CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT COVER SHEET PG 1 Total pages filed: 1 Filer ID The C/OH Instruction Guide explains how to complete this form. 115 CANDIDATE / MS/MRS/MR FIRST MI **OFFICE USE ONLY OFFICEHOLDER** Wayne COUNTY ELECTIONS NAME **NICKNAME SUFFIX** LAST Mack CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; ZIP CODE **OFFICEHOLDER** PO Box 2234 MAILING **ADDRESS** Change of Address Conroe, TX 77305 Date Imaged CAMPAIGN MS/MRS/MR FIRST MI **TREASURER** W NAME GREGORY NICKNAME LAST SUFFIX SMITH CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); STATE: ZIP CODE APT / SUITE #: CITY; **TREASURER** 63 HIWON ST Conroe, TX 77304 **ADDRESS** (Residence or Business) **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION** TREASURER PHONE (936) 900-9094 REPORT TYPE January 15 30th day before election Runoff 15th day after campaign treasurer Х appointment (officeholder only) Final Report (Attach C/OH-FR) July 15 8th day before election **Exceeded modified** reporting limit PERIOD Month Month Day Year Day Year COVERED THROUGH 07/01/2024 12/31/2024 **ELECTION DATE ELECTION TYPE** 10 ELECTION Other Month Day Year Primary Runoff General Special 11 OFFICE 12 OFFICE SOUGHT (if known) OFFICE HELD (if any) JUSTICE COURT 1 Montgomery **GO TO PAGE 2** Version V4.1.0.5dd2ace2 Forms provided by Texas Ethics Commission www.ethics.state.tx.us

FORM C/OH

CANDIDATE / OFFICEHOLDER REPORT:

FORM C/OH COVER SHEET PG 2

SUPPORT	& IUIALS			2 of 115			
13 C / OH NAME	Mack, Wayne		14 Filer ID				
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expendite These expenditures may have been made without d officeholders are required to report this informatio	the candidate's or officel	holder's knowledge or			
Additional Pages	COMMITTEE TYPE GENERAL	COMMITTEE NAME COMMITTEE ADDRESS					
	SPECIFIC						
		COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TREASURER ADDRE	SS	raman ong kinakan mendalah kanan Mendalah kendalah kendalah dan kendalah kendalah kendalah kendalah berakan be			
16 CONTRIBUTION TOTALS		L IZED POLITICAL CONTRIBUTIONS (OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 1,200.00			
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	S)	\$ 121,854.00			
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL EXPENDITURES		\$ 0.00			
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 156,351.03			
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 88,088.91			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 6,936.00			
AFFIX NO	PANDIE GONZALES DITARY PUBLIC, STATE OF TEXAS Notary ID #12050960 Expires July 28, 2028 TARY STAMP / SEAL AB Cribed before me, by the s	DVE		be reported by me			
Signature of office	cer administering	Printed name of officer administering	Title of officer	administering oath			

SUBTOTALS - C/OH

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

					3 of 115
1	ER NAI ack, Wa		19 Filer ID		
		E SUBTOTALS SCHEDULE			SUBTOTAL AMOUNT
1.	х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	118,756.00
2.	х	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	3,098.00
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE E: LOANS		\$	
5.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	5	\$	115,657.78
6,		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$	
8,	X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	40,693.25
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$	
12,		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

WONE	ARY POLITICAL CONTRIBUTIO	JNS	SCH	IEDULE A1
The Instru	ction Guide explains how to complete this fo	orm.	1 Total pages Schedul Sch: 1/45 Rpt: 4/1	
2 FILER NAME Mack, Wayr			3 Filer ID	
4 Date 10/03/2024	5 Full name of contributor		7 Amount of Contributi	on (\$) \$35.00
	6 Contributor address; City; State; Zip Code 4433 PEPPERHILL DR			
	MONTGOMERY, TX 77356			
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)	3)	
Date	Full name of contributor out-of-state PAC (ID#:_	,	Amount of Contributi	on (\$)
09/12/2024	ADAMS, DUSTY AND RENEE		Amount of Contribute	\$1,000.00
	Contributor address; City; State; Zip Code			
	15585 CROWN OAKS DR			
	MONTGOMERY, TX 77316			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)	
Date	Full name of contributor ut-of-state PAC (ID#:_	λ	Amount of Contributi	on (\$)
08/01/2024	ANGLIN, LUKE			\$1,000,00
	Contributor address; City; State; Zip Code			
	6451 SH 105			
	CONROE, TX 77304			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)	
Date 08/02/2024	Full name of contributor out-of-state PAC (ID#: ARTHUR, SHANA		Amount of Contributi	on (\$) \$250,00
00/02/2024	Contributor address; City; State; Zip Code			\$250,00
	5427 PINE SPRINGS CT			
	CONROE, TX 77304			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	L ;)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contributi	
08/03/2024	BAKER, KRISTI	***************************************		\$250.00
	Contributor address; City; State; Zip Code 10911 CLUBHOUSE CIR			
Principal occu	MAGNOLIA, TX 77354 pation / Job title (See Instructions)	Employer (See Instructions	2)	
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MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 2/45 Rpt: 5/115 2 FILER NAME 3 Filer ID Mack, Wayne 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 10/05/2024 BAKER, TERESA \$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 Full name of contributor out-of-state PAC (ID#:__ Amount of Contribution (\$) 10/10/2024 \$30.00 BARCENAS, CELINA Contributor address; City; State; Zip Code 13900 COALTOWN RD **WILLIS, TX 77378** Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 08/16/2024 BAYS, J RANDAL \$250.00 Contributor address; City; State; Zip Code 1503 HAILEY ST **CONROE, TX 77301** Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#:_ 09/06/2024 \$110.00 BENNETT, MARY Contributor address; City; State; Zip Code 216 VALLEY DR CONROE, TX 77304 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#:_ 08/14/2024 BLAIR, DANIELLE \$70.00 Contributor address; City; State; Zip Code 10023 MARY LN CBEACH CITY, TX 77523 Principal occupation / Job title (See Instructions) Employer (See Instructions)

