK LN MONTGOMERY, TX 77316		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WOODS, ELIZABETH	Amount of Contribution (\$) \$160.00
Contributor address; City; State; Zip Code 131 CHERRY OAK LN MONTGOMERY, TX 77316		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WREN, ANTHONY	Amount of Contribution (\$) \$35.00
Contributor address; City; State; Zip Code 1657 LITTLE RABBIT CT MONTGOMERY, TX 77356		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WREN, CHRISTOPHER AND CHRISTI	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code 1135 GRAND CENTRAL PKWY STE 250 CONROE, TX 77304		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 45/45 Rpt: 48/115
2 FILER NAME Mack, Wayne		3 Filer ID
4 Date 09/13/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) YANCEY, TODD 6 Contributor address; City; State; Zip Code PO BOX 1409 CONROE, TX 77305	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ZARATE, CHRISTIAN Contributor address; City; State; Zip Code 5814 ANDERSHIRE DR CONROE, TX 77304	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 1/8 Rpt: 49/115	
2 FILER NAME Mack, Wayne		3 Filer ID	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 10/10/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ALL STAR CATERING	8 Amount of contribution (\$) \$300.00	9 In-kind contribution description Pickup Catering for 10-All Star Catering (\$300 Value)
7 Contributor address; City; State; Zip Code 1201 N. Danville Willis, TX 77378		<input type="checkbox"/> 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) (See instructions)	
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)			
Date 10/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ALL STAR CATERING	Amount of contribution (\$) \$65.00	In-kind contribution description Embroidered Sweatshirt
Contributor address; City; State; Zip Code 1201 N. Danville Willis, TX 77378		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / 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)	
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 10/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ELLISON, BILL AND COLLEEN	Amount of contribution (\$) \$100.00	In-kind contribution description Gift Certificate-Wine Tasting Class for 20 at Total Wine in The Woodlands
Contributor address; City; State; Zip Code 2161 Summit Mist Dr Conroe, TX 77304		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / 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)	
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)			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 2/8 Rpt: 50/115	
2 FILER NAME Mack, Wayne		3 Filer ID	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 10/10/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GARCIA, LORENA	8 Amount of contribution (\$) \$15.00	9 In-kind contribution description Patriotic Ceramic Boot
7 Contributor address; City; State; Zip Code 10489 CUDE CEMETERY RD WILLIS, TX 77318		<input type="checkbox"/> 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) (See instructions)	
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)			
Date 10/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GODS GARAGE	Amount of contribution (\$) \$50.00	In-kind contribution description God's Garage Basket
Contributor address; City; State; Zip Code 2100 E. Davis Conroe, TX 77301		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / 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)	
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 10/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HALL, KENNY AND SARAH	Amount of contribution (\$) \$650.00	In-kind contribution description Gift Certificate- 1 Free Whitetail Deer Mount by Just Mount It Custom Taxidermy & Wildlife Art
Contributor address; City; State; Zip Code 12815 Johnson Rd. Conroe, TX 77302		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / 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)	
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)			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 3/8 Rpt: 51/115	
2 FILER NAME Mack, Wayne		3 Filer ID	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 10/10/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOPE AND HEALING FOR WARRIORS	8 Amount of contribution (\$) \$100.00	9 In-kind contribution description "Race to the Gate" Custom Artwork & Frame by Kenneth Wyatt Galleries
7 Contributor address; City; State; Zip Code 3097 N FM 1486 MONTGOMERY, TX 77356		<input type="checkbox"/> 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) (See instructions)	
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)			
Date 10/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOPE AND HEALING FOR WARRIORS	Amount of contribution (\$) \$125.00	In-kind contribution description Artist Kenneth Wyatt signed Western Artwork (Cowboy & his herd of Cattle w/Windmill) 36x32
Contributor address; City; State; Zip Code 3097 N FM 1486 MONTGOMERY, TX 77356		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / 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)	
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 10/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOPE AND HEALING FOR WARRIORS	Amount of contribution (\$) \$250.00	In-kind contribution description Artist Kenneth Wyatt signed Western Art
Contributor address; City; State; Zip Code 3097 N FM 1486 MONTGOMERY, TX 77356		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / 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)	
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)			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 4/8 Rpt: 52/115	
2 FILER NAME Mack, Wayne		3 Filer ID	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 10/10/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOPE AND HEALING FOR WARRIORS	8 Amount of contribution (\$) \$10.00	9 In-kind contribution description Custom Stained Glass by Local Artist T. Henry
7 Contributor address; City; State; Zip Code 3097 N FM 1486 MONTGOMERY, TX 77356		<input type="checkbox"/> 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) (See instructions)	
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)			
Date 10/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOPE AND HEALING FOR WARRIORS	Amount of contribution (\$) \$30.00	In-kind contribution description Tray of Spiritual Hearts. Great to give as Stress Relief & Solace during difficult times.
Contributor address; City; State; Zip Code 3097 N FM 1486 MONTGOMERY, TX 77356		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / 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)	
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 10/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOPE AND HEALING FOR WARRIORS	Amount of contribution (\$) \$75.00	In-kind contribution description (2) "Intertwined Hearts" Hand Carved Wood Hearts Displays
Contributor address; City; State; Zip Code 3097 N FM 1486 MONTGOMERY, TX 77356		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / 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)	
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)			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 5/8 Rpt: 53/115	
2 FILER NAME Mack, Wayne		3 Filer ID	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 10/10/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOPE AND HEALING FOR WARRIORS	8 Amount of contribution (\$) \$100.00	9 In-kind contribution description Resin Heart Hands Sculpture
7 Contributor address; City; State; Zip Code 3097 N FM 1486 MONTGOMERY, TX 77356		<input type="checkbox"/> 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) (See instructions)	
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)			
Date 10/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOPE AND HEALING FOR WARRIORS	Amount of contribution (\$) \$50.00	In-kind contribution description Double Heart with Cross Figurine
Contributor address; City; State; Zip Code 3097 N FM 1486 MONTGOMERY, TX 77356		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / 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)	
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 10/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JIMS HARDWARE	Amount of contribution (\$) \$45.00	In-kind contribution description Hot Air Balloon Solar Light
Contributor address; City; State; Zip Code 14460 Liberty Montgomery, TX 77356		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / 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)	
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)			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 6/8 Rpt: 54/115	
2 FILER NAME Mack, Wayne		3 Filer ID	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 10/10/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JIMS HARDWARE	8 Amount of contribution (\$) \$80.00	9 In-kind contribution description 150 pc Crescent Tool Set
7 Contributor address; City; State; Zip Code 14460 Liberty Montgomery, TX 77356		<input type="checkbox"/> 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) (See instructions)	
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)			
Date 10/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOHNSON, SUSAN	Amount of contribution (\$) \$115.00	In-kind contribution description Denim Jacket with embroidered Trump Design w/Trump Statue
Contributor address; City; State; Zip Code 811 N. Main Conroe, TX 77301		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / 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)	