The Instru	tion Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 3/45 Rpt: 6/115	
FILER NAME Mack, Wayn		3 Filer ID	
Date 10/10/2024	5 Full name of contributor out-of-state PAC (ID#:) BLAIR, MICHELLE	7 Amount of Contribution (\$)	\$30.0
	6 Contributor address; Clty; State; Zip Code 32222 WILLOW CREEK PK		
	CONROE, TX 77385		
Principal occu	ation / Job title (See Instructions) 9 Employer (See Instructions))	
Date 09/04/2024	Full name of contributor out-of-state PAC (ID#:) BOND, TAY Contributor address; City; State; Zip Code 200 W DAVIS ST	Amount of Contribution (\$)	\$1,000.0
Principal occu	CONROE, TX 77301 ation / Job title (See Instructions) Employer (See Instructions)	
Date 10/10/2024	Full name of contributor out-of-state PAC (ID#:) BOOTH, JENNIFER Contributor address; City; State; Zip Code 14510 EDWARDS RD MONTGOMERY, TX 77316	Amount of Contribution (\$)	\$120.0
Principal occu	ation / Job title (See Instructions) Employer (See Instructions)	**************************************
Date 08/28/2024	Full name of contributor out-of-state PAC (ID#:) BRANNON, MIKE	Amount of Contribution (\$)	\$1,000.0
:	Contributor address; City; State; Zip Code 3060 ROLLING VALLEY LN		
Principal occu	BRENHAM, TX 77833 ation / Job title (See Instructions) Employer (See Instructions)	
Date	Full name of contributor Out-of-state PAC (ID#:	Amount of Contribution (\$)	
08/16/2024	Full name of contributor out-of-state PAC (ID#:) BRENNAN, PAT	Amount of Continues (4)	\$110.0
	Contributor address; City; State; Zip Code 7279 GRAND LAKE DR		÷
Principal occu	WILLIS, TX 77318 ation / Job title (See Instructions) Employer (See Instructions)	
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	MONET	Α	RY POLITICAL CONTRIBUTIONS	5		SCHEDU	LE A1
-	The Instru	cti	on Guide explains how to complete this form		1	Total pages Schedule A1: Sch: 4/45 Rpt: 7/115	
	FILER NAME Mack, Wayr				3	Filer ID	
 -	Date 09/04/2024	5	Full name of contributor		7	Amount of Contribution (\$)	\$1,000.00
		6	Contributor address; City; State; Zip Code PO BOX 500				
			CONROE, TX 77305				
l	Principal occu	ıpat	on / Job title (See Instructions) 9 E	imployer (See Instructions))		
	Date 09/23/2024		Full name of contributor			Amount of Contribution (\$)	\$35.00
**	Pulsalasi		SHENANDOAH, TX 77381				· · · · · · · · · · · · · · · · · · ·
	Principal occi	ıpat	on / Job title (See Instructions)	imployer (See Instructions)	1		
	Date 10/01/2024		Full name of contributor)		Amount of Contribution (\$)	\$250.00
	Principal occu	ıpat	CONROE, TX 77305 on / Job title (See Instructions)	imployer (See Instructions)	•		
	Date 08/17/2024		Full name of contributor ut-of-state PAC (ID#: BUSH, DON		****	Amount of Contribution (\$)	\$35.00
			Contributor address; City; State; Zip Code 13250 FM 830 RD				
	Principal occu	pat	WILLIS, TX 77318 on / Job title (See Instructions)	mployer (See Instructions)			
	Date	T	Full name of contributor Out-of-state PAC (ID#:			Amount of Contribution (\$)	
	10/10/2024		BUTLER, CARRIE			randant of Continuation (4)	\$500.00
			Contributor address; City; State; Zip Code 204 DAWNS EDGE				
	Principal occu	pati	MONTGOMERY, TX 77356 on / Job title (See Instructions)	mployer (See Instructions))		
-	, , , , , , , , , , , , , , , , , , , 						
ī	ms provided	by	Texas Ethics Commission www.ethics.stat	e.tx.us		Version V4.1	.0.5dd2ac

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The Instruc	tion Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 5/45 Rpt: 8/115	
2 FILER NAME Mack, Wayne			3 Filer ID	
4 Date 08/01/2024	Full name of contributor 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 occu	ation / Job title (See Instructions)	9 Employer (See Instructions)	
Date 08/26/2024	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	\$500.00
	CONROE, TX 77301			
Principal occup	ation / Job title (See Instructions)	Employer (See Instructions		
Date 09/16/2024	Full name of contributor out-of-state PAC (ID#: CANTU, ANDREW Contributor address; City; State; Zip Code 1815 HART RD		Amount of Contribution (\$)	\$500.00
Principal occup	CONROE, TX 77304 ation / Job title (See Instructions)	Employer (See Instructions		
Date	Full name of contributor out-of-state PAC (ID#:	, 1	Amount of Contribution (\$)	
08/09/2024	CARLING, ERIN Contributor address; City; State; Zip Code 3269 EAST CHUNK DR	(*************************************		\$35.00
	CONROE, TX 77301			
Principal occup	ation / Job title (See Instructions)	Employer (See Instructions))	
Date 08/13/2024	Full name of contributor)	Amount of Contribution (\$)	\$1,000.00
	Contributor address; City; State; Zip Code 3999 INTERSTATE 45 N			
Principal occup	CONROE, TX 77304 ation / Job title (See Instructions)	Employer (See Instructions		
	y Texas Ethics Commission www.ethics.		Version V4.1	Vessore