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 10/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LIBERTY BELLES REPUBLICAN WOMEN	Amount of contribution (\$) \$75.00	In-kind contribution description Gift Certificate-Round of Golf for "4" / 18 Holes with Cart at Panorama Golf Club
Contributor address; City; State; Zip Code PO Box 1081 Conroe, TX 77305		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / 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)	
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)			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 7/8 Rpt: 55/115	
2 FILER NAME Mack, Wayne		3 Filer ID	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 10/10/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) POLK, BRANDON	8 Amount of contribution (\$) \$220.00	9 In-kind contribution description Gift Certificate (4) Personal Training Sessions at +40 Plus Forty Fitness & Wellness
	7 Contributor address; City; State; Zip Code 2510 S Loop 336 W Ste 205 Conroe, TX 77304	<input type="checkbox"/> 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) (See instructions)	
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)			
Date 10/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RINGO, MISSY	Amount of contribution (\$) \$30.00	In-kind contribution description Fall Wreath
	Contributor address; City; State; Zip Code 595 HAMPTON HALL LN CONROE, TX 77302	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / 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)	
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 10/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SMITH, JASON	Amount of contribution (\$) \$508.00	In-kind contribution description Tactical Vest w/2 AR500 Steel Plates, Trauma Pads, & Magazine Carriers (\$508 Value)
	Contributor address; City; State; Zip Code 13268 Lazy Lane Willis, TX 77318	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / 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)	
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)			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 8/8 Rpt: 56/115	
2 FILER NAME Mack, Wayne		3 Filer ID	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 10/10/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Teague, Janet	8 Amount of contribution (\$) \$20.00	9 In-kind contribution description "The Bible & The Badges" (5) Books
7 Contributor address; City; State; Zip Code 3097 N FM 1486 MONTGOMERY, TX 77356		<input type="checkbox"/> 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) (See instructions)	
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)			
Date 10/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WILLIAMSON, JOHN AND LORI	Amount of contribution (\$) \$40.00	In-kind contribution description "Sunday Supper" Thanksgiving Basket w/Candle, Preserves, Cups & Napkins
Contributor address; City; State; Zip Code 4205 W. Davis Conroe, TX 77304		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / 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)	
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 10/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WILSON, KIM	Amount of contribution (\$) \$45.00	In-kind contribution description (2) Men's Nail Cross Hats
Contributor address; City; State; Zip Code 655 STONEWALL JACKSON DR CONROE, TX 77302		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / 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)	
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)			

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/31 Rpt: 57/115	2 FILER NAME Mack, Wayne	3 Filer ID
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4 Date 10/09/2024	5 Payee name ABUNDANT LIFE CHURCH
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6 Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code 12165 TX 75 WILLIS, TX 77378
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense EVENT SPONSORSHIP
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/26/2024	Payee name ABUNDANT LIFE CHURCH
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Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 12165 TX 75 WILLIS, TX 77378
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense EVENT SPONSORSHIP
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/20/2024	Payee name ADULT AND TEEN CHALLENGE
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Amount (\$) \$500.00	Payee address; City; State; Zip Code 30310 MISTY MEADOW DR MAGNOLIA, TX 77355
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense EVENT SPONSORSHIP
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/31 Rpt: 58/115	2 FILER NAME Mack, Wayne	3 Filer ID
4 Date 07/01/2024	5 Payee name AMERICAN EXPRESS	
6 Amount (\$) \$1,055.27	7 Payee address; City; State; Zip Code PO Box 6031 Carol Stream, IL 60197	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD PAYMENT
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate/Officeholder name	Office sought Office held
Date 07/08/2024	Payee name AMERICAN EXPRESS	
Amount (\$) \$328.21	Payee address; City; State; Zip Code PO Box 6031 Carol Stream, IL 60197	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD PAYMENT
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate/Officeholder name	Office sought Office held
Date 08/19/2024	Payee name AMERICAN EXPRESS	
Amount (\$) \$427.75	Payee address; City; State; Zip Code PO Box 6031 Carol Stream, IL 60197	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD PAYMENT
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/31 Rpt: 59/115		2 FILER NAME Mack, Wayne		3 Filer ID
4 Date 08/28/2024		5 Payee name AMERICAN EXPRESS		
6 Amount (\$) \$972.67		7 Payee address; City; State; Zip Code PO Box 6031 Carol Stream, IL 60197		
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD PAYMENT	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
Date 09/18/2024		Candidate/Officeholder name AMERICAN EXPRESS		
Amount (\$) \$12,360.71		Office sought Office held		
Date 10/15/2024		Payee name AMERICAN EXPRESS		
Amount (\$) \$11,587.10		Payee address; City; State; Zip Code PO Box 6031 Carol Stream, IL 60197		
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD PAYMENT	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
Date 10/15/2024		Candidate/Officeholder name AMERICAN EXPRESS		
Amount (\$) \$11,587.10		Office sought Office held		
Date 10/15/2024		Payee name AMERICAN EXPRESS		
Amount (\$) \$11,587.10		Payee address; City; State; Zip Code PO Box 6031 Carol Stream, IL 60197		
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD PAYMENT	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH				

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/31 Rpt: 60/115	2 FILER NAME Mack, Wayne	3 Filer ID
4 Date 10/21/2024	5 Payee name AMERICAN EXPRESS	
6 Amount (\$) \$2,924.98	7 Payee address; City; State; Zip Code PO Box 6031 Carol Stream, IL 60197	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD PAYMENT
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate/Officeholder name	Office sought
	Office held	
Date 10/30/2024	Payee name AMERICAN EXPRESS	
Amount (\$) \$3,269.10	Payee address; City; State; Zip Code PO Box 6031 Carol Stream, IL 60197	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD PAYMENT
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate/Officeholder name	Office sought
	Office held	
Date 11/12/2024	Payee name AMERICAN EXPRESS	
Amount (\$) \$2,055.49	Payee address; City; State; Zip Code PO Box 6031 Carol Stream, IL 60197	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD PAYMENT
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate/Officeholder name	Office sought
	Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/31 Rpt: 61/115	2 FILER NAME Mack, Wayne	3 Filer ID
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4 Date 11/25/2024	5 Payee name AMERICAN EXPRESS
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6 Amount (\$) \$247.64	7 Payee address; City; State; Zip Code PO Box 6031 Carol Stream, IL 60197
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD PAYMENT
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/13/2024	Payee name AMERICAN EXPRESS
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Amount (\$) \$2,619.44	Payee address; City; State; Zip Code PO Box 6031 Carol Stream, IL 60197
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD PAYMENT
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/30/2024	Payee name AMERICAN EXPRESS
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Amount (\$) \$2,205.93	Payee address; City; State; Zip Code PO Box 6031 Carol Stream, IL 60197
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD PAYMENT
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 6/31 Rpt: 62/115	2 FILER NAME Mack, Wayne	3 Filer ID
4 Date 12/31/2024	5 Payee name AMERICAN EXPRESS	
6 Amount (\$) \$235.05	7 Payee address; City; State; Zip Code PO Box 6031 Carol Stream, IL 60197	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD PAYMENT
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/10/2024	Payee name ANEDOT	
Amount (\$) \$1,872.20	Payee address; City; State; Zip Code 1340 POYDRAS ST STE 1770 NEW ORLEANS, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense FEES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/23/2024	Payee name ASSOCIATION OF TEXAS PROFESSIONAL EDUCATORS	
Amount (\$) \$60.00	Payee address; City; State; Zip Code 305 E HUNTLAND DR 300 AUSTIN, TX 78752	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ASSOCIATION DUES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 7/31 Rpt: 63/115	2 FILER NAME Mack, Wayne	3 Filer ID
4 Date 10/30/2024	5 Payee name BEST BUY	
6 Amount (\$) \$589.93	7 Payee address; City; State; Zip Code 501 INTERSTATE 45 N CONROE, TX 77304	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CAMPAIGN LAPTOP
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/22/2024	Payee name BRETT LIGON CAMPAIGN	
Amount (\$) \$500.00	Payee address; City; State; Zip Code PO BOX 805 MONTGOMERY, TX 77356	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense EVENT SPONSORSHIP
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/10/2024	Payee name CADE, TIMOTHY	
Amount (\$) \$175.00	Payee address; City; State; Zip Code 510 TX 75 WILLIS, TX 77378	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense EVENT SECURITY
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 8/31 Rpt: 64/115		2 FILER NAME Mack, Wayne		3 Filer ID
4 Date 10/10/2024		5 Payee name CAMPBELL, SHANA		
6 Amount (\$) \$200.00		7 Payee address; City; State; Zip Code 12165 TX 75 WILLIS, TX 77378		
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PRAYER BREAKFAST MUSIC	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name	Office sought	Office held
Date 07/15/2024		Payee name CAPITAL ONE		
Amount (\$) \$1,045.09		Payee address; City; State; Zip Code PO Box 60519 City of Industry, CA 91716		
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD PAYMENT	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name	Office sought	Office held
Date 10/10/2024		Payee name CAVITT, JAMES		
Amount (\$) \$175.00		Payee address; City; State; Zip Code 115 BUSINESS PARK DR WILLIS, TX 77378		
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense EVENT SECURITY	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 9/31 Rpt: 65/115	2 FILER NAME Mack, Wayne	3 Filer ID
4 Date 10/28/2024	5 Payee name CHILD ADVOCATES OF MONTGOMERY COUNTY	
6 Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code 505 N MAIN ST CONROE, TX 77301	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SPONSORSHIP
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate/Officeholder name	Office sought Office held
Date 07/25/2024	Payee name COLORTECH DIRECT	
Amount (\$) \$2,920.97	Payee address; City; State; Zip Code 809 CABLE ST CONROE, TX 77301	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PRAYER BREAKFAST MAILER
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate/Officeholder name	Office sought Office held
Date 08/06/2024	Payee name COLORTECH DIRECT	
Amount (\$) \$304.30	Payee address; City; State; Zip Code 809 CABLE ST CONROE, TX 77301	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PRAY BREAKFAST TICKETS
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 10/31 Rpt:		2 FILER NAME Mack, Wayne		3 Filer ID
4 Date 10/08/2024		5 Payee name COLORTECH DIRECT		
6 Amount (\$) \$492.59		7 Payee address; City; State; Zip Code 809 CABLE ST CONROE, TX 77301		
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PRAYER BREAKFAST PROGRAMS	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
Candidate/Officeholder name		Office sought		Office held
Date 10/16/2024		Payee name COLORTECH DIRECT		
Amount (\$) \$533.20		Payee address; City; State; Zip Code 809 CABLE ST CONROE, TX 77301		
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense BEHAVIORAL HEALTH AND SUICIDE PREVENTION TASK FORCE FLYERS DONATION	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
Candidate/Officeholder name		Office sought		Office held
Date 11/18/2024		Payee name COMMUNITY ASSISTANCE CENTER		
Amount (\$) \$500.00		Payee address; City; State; Zip Code 1022 MCCALL AVE CONROE, TX 77301		
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DAY OF CARING SPONSORSHIP	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
Candidate/Officeholder name		Office sought		Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 11/31 Rpt:	2 FILER NAME Mack, Wayne	3 Filer ID
4 Date 07/08/2024	5 Payee name DEL FRISCOS	
6 Amount (\$) \$328.21	7 Payee address; City; State; Zip Code 812 MAIN ST FORT WORTH, TX 76102	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense POLITICAL DINNER
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/10/2024	Payee name DIAMONDS IN THE ROUGH	
Amount (\$) \$5,675.00	Payee address; City; State; Zip Code 9391 GROGANS MILL RD STE B4 THE WOODLANDS, TX 77380	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PRAYER BREAKFAST AUCTION ITEMS
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/14/2024	Payee name DIAMONDS IN THE ROUGH	
Amount (\$) \$650.00	Payee address; City; State; Zip Code 9391 GROGANS MILL RD STE B4 THE WOODLANDS, TX 77380	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PRAYER BREAKFAST AUCTION ITEMS
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 12/31 Rpt:	2 FILER NAME Mack, Wayne	3 Filer ID
4 Date 10/10/2024	5 Payee name DOROW, ASHTON	
6 Amount (\$) \$200.00	7 Payee address; City; State; Zip Code 12165 TX 75 WILLIS, TX 77378	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PRAYER BREAKFAST MUSIC
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/10/2024	Candidate/Officeholder name GOFF, NATALIE	
Amount (\$) \$200.00	Office sought Office held	
Date 10/10/2024	Payee name GOFF, NATALIE	
Amount (\$) \$200.00	Payee address; City; State; Zip Code 12165 TX 75 WILLIS, TX 77378	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PRAYER BREAKFAST MUSIC
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/20/2024	Candidate/Officeholder name GONZALES, BRANDIE	
Amount (\$) \$146.00	Office sought Office held	
Date 08/20/2024	Payee name GONZALES, BRANDIE	
Amount (\$) \$146.00	Payee address; City; State; Zip Code 11 ABBEY RD HUNTSVILLE, TX 77340	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense POSTAGE STAMP REIMBURSEMENT
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate/Officeholder name Office sought Office held		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 13/31 Rpt:		2 FILER NAME Mack, Wayne		3 Filer ID
4 Date 10/28/2024		5 Payee name GONZALES, BRANDIE		
6 Amount (\$) \$4,000.00		7 Payee address; City; State; Zip Code 11 ABBEY RD HUNTSVILLE, TX 77340		
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense EVENT COORDINATOR	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
Candidate/Officeholder name		Office sought		Office held
Date 10/30/2024		Payee name HARLAND CLARKE		
Amount (\$) \$72.37		Payee address; City; State; Zip Code 5800 NORTHWEST PKWY SAN ANTONIO, TX 78249		
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CAMPAIGN CHECK ORDER	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
Candidate/Officeholder name		Office sought		Office held
Date 10/10/2024		Payee name HAYES, ALISHA		
Amount (\$) \$200.00		Payee address; City; State; Zip Code 12165 TX 75 WILLIS, TX 77378		
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PRAYER BREAKFAST MUSIC	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
Candidate/Officeholder name		Office sought		Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 14/31 Rpt:	2 FILER NAME Mack, Wayne	3 Filer ID
4 Date 10/10/2024	5 Payee name HAYES, RUSSELL	
6 Amount (\$) \$200.00	7 Payee address; City; State; Zip Code 12165 TX 75 WILLIS, TX 77378	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PRAYER BREAKFAST MUSIC
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/23/2024	Candidate/Officeholder name HOBBY LOBBY	
Amount (\$) \$190.69	Office sought 1217 N LOOP 336 W CONROE, TX 77301	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SILENT AUCTION ITEMS
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/10/2024	Candidate/Officeholder name HUBBARD, PAUL	
Amount (\$) \$175.00	Office sought 130 N MAIN ST CONROE, TX 77301	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense EVENT SECURITY
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 15/31 Rpt:	2 FILER NAME Mack, Wayne	3 Filer ID
4 Date 11/04/2024	5 Payee name JONATHAN SIGER	
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code 5400 FELLOWSHIP LANE SPRING, TX 77379	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense EVENT PROGRAM
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate/Officeholder name	Office sought Office held
Date 10/10/2024	Payee name JONETTA B PRODUCTIONS	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 26811 S CREEK DR MAGNOLIA, TX 77354	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PRAYER BREAKFAST VIDEOGRAPHER
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate/Officeholder name	Office sought Office held
Date 12/17/2024	Payee name JONETTA B PRODUCTIONS	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 26811 S CREEK DR MAGNOLIA, TX 77354	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense FINAL PRAYER BREAKFAST VIDEO PRODUCTION
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 16/31 Rpt:		2 FILER NAME Mack, Wayne		3 Filer ID
4 Date 09/06/2024		5 Payee name JOURNEY HOME		
6 Amount (\$) \$600.00		7 Payee address; City; State; Zip Code PO BOX 223 CONROE, TX 77305		
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DONATION	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name	Office sought	Office held
Date 08/12/2024		Payee name LAKE CONROE AREA REPUBLICAN WOMEN PAC		
Amount (\$) \$86.59		Payee address; City; State; Zip Code PO BOX 737 MONTGOMERY, TX 77356		