MONET	ARY POLITICAL CONTRIBUTION)NS	SCHEDUL	E A1
The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 6/45 Rpt: 9/115	
FILER NAME Mack, Wayn			3 Filer ID	
Date 09/13/2024	5 Full name of contributor out-of-state PAC (ID#:_ CARWILE, SALLY)	7 Amount of Contribution (\$)	\$500.0
	6 Contributor address; City; State; Zip Code PO BOX 189			
Principal occur	MONTGOMERY, TX 77356 pation / Job title (See Instructions)	Employer/See Instructions	<u> </u>	····
riincipai occu	auon / Jou tille (See msructions)	9 Employer (See Instructions	}	
Date 10/10/2024	Full name of contributor out-of-state PAC (ID#_CASEY, GREG Contributor address; City; State; Zip Code 19182 GRANDVIEW PT		Amount of Contribution (\$)	\$50.0
	MONTGOMERY, TX 77356	:		
Principal occur	pation / Job title (See Instructions)	Employer (See Instructions)	
Date 08/13/2024	Full name of contributor out-of-state PAC (ID#: CASSO, RON Contributor address; City; State; Zip Code 12111 KAISO LN)	Amount of Contribution (\$)	\$110.0
Principal occur	CONROE, TX 77304 ation / Job title (See Instructions)	Employer (See Instructions)	
Date 10/10/2024	Full name of contributor)	Amount of Contribution (\$)	\$250.0
	Contributor address; City; State; Zip Code PO BOX 6			
Principal occup	CONROE, TX 77305 ation / Job title (See Instructions)	Employer (See Instructions)	
Date 10/01/2024	Full name of contributor		Amount of Contribution (\$)	\$35.0
	Contributor address; City; State; Zip Code 542 DIGGS RD			
Principal occup	WILLIS, TX 77378 ation / Job title (See Instructions)	Employer (See Instructions)	
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MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUI	E A1
The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 7/45 Rpt: 10/115	
2 FILER NAME Mack, Wayn	2		3	Filer ID	
4 Date 10/03/2024	5 Full name of contributor		7	Amount of Contribution (\$)	\$70.00
	6958 BREEZY POINT WILLIS, TX 77318				
3 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)	. ,.	
Date 08/01/2024	Full name of contributor out-of-state PAC (ID#: CLARK, LAURA Contributor address; City; State; Zip Code 9123 KERR DR	}		Amount of Contribution (\$)	\$35,00
	TOMBALL, TX 77375	. ,			
Principal occup	oation / Job title (See Instructions)	Employer (See Instructions)		
Date 07/27/2024	Full name of contributor out-of-state PAC (ID#:_ COKER, ALICE Contributor address; City; State; Zip Code 104 QUIET WIND DR)		Amount of Contribution (\$)	\$35.0
Principal occur	MONTGOMERY, TX 77356 pation / Job title (See Instructions)	Employer (See Instructions)		······································
Date 09/10/2024	Full name of contributor out-of-state PAC (ID#: CONNER, MATTHEW Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$250.0
	15006 CONCHO RIVER WAY CYPRESS, TX 77433				
Principal occur	ation / Job title (See Instructions)	Employer (See Instructions)		
Date 09/10/2024	Full name of contributor out-of-state PAC (ID#:COON, DUKE Contributor address; City; State; Zip Code PO BOX 1351.)		Amount of Contribution (\$)	\$1,000.00
Principal occup	CONROE, TX 77305 ration / Job title (See Instructions)	Employer (See Instructions)		
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MONET	ARY POLITICAL CONTRIBUTION	NS	SCHEDUL	E A1
The Instru	etion Guide explains how to complete this fo	rm.	1 Total pages Schedule A1: Sch: 8/45 Rpt: 11/115	
Pack, Wayn			3 Filer ID	
Date 10/10/2024	5 Full name of contributor		7 Amount of Contribution (\$)	\$1.00.0
	6 Contributor address; City; State; Zip Code 23648 CORLEY RD			
	RICHARDS, TX 77873			
Principal occu	eation / Job title (See Instructions) 9	Employer (See Instructions)		
Date	Full name of contributor Out-of-state PAC (ID#:	\ 1	Amount of Contribution (\$)	<u></u>
10/10/2024	CORMIER, CHRISTIAN		Amount of Containation (4)	\$120.0
10,10,1011	Contributor address; City; State; Zip Code	***************************************		Q1E0IO
	2433 W BRAMLET DR			
	CONROE, TX 77304			
Principal occu	ation / Job title (See Instructions)	Employer (See Instructions)		
Date	Full name of contributor out-of-state PAC (ID#:) [Amount of Contribution (\$)	
08/23/2024	CRAWFORD, BETH			\$35.0
	Contributor address; City; State; Zip Code 259 BRISTOL BEND CIR			
	SPRING, TX 77382			
Principal occu	ation / Job title (See Instructions)	Employer (See Instructions)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
08/28/2024	CRESPO, DEBORAH			\$70.0
	Contributor address; City; State; Zip Code 1996 CANYON LIVE OAK ST			
	CONROE, TX 77304			
Principal occup	ation / Job title (See Instructions)	Employer (See Instructions)		
Date	Full name of contributor)	Amount of Contribution (\$)	
10/10/2024	CRESPO, DEBORAH			\$85.0
	Contributor address; City; State; Zip Code			
	1996 CANYON LIVE OAK ST	·		
	CONROE, TX 77304			
Principal occup	ation / Job title (See Instructions)	Employer (See Instructions)		
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	MONET	ARY POLITICAL CONTRIBUTIONS		SCHEDU	E A1
	The Instru	ction Guide explains how to complete this form.	1	Total pages Schedule A1: Sch: 9/45 Rpt: 12/115	
2	FILER NAME Mack, Wayr	е	3	Filer ID	a - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
4		5 Full name of contributor ut-of-state PAC (ID#:) CRONAN, KYLE	7	Amount of Contribution (\$)	\$1,000.00
		6 Contributor address; City; State; Zip Code 131 GENESEE RIDGE DR			
_		CONROE, TX 77385			
8	Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	ons)		
	Date 09/30/2024	Full name of contributor out-of-state PAC (ID#:) CROWSON, WINDY Contributor address; City; State; Zip Code 22578 FM 2620		Amount of Contribution (\$)	\$105.00
		BEDIAS, TX 77831	1		
	Principal occu	pation / Job title (See Instructions) Employer (See Instruction	ons)		
	Date 10/10/2024	Full name of contributor out-of-state PAC (ID#:) CROWSON, WINDY		Amount of Contribution (\$)	\$50.0
		Contributor address; City; State; Zip Code 22578 FM 2620			
•	Principal occu	BEDIAS, TX 77831 pation / Job title (See Instructions) Employer (See Instructions)	ons)		
-	Date	Full name of contributor ut-of-state PAC (ID#;)	T	Amount of Contribution (\$)	
	08/16/2024	DEGNER, STEVE			\$250.0
		Contributor address; City; State; Zip Code 436 CUMBERLAND TRAIL			
_	m.t	CONROE, TX 77302		and the second	***************************************
	Principal occu	pation / Job title (See Instructions) Employer (See Instruction	ons)		
-	Date 10/08/2024	Full name of contributor		Amount of Contribution (\$)	\$1,000.00
		Contributor address; City; State; Zip Code 98 HILBIG RD			
-	Principal occu	CONROE, TX 77301 pation / Job title (See Instructions) Employer (See Instructions)	ons)		<u> </u>
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Ö	ms provided	by Texas Ethics Commission www.ethics.state.tx.us		Version V4.1	.0.5dd2ace

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 10/45 Rpt: 13/115 FILER NAME 3 Filer ID Mack, Wayne 4 Date 5 Full name of contributor 7 Amount of Contribution (\$) out-of-state PAC (ID#: 08/27/2024 DOOLEY, J MARK \$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 Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/04/2024 \$35.00 **DUKES, SHIRLEY** Contributor address; City; State; Zip Code 207 BYBEE DR **CONROE, TX 77301** Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Date Full name of contributor Amount of Contribution (\$) ut-of-state PAC (ID#:_ 09/11/2024 **EICKENHORST, WILLIAM** \$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 Amount of Contribution (\$) Full name of contributor out-of-state PAC (ID#: 09/12/2024 \$70.00 **ELLIOTT, JIM** Contributor address; City; State; Zip Code 714 TALMALGE HALL DR **CONROE, TX 77302** Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 10/10/2024 **ELLISON, BILL** \$1,690.00 Contributor address; City; State; Zip Code 2161 SUMMIT MIST CONROE, TX 77304 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V4.1.0.5dd2ace2