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense POLITICAL LUNCH	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name	Office sought	Office held
Date 11/14/2024		Payee name LAKE CONROE AREA REPUBLICAN WOMEN PAC		
Amount (\$) \$500.00		Payee address; City; State; Zip Code PO BOX 737 MONTGOMERY, TX 77356		
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CHRISTMAS PARTY SPONSORSHIP	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 17/31 Rpt:	2 FILER NAME Mack, Wayne	3 Filer ID
4 Date 10/10/2024	5 Payee name MCGEE, WESLEY	
6 Amount (\$) \$175.00	7 Payee address; City; State; Zip Code 115 BUSINESS PARK DR WILLIS, TX 77378	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense EVENT SECURITY
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate/Officeholder name	Office sought
Date 07/05/2024	Payee name MCKENZIE'S BBQ	
Amount (\$) \$340.22	Payee address; City; State; Zip Code 17099 WALDEN RD #200 MONTGOMERY, TX 77356	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SENIOR CENTER SPONSOR
Complete ONLY if direct expenditure to benefit C/OH		
	Candidate/Officeholder name	Office sought
Date 10/10/2024	Payee name MCMAHON, TRACE	
Amount (\$) \$200.00	Payee address; City; State; Zip Code 12165 TX 75 WILLIS, TX 77378	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PRAYER BREAKFAST MUSIC
Complete ONLY if direct expenditure to benefit C/OH		
	Candidate/Officeholder name	Office sought

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 18/31 Rpt:	2 FILER NAME Mack, Wayne	3 Filer ID
4 Date 08/06/2024	5 Payee name MONTGOMERY COUNTY COMMUNITY FOUNDATION	
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code 2001 TIMBERLOCH PL STE 500 THE WOODLANDS, TX 77380	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SPONSORSHIP
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/16/2024	Payee name MONTGOMERY COUNTY FAIR ASSOCIATION	
Amount (\$) \$2,000.00	Payee address; City; State; Zip Code 9201 AIRPORT RD CONROE, TX 77303	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CALF SCRAMBLE
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/24/2024	Payee name MONTGOMERY COUNTY PRINTERS	
Amount (\$) \$365.00	Payee address; City; State; Zip Code 310 N DANVILLE ST D WILLIS, TX 77378	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense LETTERHEAD PRINTING
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 19/31 Rpt:		2 FILER NAME Mack, Wayne		3 Filer ID
4 Date 11/04/2024		5 Payee name MONTGOMERY COUNTY REPUBLICAN PARTY OF TX		
6 Amount (\$) \$1,000.00		7 Payee address; City; State; Zip Code 18001 HIGHWAY 105 W STE 101 MONTGOMERY, TX 77356		
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CONTRIBUTION	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name	Office sought	Office held
Date 08/29/2024		Payee name NEW MARCO POLO		
Amount (\$) \$1,553.06		Payee address; City; State; Zip Code 7501 HARWIN DR STE 104D HOUSTON, TX 77036		
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SILENT AUCTION ITEMS	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name	Office sought	Office held
Date 09/03/2024		Payee name NORTH SHORE REPUBLICAN WOMEN		
Amount (\$) \$500.00		Payee address; City; State; Zip Code PO BOX 1993 MONTGOMERY, TX 77356		
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense GOLF FUNDRAISER SPONSORSHIP	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 20/31 Rpt:	2 FILER NAME Mack, Wayne	3 Filer ID
4 Date 10/15/2024	5 Payee name NOTHING BUNDT CAKES	
6 Amount (\$) \$77.00	7 Payee address; City; State; Zip Code 1351 W DAVIS ST STE B CONROE, TX 77304	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense EMPLOYEE APPRECIATION
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/05/2024	Candidate/Officeholder name OFFICE DEPOT	
Amount (\$) \$187.96	Office sought 1319 W DAVIS ST CONROE, TX 77304	
Office held		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense OFFICE SUPPLIES
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/10/2024	Candidate/Officeholder name PEET JUNIOR HIGH PTO	
Amount (\$) \$1,000.00	Office sought 1895 LONGMIRE RD CONROE, TX 77304	
Office held		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense STUDENT INCENTIVE PROGRAM DONATION
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate/Officeholder name Office sought Office held		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 21/31 Rpt:	2 FILER NAME Mack, Wayne	3 Filer ID
4 Date 08/27/2024	5 Payee name PIRYX	
6 Amount (\$) \$143.75	7 Payee address; City; State; Zip Code 144 2ND ST SAN FRANCISCO, CA 94105	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense FEES
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/30/2024	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$274.00	Payee name PLANET BAGS Payee address; City; State; Zip Code 7501 HARWIN DR STE C-103D HOUSTON, TX 77036	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SILENT AUCTION ITEMS
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/10/2024	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$200.00	Payee name POUNDS, ALEXIS Payee address; City; State; Zip Code 12165 TX 75 WILLIS, TX 77378	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PRAYER BREAKFAST MUSIC
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 22/31 Rpt:	2 FILER NAME Mack, Wayne	3 Filer ID
4 Date 10/10/2024	5 Payee name POUNDS, CHANDLER	
6 Amount (\$) \$200.00	7 Payee address; City; State; Zip Code 12165 TX 75 WILLIS, TX 77378	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PRAYER BREAKFAST MUSIC
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate/Officeholder name	Office sought Office held
Date 10/10/2024	Payee name POUNDS, CHRISTY	
Amount (\$) \$200.00	Payee address; City; State; Zip Code 12165 TX 75 WILLIS, TX 77378	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PRAYER BREAKFAST MUSIC
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate/Officeholder name	Office sought Office held
Date 09/05/2024	Payee name PREMIERE SPEAKERS BUREAU	
Amount (\$) \$2,500.00	Payee address; City; State; Zip Code 109 INTERNATIONAL DR STE 300 FRANKLIN, TN 37064	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense EVENT SPEAKER FEE
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 23/31 Rpt:		2 FILER NAME Mack, Wayne		3 Filer ID
4 Date 10/17/2024		5 Payee name PREMIERE SPEAKERS BUREAU		
6 Amount (\$) \$629.39		7 Payee address; City; State; Zip Code 109 INTERNATIONAL DR STE 300 FRANKLIN, TN 37064		
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense EVENT SPEAKER EXPENSES	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
Candidate/Officeholder name		Office sought		Office held
Date 11/19/2024		Payee name SAN JACINTO MASONIC LODGE		
Amount (\$) \$150.00		Payee address; City; State; Zip Code 106 N BELL ST WILLIS, TX 77378		
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CALENDAR SPONSOR	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
Candidate/Officeholder name		Office sought		Office held
Date 10/10/2024		Payee name SMALLY, BOBBY		
Amount (\$) \$175.00		Payee address; City; State; Zip Code 130 N MAIN ST CONROE, TX 77301		
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense EVENT SECURITY	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
Candidate/Officeholder name		Office sought		Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 24/31 Rpt:		2 FILER NAME Mack, Wayne		3 Filer ID	
4 Date 08/29/2024		5 Payee name SOUTH WEST TRADING			
6 Amount (\$) \$180.95		7 Payee address; City; State; Zip Code 8000 HARDWIN DR UNIT 410 HOUSTON, TX 77036			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SILENT AUCTION ITEMS	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 10/10/2024		Payee name SPECTRUM			
Amount (\$) \$22,262.48		Payee address; City; State; Zip Code 9055 ARPORT RD CONROE, TX 77303			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PRAYER BREAKFAST FOOD	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 10/10/2024		Payee name SQUARE			
Amount (\$) \$442.39		Payee address; City; State; Zip Code 1455 MARKET ST STE 600 SAN FRANCISCO, CA 94103			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense FEES	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 25/31 Rpt:	2 FILER NAME Mack, Wayne	3 Filer ID
4 Date 10/11/2024	5 Payee name TROPHY HOUSE	
6 Amount (\$) \$265.21	7 Payee address; City; State; Zip Code 804 W DALLAS ST CONROE, TX 77301	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PRAYER BREAKFAST AWARDS
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/20/2024	Payee name UNITED STATES POSTAL SERVICE	
Amount (\$) \$146.00	Payee address; City; State; Zip Code 609 N CAMPBELL ST WILLIS, TX 77378	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense POSTAGE
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/18/2024	Payee name UNITED STATES POSTAL SERVICE	
Amount (\$) \$10.45	Payee address; City; State; Zip Code 609 N CAMPBELL ST WILLIS, TX 77378	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense POSTAGE
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 26/31 Rpt:	2 FILER NAME Mack, Wayne	3 Filer ID
4 Date 07/25/2024	5 Payee name WALMART SUPERCENTER	
6 Amount (\$) \$28.44	7 Payee address; City; State; Zip Code 18700 HIGHWAY 105 W MONTGOMERY, TX 77356	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SUPPLIES FOR JURY
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate/Officeholder name	Office sought Office held
Date 12/06/2024	Payee name WALMART SUPERCENTER	