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

	MONET	ΓA	RY POLITICAL CONTRIBUTIONS		SCHEDUL	E A1
=	The Instru	cti	on Guide explains how to complete this form.	1	Total pages Schedule A1: Sch: 12/45 Rpt: 15/115	
2	FILER NAME Mack, Wayn		***************************************	3	Filer ID	
4	Date 09/05/2024		Full name of contributor out-of-state PAC (ID#:) FORTNER, MICHAEL Contributor address; City; State; Zip Code 33 STOCKBRIDGE LANDING CT	7	Amount of Contribution (\$)	\$250.00
			THE WOODLANDS, TX 77382			
8	Principal occu	ıpat	ion / Job title (See Instructions) 9 Employer (See Instructions)	ns)		
	Date 10/10/2024		Full name of contributor		Amount of Contribution (\$)	\$25.00
	Principal occu	ipat	ion / Job title (See Instructions) Employer (See Instructions)	ns)		· · · · · ·
	Date 10/08/2024	-,	Full name of contributor		Amount of Contribution (\$)	\$70.00
	Principal occu	ıpat	MAGNOLIA, TX 77354 ion / Job title (See Instructions) Employer (See Instructions)	ns)		
	Date 09/05/2024		Full name of contributor		Amount of Contribution (\$)	\$70.00
	Principal occu	ıpat	ion / Job title (See Instructions) Employer (See Instructions)	ns)		
	Date 08/16/2024	****	Full name of contributor 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 occu	ipat	ion / Job title (See Instructions) Employer (See Instruction	ns)		:

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The Instruc	tion Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/45 Rpt: 16/115	
FILER NAME Mack, Wayne			3 Filer ID	
08/26/2024	 Full name of contributor	723-11.141.5577.6564.6157.6157.4157.4157.4157.4157.4157.4157.4157.4	7 Amount of Contribution (\$)	\$70.0
Principal occup	CONROE, TX 77304 pation / Job title (See Instructions) 9 Em	ployer (See Instructions)		
Date 10/10/2024	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	\$135.00
Principal occup	ation / Job title (See Instructions) Em	ployer (See Instructions)		
Date 08/16/2024	Full name of contributor		Amount of Contribution (\$)	\$250.0
Principal occup	COLDSPRING, TX 77331 action / Job title (See Instructions) Em	ployer (See Instructions)	**************************************	
Date 08/16/2024	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	\$110.0
Principal occup		ployer (See Instructions)	<u></u>	,
Date 10/10/2024	Full name of contributor out-of-state PAC (ID#: GOSSMANN, KIMBERLEY Contributor address; City; State; Zip Code 21 HORN SILVER PL		Amount of Contribution (\$)	\$250.0
Principal occup	THE WOODLANDS, TX 77381 ation / Job title (See Instructions)	ployer (See Instructions)		- Al - NEW MARRIED P. AN APOR

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MONEI	MONETARY POLITICAL CONTRIBUTIONS				E A1
The Instru	ction Guide explains how to complete this fo	erm.	1 Total pages Sched Sch: 14/45 Rpt:		
2 FILER NAME Mack, Wayn			3 Filer ID		
4 Date 10/10/2024	 Full name of contributor		7 Amount of Contribu	ution (\$)	\$500.00
8 Principal occu	PORTER, TX 77365 pation / Job title (See Instructions)	9 Employer (See Instructions)		·
Date 08/16/2024	Full name of contributor		Amount of Contribu	ution (\$)	\$70.00
Principal occu	nation / Job title (See Instructions)	Employer (See Instructions)		
Date 08/27/2024	Full name of contributor out-of-state PAC (ID#: GREEN, DAVID Contributor address; City; State; Zip Code 2505 AMY LEE DR CONROE, TX 77304		Amount of Contribu	ution (\$)	\$35.00
Principal occu	eation / Job title (See Instructions)	Employer (See Instructions)		
Date 07/25/2024	07/25/2024 GREGORY, STEPHANIE KOSUT Contributor address; City; State; Zip Code 620 LONGMIRE RD		Amount of Contribu	ution (\$)	\$500.00
Principal occup	CONROE, TX 77304 Pation / Job title (See Instructions)	Employer (See Instructions)		
Date 08/16/2024	Full name of contributor out-of-state PAC (ID#:_GULLO FAMILY Contributor address; City; State; Zip Code 925 INTERSTATE 45 S		Amount of Contrib	• • •	\$1,000.00
Principal occur	CONROE, TX 77301 ation / Job title (See Instructions)	Employer (See Instructions)	(- ' , - ' '')	<u> </u>
	<u>, , , , , , , , , , , , , , , , , , , </u>				
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	MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A		E A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 15/45 Rpt: 18/115	
2	FILER NAME Mack, Wayn			3	Filer ID	
4	Date 08/26/2024			7	Amount of Contribution (\$)	\$35.00
8	Principal occu	Principal occupation / Job title (See Instructions) 9 Employer (See Instructions))		
	Date 09/13/2024	langt			Amount of Contribution (\$)	\$35.00
	Principal occupation / Job title (See Instructions) Employer (See In		Employer (See Instructions	i)		
	Date 10/21/2024	The state of the s			Amount of Contribution (\$)	\$1,500.00
	Principal occu	CONROE, TX 77301 pation / Job title (See Instructions)	Employer (See Instructions)		,,
	Date 10/10/2024	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	\$605,00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 10/10/2024	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	\$40.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	L i)		

	·			
The Instru	ction Guide explains how to complete this fo	orm.	Total pages Schedule A1: Sch: 16/45 Rpt: 19/115	
FILER NAME Mack, Wayr	е		Filer ID	
Date 08/07/2024	5 Full name of contributor out-of-state PAC (ID#: HALL, TIFFANY		Amount of Contribution (\$)	\$1,000.0
	6 Contributor address; City; State; Zip Code 14547 LAKE BUSINESS DR			
	CONROE, TX 77304			
Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
Date 09/18/2024	Full name of contributor)	Amount of Contribution (\$)	\$20,990.0
	Contributor address; City; State; Zip Code 13179 MCCROREY RD			
	CONROE, TX 77303			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
Date 10/03/2024	Full name of contributor out-of-state PAC (ID#: HARRISON, BILL		Amount of Contribution (\$)	\$250.0
	Contributor address; City; State; Zip Code 502 W MONTGOMERY APT 146			
	WILLIS, TX 77378			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
Date 10/03/2024	Full name of contributor)	Amount of Contribution (\$)	\$35.
	Contributor address; City; State; Zip Code 211 BROCKS LN			
	MONTGOMERY, TX 77356			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
Date 08/17/2024	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	\$500.0
	Contributor address; City; State; Zip Code 2400 ELLIS PARK LN			
	CONROE, TX 77304			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 17/45 Rpt: 20/115 2 FILER NAME 3 Filer ID Mack, Wayne Date 7 Amount of Contribution (\$) 5 Full name of contributor out-of-state PAC (ID#: 10/21/2024 HEATH, TRINITY \$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 Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 08/02/2024 \$35.00 HILL, ENID Contributor address; City; State; Zip Code 2621 N SARAH ST **ST LOUIS, MO 63113** Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: 10/10/2024 HINOJOSA, TINA \$250.00 Contributor address; City; State; Zip Code 210 SHERMAN ST CONROE, TX 77301 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: 08/07/2024 \$70.00 **HUDSON, ANGELINA** Contributor address; City; State; Zip Code 9401 SOUTHWEST FREEWAY HOUSTON, TX 77074 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: 10/08/2024 \$35.00 **HUFFINE, JENNIFER** Contributor address; City; State; Zip Code 30427 TYNHAM SPRINGS DR SPRING, TX 77386 Principal occupation / Job title (See Instructions) Employer (See Instructions) Forms provided by Texas Ethics Commission Version V4.1.0,5dd2ace2 www.ethics.state.tx.us