Amount (\$) \$120.00	Payee address; City; State; Zip Code 18700 HIGHWAY 105 W MONTGOMERY, TX 77356	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MONTGOMERY COUNTY FAIR ASSOCIATION SENIOR DAY GIFT DONATION
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate/Officeholder name	Office sought Office held
Date 12/11/2024	Payee name WALMART SUPERCENTER	
Amount (\$) \$200.00	Payee address; City; State; Zip Code 18700 HIGHWAY 105 W MONTGOMERY, TX 77356	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MONTGOMERY COUNTY EMPLOYEE LUNCHEON DOOR PRIZE DONATION
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out of District OTHER (enter a category not listed above)
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The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 27/31 Rpt:	2 FILER NAME Mack, Wayne	3 Filer ID
4 Date 09/10/2024	5 Payee name WEST TABERNACLE CHURCH	
6 Amount (\$) \$200.00	7 Payee address; City; State; Zip Code 428 OLD MAGNOLIA RD CONROE, TX 77304	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense GALA TICKETS
9 Complete ONLY if direct expenditure to benefit C/OH		
Date 07/15/2024	Candidate/Officeholder name WILLIS AG BOOSTER CLUB	
Amount (\$) \$3,200.00	Office sought Office held	
	Payee name WILLIS AG BOOSTER CLUB	
	Payee address; City; State; Zip Code PO BOX 1735 WILLIS, TX 77318	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense FREEZER SALE
Complete ONLY if direct expenditure to benefit C/OH		
Date 08/28/2024	Candidate/Officeholder name WILLIS ISD EDUCATION FOUNDATION	
Amount (\$) \$200.00	Office sought Office held	
	Payee name WILLIS ISD EDUCATION FOUNDATION	
	Payee address; City; State; Zip Code 612 N CAMPBELL WILLIS, TX 77378	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SPONSORSHIP
Complete ONLY if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 28/31 Rpt:	2 FILER NAME Mack, Wayne	3 Filer ID
4 Date 08/28/2024	5 Payee name WILLIS ISD EDUCATION FOUNDATION	
6 Amount (\$) \$1,150.00	7 Payee address; City; State; Zip Code 612 N CAMPBELL WILLIS, TX 77378	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense LIVE AUCTION
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/18/2024	Payee name WILLIS ISD EDUCATION FOUNDATION	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 10005 HIGHWAY 75 N WILLIS, TX 77378	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense STUDENT CHRISTMAS PROGRAM SPONSORSHIP
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/03/2024	Payee name WILLIS LIONS CLUB	
Amount (\$) \$100.00	Payee address; City; State; Zip Code PO BOX 250 WILLIS, TX 77378	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense FLAG PRESENTATION PROGRAM DONATION
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 29/31 Rpt:	2 FILER NAME Mack, Wayne	3 Filer ID
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4 Date 07/31/2024	5 Payee name WILLIS SENIOR CENTER
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6 Amount (\$) \$100.00	7 Payee address; City; State; Zip Code 600 GERALD ST #301 WILLIS, TX 77378
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SENIOR LUNCHEON
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/28/2024	Payee name WILLIS SENIOR CENTER
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Amount (\$) \$100.00	Payee address; City; State; Zip Code 600 GERALD ST #301 WILLIS, TX 77378
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SENIOR LUNCHEON
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/25/2024	Payee name WILLIS SENIOR CENTER
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Amount (\$) \$100.00	Payee address; City; State; Zip Code 600 GERALD ST #301 WILLIS, TX 77378
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SENIOR LUNCHEON
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 30/31 Rpt:	2 FILER NAME Mack, Wayne	3 Filer ID
4 Date 11/13/2024	5 Payee name WILLIS SENIOR CENTER	
6 Amount (\$) \$100.00	7 Payee address; City; State; Zip Code 600 GERALD ST #301 WILLIS, TX 77378	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SENIOR LUNCHEON
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/19/2024	Payee name WILLIS SENIOR CENTER	
Amount (\$) \$100.00	Payee address; City; State; Zip Code 600 GERALD ST #301 WILLIS, TX 77378	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SENIOR LUNCHEON
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/22/2024	Payee name WILLIS WILDKATS FOOTBALL BOOSTER CLUB	
Amount (\$) \$400.00	Payee address; City; State; Zip Code PO BOX 1315 WILLIS, TX 77318	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense WILLIS FOOTBALL BOOSTER GRUB SPONSOR
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 31/31 Rpt:	2 FILER NAME Mack, Wayne	3 Filer ID	
4 Date 10/28/2024	5 Payee name WILSON, KIM		
6 Amount (\$) \$4,000.00	7 Payee address; City; State; Zip Code 655 STONEWALL JACKSON DR CONROE, TX 77302		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense EVENT COORDINATOR	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 1/28 Rpt: 88/115	2 FILER NAME Mack, Wayne		3 Filer ID
4 CREDIT CARD ISSUER	Name of financial institution CAPITAL ONE		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$122.01	(b) Date of Charge 07/01/2024	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name CAPITAL GRILLE		(b) Payee address; City, State, Zip Code 800 MAIN ST FORT WORTH, TX 76102
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description CAMPAIGN LUNCH
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$612.86	(b) Date of Charge 07/01/2024	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name GODADDY		(b) Payee address; City, State, Zip Code 2155 E GODADDY WAY TEMPE, AZ 85284
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description EMAIL PLATFORM FOR CAMPAIGN
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$310.22	(b) Date of Charge 07/01/2024	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name BLOOMERANG		(b) Payee address; City, State, Zip Code 9120 OTIS AVE INDIANAPOLIS, IN 46216
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description CAMPAIGN FUNDRAISING SOFTWARE
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 2/28 Rpt: 89/115		2 FILER NAME Mack, Wayne		3 Filer ID
4 CREDIT CARD ISSUER		Name of financial institution AMERICAN EXPRESS		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT		(a) Amount Charged \$38.63	(b) Date of Charge 07/16/2024	(c) Date(s) Credit Card Issuer Paid
7 PAYEE		(a) Payee name BLACK WALNUT CAFE		(b) Payee address; City, State, Zip Code 2971 HAWTHORNE DR CONROE, TX 77303
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political Food/Beverage Expense		(b) Description POLITICAL LUNCH
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held
PAYMENT		(a) Amount Charged \$55.00	(b) Date of Charge 07/25/2024	(c) Date(s) Credit Card Issuer Paid
PAYEE		(a) Payee name CONROE NOON LIONS CLUB		(b) Payee address; City, State, Zip Code 1712 WILSON RD CONROE, TX 77301
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political Fees		(b) Description MONTHLY MEMBERSHIP DUES
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held
PAYMENT		(a) Amount Charged \$178.00	(b) Date of Charge 07/27/2024	(c) Date(s) Credit Card Issuer Paid
PAYEE		(a) Payee name ISTORAGE		(b) Payee address; City, State, Zip Code 4300 W DAVIS ST CONROE, TX 77304
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political Office Overhead/Rental Expense		(b) Description CAMPAIGN STORAGE
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 3/28 Rpt: 90/115	2 FILER NAME Mack, Wayne		3 Filer ID
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$106.96	(b) Date of Charge 07/31/2024	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name FACEBOOK	(b) Payee address; City, State, Zip Code 1601 WILLOW RD BLDG 10 MENLO PARK, CA 94025	
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description ADVERTISING
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$30.00	(b) Date of Charge 08/01/2024	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name BX3 INTERACTIVE	(b) Payee address; City, State, Zip Code 17505 N 79TH AVE STE 208D GLENDALE, AZ 85308	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description MONTHLY FEE FOR WEBSITE
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$188.38	(b) Date of Charge 08/07/2024	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name SAM'S CLUB	(b) Payee address; City, State, Zip Code 2000 WESTVIEW BLVD CONROE, TX 77301	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description TRAUMA INFORMED COURT PROGRAM
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 4/28 Rpt: 91/115	2 FILER NAME Mack, Wayne		3 Filer ID
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$52.75	(b) Date of Charge 08/12/2024	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name VERNONS KUNTY KATFISH	(b) Payee address; City, State, Zip Code 5901 W DAVIS ST CONROE, TX 77304	
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description CAMPAIGN LUNCH
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
PAYMENT	(a) Amount Charged \$41.03	(b) Date of Charge 08/15/2024	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name BLACK WALNUT CAFE	(b) Payee address; City, State, Zip Code 2971 HAWTHORNE DR CONROE, TX 77303	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description POLITICAL LUNCH
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
PAYMENT	(a) Amount Charged \$1,000.00	(b) Date of Charge 08/15/2024	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name MONTGOMERY COUNTY YES TO YOUTH	(b) Payee address; City, State, Zip Code 105 W LEWIS ST CONROE, TX 77301	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description EVENT SPONSORSHIP