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

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The Instru	ction Guide explains how to complete this for	m.		es Schedule A1: 45 Rpt: 22/115	
2 FILER NAME Mack, Wayn	9		3 Filer ID		
1 Date 10/10/2024	 Full name of contributor)	7 Amount o	f Contribution (\$)	\$30.00
	11203 TWAIN DR MONTGOMERY, TX 77356				
Principal occu		Employer (See Instructions)		
Date 08/16/2024	the state of the s			f Contribution (\$)	\$35.00
Principal occu	MONTGOMERY, TX 77356 pation / Job title (See Instructions)	Employer (See Instructions)		. <u> </u>
Date 09/03/2024	Full name of contributor out-of-state PAC (ID#: JONES, CONSTABLE CHIRS Contributor address; City; State; Zip Code PO BOX 52		Amount o	f Contribution (\$)	\$1,000.0
Principal occu	MAGNOLIA, TX 77353 Dation / Job title (See Instructions)	Employer (See Instructions)		
Date 10/10/2024	Full name of contributor out-of-state PAC (ID#:		Amount o	f Contribution (\$)	\$250.0
101 101 101 1	Contributor address; City; State; Zip Code 27 GRAND REGENCY CIR				\$20010
Principal occu	THE WOODLANDS, TX 77382 Dation / Job title (See Instructions)	Employer (See Instructions)	<u>*</u>	, <u>, , , , , , , , , , , , , , , , , , </u>
Date 09/03/2024	Full name of contributor		Amount o	f Contribution (\$)	\$1,000.0
	Contributor address; City; State; Zip Code 27 GRAND REGENCY CIR THE WOOD ANDS: TV 77393				
Principal occu	THE WOODLANDS, TX 77382 pation / Job title (See Instructions)	Employer (See Instructions)	**************************************	· · · · · · · · · · · · · · · · · · ·
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WONE	ARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The Instruc	tion Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 20/45 Rpt: 23/115
FILER NAME Mack, Wayne		3 Filer ID
	5 Full name of contributor	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code 585 EDGEWOOD DR	
	MONTGOMERY, TX 77356	
Principal occup	ation / Job title (See Instructions) 9 Employer (See	Instructions)
Date 08/26/2024	Full name of contributor	
	LAKE FOREST PARK, WA 98155	
Principal occup	ation / Job title (See Instructions) Employer (See	Instructions)
Date 08/15/2024	Full name of contributor	Amount of Contribution (\$) \$35,0
Principal occup	MAGNOLIA, TX 77355 ation / Job title (See Instructions) Employer (See	Instructions)
Date 10/10/2024	Full name of contributor	Amount of Contribution (\$) \$75.0
1	Contributor address; City; State; Zip Code 110 SHADYLYN DR	
Principal occur	CONROE, TX 77304 ation / Job title (See Instructions) Employer (See	Instructions)
i interpret Coope	Empoyer (cos	
Date 09/13/2024	Full name of contributor) Amount of Contribution (\$) \$1,000.6
	Contributor address; City; State; Zip Code 123 PARK WAY	
Principal occup	MONTGOMERY, TX 77356 ation / Job title (See Instructions) Employer (See	Instructions)
	y Texas Ethics Commission www.ethics.state.tx.us	Version V4.1.0.5dd2a

MON	ETARY POLITICAL CONTRIBUTIONS		SCHEDUL	E A1
The In:	struction Guide explains how to complete this form.	1	Total pages Schedule A1: Sch: 21/45 Rpt: 24/115	
FILER N. Mack, V		3	Filer ID	
Date 10/10/20	5 Full name of contributor out-of-state PAC (ID#:	7	Amount of Contribution (\$)	\$75.00
	6 Contributor address; City; State; Zip Code 1837 LEELA SPRINGS DR	04-044-044-04-0		
Dringing	CONROE, TX 77304 occupation / Job title (See Instructions) 9 Employer (See I	notruotiano)		
- мистра	occupation / Job title (See Instructions) 9 Employer (See I	ristructions)		
Date 09/13/20	Contributor address; City; State; Zip Code PO BOX 737		Amount of Contribution (\$)	\$500.00
Principal	MONTGOMERY, TX 77356 occupation / Job title (See Instructions) Employer (See I	nstructions)		
Date 08/21/20	Contributor address; City; State; Zip Code 12423 LAKEVIEW DR		Amount of Contribution (\$)	\$110.00
Principal	MONTGOMERY, TX 77356 occupation / Job title (See Instructions) Employer (See I	nstructions)		
Date 10/03/20	Full name of contributor		Amount of Contribution (\$)	\$500.00
	CONROE, TX 77301			
Principal	occupation / Job title (See Instructions) Employer (See I	nstructions)		
Date 08/22/20	***************************************		Amount of Contribution (\$)	\$70.0
	Contributor address; City; State; Zip Code 11243 BLUE GRASS WAY			
Principal	MONTGOMERY, TX 77316 occupation / Job title (See Instructions) Employer (See I	nstructions)		**************************************
rms provi	ded by Texas Ethics Commission www.ethics.state.tx.us		Version V4.1.	.v.500280

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 22/45 Rpt: 25/115 2 FILER NAME 3 Filer ID Mack, Wayne 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 10/11/2024 \$500.00 LIBERTY BELLES REPUBLICAN WOMEN 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 Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#; 08/01/2024 \$1,000.00 LINDLEY, GREGORY Contributor address; City; State; Zip Code 2121 SAGE RD STE 150 HOUSTON, TX 77056 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Amount of Contribution (\$) Full name of contributor out-of-state PAC (#D#: 09/13/2024 LINEBARGER GOGGAN BLAIR AND SIMPSON LLP \$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 Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/04/2024 \$250.00 LINZER, JO Contributor address; City; State; Zip Code 322 N MAIN ST CONROE, TX 77301 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#; 08/31/2024 LOCKEY, DORIS \$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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 23/45 Rpt: 26/115 2 FILER NAME 3 Filer ID Mack, Wayne 4 Date 5 Full name of contributor 7 Amount of Contribution (\$) out-of-state PAC (ID#: 09/25/2024 LOFTON, RON \$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 Full name of contributor out-of-state PAC (ID#:_ Amount of Contribution (\$) 10/10/2024 \$220.00 LOFTON, RON Contributor address; City; State; Zip Code 33 L TAYLOR RD **NEW WAVERLY, TX 77358** Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#; 09/04/2024 LONON, KAREN MICHELLE \$110.00 Contributor address; City; State; Zip Code 848 EAGLE POINTE MONTGOMERY, TX 77316 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Date Amount of Contribution (\$) Full name of contributor out-of-state PAC (ID#; 10/10/2024 \$100.00 LOONEY, PAUL Contributor address; City; State; Zip Code 11040 BLUE BELL DR **WILLIS, TX 77318** Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: 08/27/2024 \$500.00 LUND, JAN CANTRELL Contributor address; City; State; Zlp Code 1104A WILSON RD CONROE, TX 77301 Principal occupation / Job title (See Instructions) Employer (See Instructions)

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

			1 Total pages Schedule A1:	
The Instru	ction Guide explains how to complete this for	m.	Sch: 25/45 Rpt: 28/115	
FILER NAME Mack, Wayn	e		3 Filer ID	
Date 09/11/2024	5 Full name of contributor ut-of-state PAC (ID#: MARLING, ROBERT		7 Amount of Contribution (\$)	\$1,000.0
	6 Contributor address; City; State; Zip Code 301 RELENTLESS DR			
	MONTGOMERY, TX 77316			
Principal occu	pation / 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 (\$)	\$35.0
	Contributor address; City; State; Zip Code 26468 CEMETERY RD			
Principal occu	CLEVELAND, TX 77372 pation / Job title (See Instructions)	Employer (See Instructions)	, , , , , , , , , , , , , , , , , , ,	
	·			
Date Full name of contributor out-of-state PAC (ID#: 10/09/2024 MAY, NICOLE			Amount of Contribution (\$)	\$35.0
	Contributor address; City; State; Zip Code 167 W BRISTOL OAK CIR			
	SPRING, TX 77382			
Principal occu	oation / Job title (See Instructions)	Employer (See Instructions)		
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	
09/03/2024	MCCLANAHAN, JACK	ψράγιολογ, <u>πεβγάληγού ορφοληγά</u> ου λα ναφολαπό πη λο νορ		\$3,500.0
!	Contributor address; City; State; Zip Code 13921 HIGHWAY 105 W			
	CONROE, TX 77304			
Principal occu	CONROE, TX 77304 pation / Job title (See Instructions)	Employer (See Instructions)		
Date	oation / Job title (See Instructions) Full name of contributor	Employer (See Instructions)	Amount of Contribution (\$)	
	pation / Job title (See Instructions) Full name of contributor	Employer (See Instructions)		\$70.0
Date	Full name of contributor ut-of-state PAC (ID#:	Employer (See Instructions)		\$70.0
Date	Full name of contributor Out-of-state PAC (ID#: MCGEE, CHRISTINA Contributor address; City; State; Zip Code	Employer (See Instructions)		\$70.0
Date 09/16/2024	Full name of contributor out-of-state PAC (ID#: MCGEE, CHRISTINA Contributor address; City; State; Zip Code 1231 BOWEN LOOP	Employer (See Instructions) Employer (See Instructions)	Amount of Contribution (\$)	\$70.0