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 5/28 Rpt: 92/115	2 FILER NAME Mack, Wayne		3 Filer ID
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$50.00	(b) Date of Charge 08/16/2024	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name BX3 INTERACTIVE		(b) Payee address; City, State, Zip Code 17505 N 79TH AVE STE 208D GLENDALE, AZ 85308
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description MONTHLY FEE FOR WEBSITE
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$31.63	(b) Date of Charge 08/20/2024	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name PHIL'S ROADHOUSE		(b) Payee address; City, State, Zip Code 14075 LIBERTY ST MONTGOMERY, TX 77316
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description CAMPAIGN LUNCH
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$141.04	(b) Date of Charge 08/22/2024	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name SAM'S CLUB		(b) Payee address; City, State, Zip Code 2000 WESTVIEW BLVD CONROE, TX 77301
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description TRAUMA INFORMED COURT PROGRAM
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 6/28 Rpt: 93/115		2 FILER NAME Mack, Wayne		3 Filer ID
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
6 PAYMENT	(a) Amount Charged \$841.19	(b) Date of Charge 08/24/2024	(c) Date(s) Credit Card Issuer Paid	
7 PAYEE	(a) Payee name APRICITY FOUNDATION		(b) Payee address; City, State, Zip Code 2257 N LOOP 336 W STE 140 CONROE, TX 77304	
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description EVENT SPONSORSHIP	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
PAYMENT	(a) Amount Charged \$66.09	(b) Date of Charge 08/27/2024	(c) Date(s) Credit Card Issuer Paid	
PAYEE	(a) Payee name CONSTANT CONTACT		(b) Payee address; City, State, Zip Code 3675 PRECISION DR LOVELAND, CO 80538	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description CAMPAIGN EMAIL PLATFORM	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
PAYMENT	(a) Amount Charged \$178.00	(b) Date of Charge 08/27/2024	(c) Date(s) Credit Card Issuer Paid	
PAYEE	(a) Payee name ISTORAGE		(b) Payee address; City, State, Zip Code 4300 W DAVIS ST CONROE, TX 77304	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description CAMPAIGN STORAGE	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 7/28 Rpt: 94/115	2 FILER NAME Mack, Wayne		3 Filer ID
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$2,700.00	(b) Date of Charge 08/27/2024	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name LONE STAR COWBOY CHURCH		(b) Payee address; City, State, Zip Code 21627 EVA ST MONTGOMERY, TX 77356
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description EVENT SPONSORSHIP
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$594.95	(b) Date of Charge 08/31/2024	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name FACEBOOK		(b) Payee address; City, State, Zip Code 1601 WILLOW RD BLDG 10 MENLO PARK, CA 94025
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description ADVERTISING
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$30.00	(b) Date of Charge 09/01/2024	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name BX3 INTERACTIVE		(b) Payee address; City, State, Zip Code 17505 N 79TH AVE STE 208D GLENDALE, AZ 85308
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description MONTHLY FEE FOR WEBSITE
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 8/28 Rpt: 95/115		2 FILER NAME Mack, Wayne		3 Filer ID
4 CREDIT CARD ISSUER		Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT		(a) Amount Charged \$122.00	(b) Date of Charge 09/04/2024	(c) Date(s) Credit Card Issuer Paid
7 PAYEE		(a) Payee name CONROE NOON LIONS CLUB		(b) Payee address; City, State, Zip Code 1712 WILSON RD CONROE, TX 77301
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political Fees		(b) Description MONTHLY MEMBERSHIP DUES
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held
PAYMENT		(a) Amount Charged \$2,500.00	(b) Date of Charge 09/05/2024	(c) Date(s) Credit Card Issuer Paid
PAYEE		(a) Payee name MONTGOMERY COUNTY REPUBLICAN PARTY		(b) Payee address; City, State, Zip Code 18001 HIGHWAY 105 W MONTGOMERY, TX 77356
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description EVENT DONATION
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held
PAYMENT		(a) Amount Charged \$250.00	(b) Date of Charge 09/06/2024	(c) Date(s) Credit Card Issuer Paid
PAYEE		(a) Payee name LEUKEMIA & LYMPHOMA SOCIETY		(b) Payee address; City, State, Zip Code 5433 WESTHEIMER RD STE 300 HOUSTON , TX 77056
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description DONATION
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 9/28 Rpt: 96/115		2 FILER NAME Mack, Wayne		3 Filer ID
4 CREDIT CARD ISSUER		Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT		(a) Amount Charged \$1,039.48	(b) Date of Charge 09/06/2024	(c) Date(s) Credit Card Issuer Paid
7 PAYEE		(a) Payee name THE MONTGOMERY COUNTY FIRST RESPONDER FOUNDATION		(b) Payee address; City, State, Zip Code PO BOX 130388 THE WOODLANDS, TX 77393
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description DONATION
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held
PAYMENT		(a) Amount Charged \$332.17	(b) Date of Charge 09/16/2024	(c) Date(s) Credit Card Issuer Paid
PAYEE		(a) Payee name AMAZON MARKETPLACE		(b) Payee address; City, State, Zip Code PO BOX 81226 SEATTLE, WA 98108
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political Event Expense		(b) Description TABLECLOTHS AND DECORATIONS FOR PRAYER BREAKFAST
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held
PAYMENT		(a) Amount Charged \$2,500.00	(b) Date of Charge 09/23/2024	(c) Date(s) Credit Card Issuer Paid
PAYEE		(a) Payee name REFUGE CHURCH		(b) Payee address; City, State, Zip Code 3273 S LOOP 336 E CONROE, TX 77301
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description DONATION
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 10/28 Rpt:	2 FILER NAME Mack, Wayne		3 Filer ID
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$1,000.00	(b) Date of Charge 09/26/2024	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name 3 CROSS MINISTRY	(b) Payee address; City, State, Zip Code 21627 EVA ST MONTGOMERY, TX 77356	
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description DONATION
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$70.36	(b) Date of Charge 09/26/2024	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name CONSTANT CONTACT	(b) Payee address; City, State, Zip Code 3675 PRECISION DR LOVELAND, CO 80538	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description CAMPAIGN EMAIL PLATFORM
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$178.00	(b) Date of Charge 09/27/2024	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name ISTORAGE	(b) Payee address; City, State, Zip Code 4300 W DAVIS ST CONROE, TX 77304	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description CAMPAIGN STORAGE
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 11/28 Rpt:		2 FILER NAME Mack, Wayne		3 Filer ID
4 CREDIT CARD ISSUER		Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT		(a) Amount Charged \$1,500.00	(b) Date of Charge 09/28/2024	(c) Date(s) Credit Card Issuer Paid
7 PAYEE		(a) Payee name CONROE NOON LIONS CLUB		(b) Payee address; City, State, Zip Code 1712 WILSON RD CONROE, TX 77301
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description DONATION
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held
PAYMENT		(a) Amount Charged \$30.00	(b) Date of Charge 10/01/2024	(c) Date(s) Credit Card Issuer Paid
PAYEE		(a) Payee name BX3 INTERACTIVE		(b) Payee address; City, State, Zip Code 17505 N 79TH AVE STE 208D GLENDALE, AZ 85308
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description MONTHLY FEE FOR WEBSITE
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held
PAYMENT		(a) Amount Charged \$55.90	(b) Date of Charge 10/01/2024	(c) Date(s) Credit Card Issuer Paid
PAYEE		(a) Payee name SAM'S CLUB		(b) Payee address; City, State, Zip Code 2000 WESTVIEW BLVD CONROE, TX 77301
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description WATER FOR OFFICE
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 12/28 Rpt:		2 FILER NAME Mack, Wayne		3 Filer ID
4 CREDIT CARD ISSUER		Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT		(a) Amount Charged \$717.16	(b) Date of Charge 10/03/2024	(c) Date(s) Credit Card Issuer Paid
7 PAYEE		(a) Payee name MELONHEAD PHOTOGRAPHY		(b) Payee address; City, State, Zip Code 608 METCALF ST CONROE, TX 77301
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Event Expense <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(b) Description EVENT PHOTOGRAPHY
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held
PAYMENT		(a) Amount Charged \$414.46	(b) Date of Charge 10/05/2024	(c) Date(s) Credit Card Issuer Paid
PAYEE		(a) Payee name CUPCUS		(b) Payee address; City, State, Zip Code 1317 EDGEWATER DR 5668 ORLANDO, FL 32804
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Event Expense <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(b) Description SILENT AUCTION ITEMS
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held
PAYMENT		(a) Amount Charged \$141.19	(b) Date of Charge 10/06/2024	(c) Date(s) Credit Card Issuer Paid