The Instruction Guide explains how to complete this form. 2 FILER NAME Mack, Wayne 3 Filer ID 3 Filer ID 4 Date 5 Full name of contributor out-of-state PAC (IDIR:						
Mack, Wayner	The Instruc	ction Guide explains how to complete this fo	rm.	1		
MCNABB, CONNIE 6 Contributor address; City; State; Zip Code 19164 LAKETREE DR MONTGOMERY, TX 77356 Principal occupation / Job title (See Instructions) Date 10/10/2024 Full name of contributor		•		3	Filer ID	
19164 LAKETREE DR MONTGOMERY, TX 77356	10/10/2024	MCNABB, CONNIE		7	Amount of Contribution (\$)	\$115.00
Principal occupation / Job title (See Instructions) Pull name of contributor		- ,				
Date Full name of contributor out-of-state PAC (ID#:		MONTGOMERY, TX 77356				
MELANCON, ALICE Contributor address; City; State; Zip Code 17039 SHY LEAF CT CONROE, TX 77385 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date O9/08/2024 MENDELOW, CHRISTY Contributor address; City; State; Zip Code 21175 TOMBALL PKWY 115 HOUSTON, TX 77070 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of Contribution (\$) \$25 Contributor address; City; State; Zip Code 9686 ADCOCK ACRES CONROE, TX 77303 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of Contribution (\$) \$2,55 Contributor address; City; State; Zip Code 9686 ADCOCK ACRES CONROE, TX 77303 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) \$2,66 Contributor address; City; State; Zip Code 7926 ADCOCK ACRES DR CONROE, TX 77303	Principal occup	pation / Job title (See Instructions)	9 Employer (See Instructions)		
Contributor address; City; State; Zip Code 17039 SHY LEAF CT CONROE, TX 77385 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date 09/08/2024 Full name of contributor		land the state of)		Amount of Contribution (\$)	
17039 SHY LEAF CT CONROE, TX 77385	10/10/2024	Odgipigal di katagran i nagukagu i brans vokur (9 00 1 000 1 mu 20 00 1 2 m/ 4 2 k 2 k 2 k 2 k 2 k 2 k 2 k 2 k	\$\$ 1 ku k khii kuuqhqui vi quoduu kui kui ruud qub tuu ton Yu 47 ku kbu			\$165.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)			-			
Date Full name of contributor out-of-state PAC (ID#:		CONROE, TX 77385				
O9/08/2024 MENDELOW, CHRISTY \$25 Contributor address; City; State; Zip Code 21175 TOMBALL PKWY 115 HOUSTON, TX 77070 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:	Principal occur	oation / Job title (See Instructions)	Employer (See Instructions)		
Contributor address; City; State; Zip Code 21175 TOMBALL PKWY 115 HOUSTON, TX 77070 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of Contribution (\$) \$2,55 Contributor address; City; State; Zip Code 9686 ADCOCK ACRES CONROE, TX 77303 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of Contribution (\$) \$2,66 Contributor address; City; State; Zip Code 7926 ADCOCK ACRES DR CONROE, TX 77303	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
21175 TOMBALL PKWY 115 HOUSTON, TX 77070 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of Contribution (\$) \$2,55 Contributor address; City; State; Zip Code 9686 ADCOCK ACRES CONROE, TX 77303 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of Contribution (\$) \$2,66 Contributor address; City; State; Zip Code 7926 ADCOCK ACRES DR CONROE, TX 77303	09/08/2024	MENDELOW, CHRISTY				\$250.00
Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of Contribution (\$) \$2,55 Contributor address; City; State; Zip Code 9686 ADCOCK ACRES CONROE, TX 77303 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of Contribution (\$) \$2,66 Contributor address; City; State; Zip Code 7926 ADCOCK ACRES DR CONROE, TX 77303		F	***************************************			
Date Full name of contributor out-of-state PAC (ID#;		HOUSTON, TX 77070				
10/10/2024 MENDIOLA, JOE \$2,55 Contributor address; City; State; Zip Code 9686 ADCOCK ACRES CONROE, TX 77303 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date 10/10/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 10/10/2024 MERCADO, JOHN Contributor address; City; State; Zip Code 7926 ADCOCK ACRES DR CONROE, TX 77303	Principal occur	pation / Job title (See Instructions)	Employer (See Instructions)	<u> </u>	
Contributor address; City; State; Zip Code 9686 ADCOCK ACRES CONROE, TX 77303 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date 10/10/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 10/10/2024 MERCADO, JOHN Contributor address; City; State; Zip Code 7926 ADCOCK ACRES DR CONROE, TX 77303	Date	Full name of contributor		Г	Amount of Contribution (\$)	
Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:	10/10/2024	MENDIOLA, JOE				\$2,550.00
Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor						
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 10/10/2024 MERCADO, JOHN \$2,66 Contributor address; City; State; Zip Code 7926 ADCOCK ACRES DR CONROE, TX 77303		CONROE, TX 77303		L		
10/10/2024 MERCADO, JOHN \$2,66 Contributor address; City; State; Zip Code 7926 ADCOCK ACRES DR CONROE, TX 77303	Principal occur	ation / Job title (See Instructions)	Employer (See Instructions	i)		
Contributor address; City; State; Zip Code 7926 ADCOCK ACRES DR CONROE, TX 77303		Towns 1			Amount of Contribution (\$)	
7926 ADCOCK ACRES DR CONROE, TX 77303	10/10/2024		**************			\$2,665.00
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Principal occupation / Job title (See Instructions) Employer (See Instructions)		CONROE, TX 77303				
	Principal occup	ation / Job title (See Instructions)	Employer (See Instructions	;)		
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	MONET	MONETARY POLITICAL CONTRIBUTIONS				SCHEDUI	E A1
	The Instru	ctic	on Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 27/45 Rpt: 30/115	
2	FILER NAME Mack, Wayr				3	Filer ID	
4	Date 08/30/2024	ľ	Full name of contributor		7	Amount of Contribution (\$)	\$70.00
			Contributor address; City; State; Zip Code 115 TOWERING PINES DR	0.045,4110,400991100,10048444441111111111111111111111111			
			THE WOODLANDS, TX 77381				
3	Principal occu	patic	on / Job title (See Instructions)	Employer (See Instructions)		
	Date 09/01/2024	*******	Full name of contributor out-of-state PAC (ID#: MILLESON, GARY Contributor address; City; State; Zip Code 117 S OCOTILLO RIDGE			Amount of Contribution (\$)	\$70.00
	Principal occu		MONTGOMERY, TX 77316 on / Job title (See Instructions)	Employer (See Instructions)		
	Date 08/19/2024	******	Full name of contributor			Amount of Contribution (\$)	\$1,000.00
	Principal occu		SPRING, TX 77387 on / Job title (See Instructions)	Employer (See Instructions) }		,,
***	Date 08/26/2024	A100 P10	Full name of contributor out-of-state PAC (ID#: MONTALVO, ANDY AND CASEY Contributor address; City; State; Zip Code 13528 BROOKLYN MEAD LN WILLIS, TX 77378			Amount of Contribution (\$)	\$100.00
٠,,,	Principal occu	ــــــــــــــــــــــــــــــــــــــ	on / Job title (See Instructions)	Employer (See Instructions))		
	Date 10/10/2024	•	Full name of contributor out-of-state PAC (#E)#: MOORE, SCOTT Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$100.00
-	Principal occu		PO BOX 2683 TRINITY, TX 75862 on / Job title (See Instructions)	Employer (See Instructions	·)		-
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MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 28/45 Rpt: 31/115 2 FILER NAME 3 Filer ID Mack, Wayne 4 Date 5 Full name of contributor 7 Amount of Contribution (\$) out-of-state PAC (ID#: 11/12/2024 MORGAN, CASEY \$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 Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 10/03/2024 \$2,000.00 MORRIS, JIM Contributor address; City; State; Zip Code 16751 HIGHWAY 75 N **WILLIS, TX 77378** Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#;_ 08/26/2024 MORRISON, JOE \$500.00 Contributor address; City; State; Zip Code 675 LONESTAR RD **HUNTSVILLE, TX 77340** Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:__ Amount of Contribution (\$) 10/10/2024 \$300,00 MORTON, RICKY Contributor address; City; State; Zip Code 10910 KALEO WAY CONROE, TX 77304 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 09/17/2024 MORTON, RICKY AND NANCY \$1,000.00 Contributor address; City; State; Zip Code 10910 KALEO WAY CONROE, TX 77304 Principal occupation / Job title (See Instructions) Employer (See Instructions) Forms provided by Texas Ethics Commission Version V4.1.0.5dd2ace2 www.ethics.state.tx.us