PAYEE		(a) Payee name AMAZON MARKETPLACE		(b) Payee address; City, State, Zip Code PO BOX 81226 SEATTLE, WA 98108
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Event Expense <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(b) Description PRAYER BREAKFAST SUPPLIES
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 13/28 Rpt:		2 FILER NAME Mack, Wayne		3 Filer ID
4 CREDIT CARD ISSUER		Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT		(a) Amount Charged \$146.82	(b) Date of Charge 10/07/2024	(c) Date(s) Credit Card Issuer Paid
7 PAYEE		(a) Payee name SALTGRASS		(b) Payee address; City, State, Zip Code 810 INTERSTATE 45 N CONROE, TX 77304
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description POLITICAL DINNER
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held
PAYMENT		(a) Amount Charged \$47.37	(b) Date of Charge 10/08/2024	(c) Date(s) Credit Card Issuer Paid
PAYEE		(a) Payee name OFFICE DEPOT		(b) Payee address; City, State, Zip Code 1319 W DAVIS ST CONROE, TX 77304
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description TABLE SIGN PRINTING
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held
PAYMENT		(a) Amount Charged \$68.38	(b) Date of Charge 10/08/2024	(c) Date(s) Credit Card Issuer Paid
PAYEE		(a) Payee name OFFICE DEPOT		(b) Payee address; City, State, Zip Code 1319 W DAVIS ST CONROE, TX 77304
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description TABLE SIGN PRINTING
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 14/28 Rpt:	2 FILER NAME Mack, Wayne		3 Filer ID
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$3,962.40	(b) Date of Charge 10/08/2024	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name WAY BETTER SOUND AND VISUALS		(b) Payee address; City, State, Zip Code 3576 W TC JESTER BLVD HOUSTON, TX 77018
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description AUDIO AND VISUAL EQUIPMENT RENTAL FOR PRAYER BREAKFAST
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$15.00	(b) Date of Charge 10/08/2024	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name WAYNE MACK CAMPAIGN		(b) Payee address; City, State, Zip Code PO BOX 2234 CONROE, TX 77305
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description CREDIT CARD PROCESSING TEST
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$239.75	(b) Date of Charge 10/09/2024	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name RANCHO GRANDE		(b) Payee address; City, State, Zip Code 2207 N FRAZIER ST CONROE, TX 77303
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description VOLUNTEER APPRECIATION LUNCH
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 15/28 Rpt:		2 FILER NAME Mack, Wayne		3 Filer ID
4 CREDIT CARD ISSUER		Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT		(a) Amount Charged \$8.10	(b) Date of Charge 10/11/2024	(c) Date(s) Credit Card Issuer Paid
7 PAYEE		(a) Payee name CONSTANT CONTACT		(b) Payee address; City, State, Zip Code 3675 PRECISION DR LOVELAND, CO 80538
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description CAMPAIGN EMAIL PLATFORM
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held
PAYMENT		(a) Amount Charged \$116.33	(b) Date of Charge 10/12/2024	(c) Date(s) Credit Card Issuer Paid
PAYEE		(a) Payee name SAM'S CLUB		(b) Payee address; City, State, Zip Code 2000 WESTVIEW BLVD CONROE, TX 77301
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description TRAUMA INFORMED COURT PROGRAM
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held
PAYMENT		(a) Amount Charged \$1,552.15	(b) Date of Charge 10/16/2024	(c) Date(s) Credit Card Issuer Paid
PAYEE		(a) Payee name FELLOWSHIP OF CHRISTIAN ATHLETES		(b) Payee address; City, State, Zip Code 431 NURSERY RD STE A30 THE WOODLANDS, TX 77380
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description EVENT DONATION
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 16/28 Rpt:		2 FILER NAME Mack, Wayne		3 Filer ID
4 CREDIT CARD ISSUER		Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT		(a) Amount Charged \$1,060.56	(b) Date of Charge 10/17/2024	(c) Date(s) Credit Card Issuer Paid
7 PAYEE		(a) Payee name ONE LOUD VOICE		(b) Payee address; City, State, Zip Code PO BOX 130156 SPRING, TX 77393
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description EVENT DONATION
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held
PAYMENT		(a) Amount Charged \$238.50	(b) Date of Charge 10/19/2024	(c) Date(s) Credit Card Issuer Paid
PAYEE		(a) Payee name AMAZON MARKETPLACE		(b) Payee address; City, State, Zip Code PO BOX 81226 SEATTLE, WA 98108
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description PRAYER BREAKFAST FLAG SUPPLIES
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held
PAYMENT		(a) Amount Charged \$2,000.00	(b) Date of Charge 10/23/2024	(c) Date(s) Credit Card Issuer Paid
PAYEE		(a) Payee name CHRISTIANS ENGAGED		(b) Payee address; City, State, Zip Code PO BOX 472655 GARLAND, TX 75047
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description EVENT SPONSORSHIP
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 17/28 Rpt:		2 FILER NAME Mack, Wayne		3 Filer ID
4 CREDIT CARD ISSUER		Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT		(a) Amount Charged \$187.84	(b) Date of Charge 10/23/2024	(c) Date(s) Credit Card Issuer Paid
7 PAYEE		(a) Payee name SAM'S CLUB		(b) Payee address; City, State, Zip Code 2000 WESTVIEW BLVD CONROE, TX 77301
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description TRAUMA INFORMED COURT PROGRAM
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held
PAYMENT		(a) Amount Charged \$144.98	(b) Date of Charge 10/23/2024	(c) Date(s) Credit Card Issuer Paid
PAYEE		(a) Payee name SAM'S CLUB		(b) Payee address; City, State, Zip Code 2000 WESTVIEW BLVD CONROE, TX 77301
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description TRAUMA INFORMED COURT PROGRAM
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held
PAYMENT		(a) Amount Charged \$750.00	(b) Date of Charge 10/24/2024	(c) Date(s) Credit Card Issuer Paid
PAYEE		(a) Payee name TEXAS LIONS CAMP		(b) Payee address; City, State, Zip Code PO BOX 290247 KERRVILLE, TX 78029
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description DONATION
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 18/28 Rpt:		2 FILER NAME Mack, Wayne		3 Filer ID
4 CREDIT CARD ISSUER		Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT		(a) Amount Charged \$61.00	(b) Date of Charge 10/25/2024	(c) Date(s) Credit Card Issuer Paid
7 PAYEE		(a) Payee name CONROE NOON LIONS CLUB		(b) Payee address; City, State, Zip Code 1712 WILSON RD CONROE, TX 77301
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description MONTHLY DUES
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held
PAYMENT		(a) Amount Charged \$74.62	(b) Date of Charge 10/26/2024	(c) Date(s) Credit Card Issuer Paid
PAYEE		(a) Payee name CONSTANT CONTACT		(b) Payee address; City, State, Zip Code 3675 PRECISION DR LOVELAND, CO 80538
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description CAMPAIGN EMAIL PLATFORM
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held
PAYMENT		(a) Amount Charged \$178.00	(b) Date of Charge 10/26/2024	(c) Date(s) Credit Card Issuer Paid
PAYEE		(a) Payee name ISTORAGE		(b) Payee address; City, State, Zip Code 4300 W DAVIS ST CONROE, TX 77304
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description CAMPAIGN STORAGE
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 19/28 Rpt:	2 FILER NAME Mack, Wayne		3 Filer ID
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$100.00	(b) Date of Charge 10/28/2024	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name CONROE NOON LIONS CLUB		(b) Payee address; City, State, Zip Code 1712 WILSON RD CONROE, TX 77301
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description DONATION
	(c) <input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$749.11	(b) Date of Charge 10/30/2024	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name ATT		(b) Payee address; City, State, Zip Code 2948 INTERSTATE 45 N STE 800 CONROE, TX 77304
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description CAMPAIGN CELL PHONE
	(c) <input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$483.38	(b) Date of Charge 10/31/2024	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name FACEBOOK		(b) Payee address; City, State, Zip Code 1601 WILLOW RD BLDG 10 MENLO PARK, CA 94025
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description ADVERTISING
	(c) <input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 20/28 Rpt:	2 FILER NAME Mack, Wayne		3 Filer ID
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$30.00	(b) Date of Charge 11/01/2024	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name BX3 INTERACTIVE		(b) Payee address; City, State, Zip Code 17505 N 79TH AVE STE 208D GLENDALE, AZ 85308
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description MONTHLY FEE FOR WEBSITE
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$515.00	(b) Date of Charge 11/07/2024	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name LAGWAY ELEMENTARY PTO		(b) Payee address; City, State, Zip Code 11505 PINE VALLEY DR CONROE, TX 77304
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description DONATION
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$247.64	(b) Date of Charge 11/13/2024	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name HEB		(b) Payee address; City, State, Zip Code 3875 W DAVIS ST CONROE, TX 77304
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense		(b) Description EMPLOYEE APPRECIATIONS
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 21/28 Rpt:		2 FILER NAME Mack, Wayne		3 Filer ID
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
6 PAYMENT	(a) Amount Charged \$61.00	(b) Date of Charge 11/25/2024	(c) Date(s) Credit Card Issuer Paid	
7 PAYEE	(a) Payee name CONROE NOON LIONS CLUB		(b) Payee address; City, State, Zip Code 1712 WILSON RD CONROE, TX 77301	
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description MONTHLY DUES	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
PAYMENT	(a) Amount Charged \$110.00	(b) Date of Charge 1.1/25/2024	(c) Date(s) Credit Card Issuer Paid	
PAYEE	(a) Payee name SAM'S CLUB		(b) Payee address; City, State, Zip Code 2000 WESTVIEW BLVD CONROE, TX 77301	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ANNUAL FEE	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
PAYMENT	(a) Amount Charged \$74.62	(b) Date of Charge 11/26/2024	(c) Date(s) Credit Card Issuer Paid	
PAYEE	(a) Payee name CONSTANT CONTACT		(b) Payee address; City, State, Zip Code 3675 PRECISION DR LOVELAND, CO 80538	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description CAMPAIGN EMAIL PLATFORM	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 22/28 Rpt:		2 FILER NAME Mack, Wayne		3 Filer ID
4 CREDIT CARD ISSUER		Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$178.00	(b) Date of Charge 11/27/2024	(c) Date(s) Credit Card Issuer Paid	
7 PAYEE	(a) Payee name ISTORAGE		(b) Payee address; City, State, Zip Code 4300 W DAVIS ST CONROE, TX 77304	
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description CAMPAIGN STORAGE	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
PAYMENT	(a) Amount Charged \$125.00	(b) Date of Charge 11/29/2024	(c) Date(s) Credit Card Issuer Paid	
PAYEE	(a) Payee name CONROE NOON LIONS CLUB		(b) Payee address; City, State, Zip Code 1712 WILSON RD CONROE, TX 77301	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description DONATION	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
PAYMENT	(a) Amount Charged \$215.79	(b) Date of Charge 11/30/2024	(c) Date(s) Credit Card Issuer Paid	
PAYEE	(a) Payee name FACEBOOK		(b) Payee address; City, State, Zip Code 1601 WILLOW RD BLDG 10 MENLO PARK, CA 94025	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description ADVERTISING	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 23/28 Rpt:	2 FILER NAME Mack, Wayne		3 Filer ID
4 CREDIT CARD ISSUER	Name of financial institution see previous	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
6 PAYMENT	(a) Amount Charged \$30.00	(b) Date of Charge 12/01/2024	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name BX3 INTERACTIVE	(b) Payee address; City, State, Zip Code 17505 N 79TH AVE STE 208D GLENDALE, AZ 85308	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political Office Overhead/Rental Expense	(b) Description MONTHLY FEE FOR WEBSITE	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
PAYMENT	(a) Amount Charged \$1,191.68	(b) Date of Charge 12/03/2024	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name AMAZON MARKETPLACE	(b) Payee address; City, State, Zip Code PO BOX 81226 SEATTLE, WA 98108	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political Advertising Expense	(b) Description CAMPAIGN LITERATURE	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
PAYMENT	(a) Amount Charged \$500.00	(b) Date of Charge 12/06/2024	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name MEAL TRAIN	(b) Payee address; City, State, Zip Code 47 CAROLINE ST BURLINGTON , VT 05401	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description DONATION	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 24/28 Rpt:		2 FILER NAME Mack, Wayne		3 Filer ID
4 CREDIT CARD ISSUER		Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT		(a) Amount Charged \$1,115.77	(b) Date of Charge 12/11/2024	(c) Date(s) Credit Card Issuer Paid
7 PAYEE		(a) Payee name AMAZON MARKETPLACE		(b) Payee address; City, State, Zip Code PO BOX 81226 SEATTLE, WA 98108
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense		(b) Description STAFF APPRECIATION GIFTS
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held
PAYMENT		(a) Amount Charged \$599.68	(b) Date of Charge 12/17/2024	(c) Date(s) Credit Card Issuer Paid
PAYEE		(a) Payee name SALTGRASS		(b) Payee address; City, State, Zip Code 810 INTERSTATE 45 N CONROE, TX 77304
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description STAFF APPRECIATION LUNCHEON
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held
PAYMENT		(a) Amount Charged \$178.26	(b) Date of Charge 12/22/2024	(c) Date(s) Credit Card Issuer Paid
PAYEE		(a) Payee name RANCHO GRANDE		(b) Payee address; City, State, Zip Code 2207 N FRAZIER ST CONROE, TX 77303
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description CAMPAIGN DINNER
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 25/28 Rpt:		2 FILER NAME Mack, Wayne		3 Filer ID
4 CREDIT CARD ISSUER		Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$176.60	(b) Date of Charge 12/24/2024	(c) Date(s) Credit Card Issuer Paid	
7 PAYEE	(a) Payee name MONTGOMERY BAKEHOUSE		(b) Payee address; City, State, Zip Code 240 LONGMIRE RD CONROE, TX 77304	
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description CHRISTMAS BAKED GOODS FOR POLITICAL EVENT	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
PAYMENT	(a) Amount Charged \$61.00	(b) Date of Charge 12/25/2024	(c) Date(s) Credit Card Issuer Paid	
PAYEE	(a) Payee name CONROE NOON LIONS CLUB		(b) Payee address; City, State, Zip Code 1712 WILSON RD CONROE, TX 77301	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description MONTHLY DUES	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
PAYMENT	(a) Amount Charged \$74.62	(b) Date of Charge 12/26/2024	(c) Date(s) Credit Card Issuer Paid	
PAYEE	(a) Payee name CONSTANT CONTACT		(b) Payee address; City, State, Zip Code 3675 PRECISION DR LOVELAND, CO 80538	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description CAMPAIGN EMAIL PLATFORM	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 26/28 Rpt:		2 FILER NAME Mack, Wayne		3 Filer ID
4 CREDIT CARD ISSUER		Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT		(a) Amount Charged \$178.00	(b) Date of Charge 12/27/2024	(c) Date(s) Credit Card Issuer Paid
7 PAYEE		(a) Payee name ISTORAGE		(b) Payee address; City, State, Zip Code 4300 W DAVIS ST CONROE, TX 77304
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description CAMPAIGN STORAGE
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held
PAYMENT		(a) Amount Charged \$124.92	(b) Date of Charge 12/31/2024	(c) Date(s) Credit Card Issuer Paid
PAYEE		(a) Payee name FACEBOOK		(b) Payee address; City, State, Zip Code 1601 WILLOW RD BLDG 10 MENLO PARK, CA 94025
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description ADVERTISING
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held
PAYMENT		(a) Amount Charged \$4,100.00	(b) Date of Charge 09/03/2024	(c) Date(s) Credit Card Issuer Paid
PAYEE		(a) Payee name WAY BETTER SOUND AND		(b) Payee address; City, State, Zip Code 3576 W TC JESTER BLVD HOUSTON, TX 77018
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description AUDIO AND VISUAL EQUIPMENT RENTAL FOR PRAYER BREAKFAST
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 27/28 Rpt:		2 FILER NAME Mack, Wayne		3 Filer ID
4 CREDIT CARD ISSUER		Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT		(a) Amount Charged \$107.14	(b) Date of Charge 10/10/2024	(c) Date(s) Credit Card Issuer Paid
7 PAYEE		(a) Payee name THE TOASTED YOLK CAFE		(b) Payee address; City, State, Zip Code 2129 W DAVIS ST CONROE, TX 77304
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description POLITICAL LUNCH
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held
PAYMENT		(a) Amount Charged \$133.35	(b) Date of Charge 12/01/2024	(c) Date(s) Credit Card Issuer Paid
PAYEE		(a) Payee name LOS PERICOS		(b) Payee address; City, State, Zip Code 508 S DANVILLE WILLIS, TX 77378
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description POLITICAL LUNCH
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held
PAYMENT		(a) Amount Charged \$57.05	(b) Date of Charge 12/30/2024	(c) Date(s) Credit Card Issuer Paid
PAYEE		(a) Payee name LAKE CONROE AREA REPUBLICAN WOMEN PAC		(b) Payee address; City, State, Zip Code PO BOX 737 MONTGOMERY, TX 77356
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description MEMBERSHIP DUES
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 28/28 Rpt:	2 FILER NAME Mack, Wayne		3 Filer ID
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$30.00	(b) Date of Charge 07/01/2024	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name BX3 INTERACTIVE		(b) Payee address; City, State, Zip Code 17505 N 79TH AVE STE 208D GLENDALE, AZ 85308
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description MONTHLY FEE FOR WEBSITE
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$74.38	(b) Date of Charge 07/03/2024	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name THE SHIRT OFF MY BACK		(b) Payee address; City, State, Zip Code 17018 FM 1314 CONROE, TX 77302
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description CAMPAIGN SHIRT EMBROIDERY
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held