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 29/45 Rpt: 32/115 2 FILER NAME 3 Filer ID Mack, Wayne Date 5 Full name of contributor 7 Amount of Contribution (\$) out-of-state PAC (ID#:_ 10/10/2024 NAPOLAN, JOE \$200.00 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 Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 09/17/2024 \$35.00 NELSON, SHAWN Contributor address; City; State; Zip Code 26373 E HOLLY LN SPLENDORA, TX 77372 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Date Full name of contributor ut-of-state PAC (ID#: 08/16/2024 \$35.00 ONEIL, SHARON Contributor address; City; State; Zip Code 36 BENTHAVEN WEST MONTGOMERY, TX 77356 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Amount of Contribution (\$) Full name of contributor out-of-state PAC (ID#: 09/30/2024 \$35.00 ORTIZ, GERARDO Contributor address; City; State; Zip Code 16355 CROCKETT CROSSING CONROE, TX 77303 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Amount of Contribution (\$) Full name of contributor out-of-state PAC (ID#: 09/24/2024 \$100.00 OUGHTON, NANCY 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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 30/45 Rpt: 33/115 2 FILER NAME 3 Filer ID Mack, Wayne Date 5 Full name of contributor 7 Amount of Contribution (\$) out-of-state PAC (ID#: 07/30/2024 \$250.00 PARADA, CHARLES 6 Contributor address; City; State; Zip Code 18754 GRAND HARBOR POINT MONTGOMERY, TX 77356 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 09/07/2024 \$2,500.00 PATEL, KEVIN Contributor address; City; State; Zip Code 1601 INTERSTATE 45 S CONROE, TX 77301 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Date Full name of contributor ut-of-state PAC (ID#:_ 09/04/2024 \$1,000.00 PATEL, KEVIN Contributor address; City; State; Zip Code 1601 INTERSTATE 45 S **CONROE, TX 77301** Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Date Amount of Contribution (\$) Full name of contributor out-of-state PAC (ID#: 09/13/2024 \$70.00 PATTON, JACK Contributor address; City; State; Zip Code 11711 EDGEWATER CT MONTGOMERY, TX 77356 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#:_ 08/23/2024 \$35.00 PAWLAK-DARCY, KAREN Contributor address; City; State; Zip Code **577 EDGEWOOD DR** MONTGOMERY, TX 77356 Principal occupation / Job title (See Instructions) Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form, Sch: 31/45 Rpt: 34/115 2 FILER NAME Filer ID Mack, Wayne 4 Date 7 Amount of Contribution (\$) 5 Full name of contributor out-of-state PAC (ID#: 10/01/2024 \$70.00 PENA, DANIEL Contributor address; City; State; Zip Code 4054 TIMBER SAPP DR CONROE, TX 77304 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: 08/26/2024 \$1,000.00 PERRINE, BRAD Contributor address; City; State; Zip Code **PO BOX 1103** CONROE, TX 77305 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/10/2024 PEYTON, JOHN \$210,00 Contributor address; City; State; Zip Code **6 FAIRMONT CT** CONROE, TX 77304 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Date Amount of Contribution (\$) Full name of contributor out-of-state PAC (ID#: 10/10/2024 PIERSON, GLADYS \$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 Full name of contributor out-of-state PAC (ID#; Amount of Contribution (\$) 10/10/2024 \$1,845.00 PIERSON, GLADYS Contributor address; City; State; Zip Code **122 W DAVIS STE 110 CONROE, TX 77301** Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V4.1.0.5dd2ace2

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	FILER NAME Mack, Wayr	3	3	Filer ID	
ļ	Date 08/16/2024	Full name of contributor	7	Amount of Contribution (\$)	\$110.00
		6 Contributor address; City; State; Zip Code 19973 N SHORE DR	*******		
		MONTGOMERY, TX 77356			
	Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruc	tions)		
=	Date 08/26/2024	Full name of contributor out-of-state PAC (ID#: PUCKETT, JULE Contributor address; City; State; Zip Code 1504 PORTER RD)	Amount of Contribution (\$)	\$250.00
	Dágainal agu	CONROE, TX 77301	tional		
	Principal occu	pation / Job title (See Instructions) Employer (See Instruc	uons)		
•	Date 10/10/2024	Full name of contributor) 	Amount of Contribution (\$)	\$115.00
•	Principal occu	11790 COCHRAN ST WILLIS, TX 77378 pation / Job title (See Instructions) Employer (See Instruc	tions)		
=	Date	Full name of contributor out-of-state PAC (ID#:) I	Amount of Contribution (\$)	
	10/10/2024	RENELL, WENDY Contributor address; City; State; Zip Code 8501 EDINBURGH CT			\$75.00
		MONTGOMERY, TX 77316			
•	Principal occu	pation / Job title (See Instructions) Employer (See Instruc	tions)		
	Date 10/05/2024	Full name of contributor)	Amount of Contribution (\$)	\$70.00
		Contributor address; City; State; Zip Code 8501 EDINBURGH CT			
-	Principal occu	MONTGOMERY, TX 77316 pation / Job title (See Instructions) Employer (See Instructions)	tions)		
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-	The Instru	ıcti	on Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 33/45 Rpt: 36/115	
2	FILER NAME Mack, Wayr			ang kanalan ngandan digita ni nga kanjan kananya dalah panjah kanalan kanalan di dagan melabahan kanalan katab	3	Filer ID	V 1,1,1, **********************
4	Date 10/08/2024	5	Full name of contributor		7	Amount of Contribution (\$)	\$35.00
		6	Contributor address; City; State; Zip Code 6374 FM 1374				
			NEW WAVERLY, TX 77358			·	
3	Principal occu	upat	on / Job title (See Instructions) 9	Employer (See Instructions)		
	Date 09/18/2024		Full name of contributor			Amount of Contribution (\$)	\$70.00
****	Principal occu	upat	CONROE, TX 77304 on / Job title (See Instructions)	Employer (See Instructions)	· · · · · · · · · · · · · · · · · · ·	
_		-	Full name of contributor			Amount of Contribution (\$)	
	Date 09/04/2024	*****	Full name of contributor	***************************************			\$2,000.00
-	Principal occu	upati	on / Job title (See Instructions)	Employer (See Instructions)	, , , , , , , , , , , , , , , , , , ,	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
	Date 09/14/2024		Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	\$500.00
			162 REMINGTON RD HUNTSVILLE, TX 77340				
	Principal occu	ıpati	on / Job title (See Instructions)	Employer (See Instructions)		
	Date 10/10/2024		Full name of contributor		, i	Amount of Contribution (\$)	\$375.0
			Contributor address; City; State; Zip Code 162 REMINGTON RD				
	Principal occu	ıpati	HUNTSVILLE, TX 77340 on / Job title (See Instructions)	Employer (See Instructions	 ;)		
					_,,		<u>, </u>
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2 FILER NAME	3 Filer ID	Carrier Control of the Control of th
Mack, Wayne 4 Date 5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contril	hutian (\$)
4 Date 5 Full name of contributor out-of-state PAC (ID#:) 10/03/2024 ROBERT WALKER CAMPAIGN	Amount of Contin	\$7,750.00
6 Contributor address; City; State; Zip Code PO BOX 558	··	
PINEHURST, TX 77362		
Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	s)	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contril	hution (\$)
10/10/2024 RODRIGUEZ, ERIC	Amount of Contin	\$790.00
Contributor address; City; State; Zip Code 9591 E WOODMARK		
CONROE, TX 77304		
Principal occupation / Job title (See Instructions) Employer (See Instructions	s)	· · · · · · · · · · · · · · · · · · ·
Date Full name of contributor out-of-state PAC (ID#:) 10/10/2024 RONSMAN, ANN MARIE	Amount of Contrib	bution (\$) \$50.00
Contributor address; City; State; Zip Code 135 ANGIE LN	•	
MONTGOMERY, TX 77316		
Principal occupation / Job title (See Instructions) Employer (See Instructions)	s)	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contri	bution (\$)
08/20/2024 RONSMAN, ANNMARIE Contributor address; City; State; Zip Code 505 N MAIN ST		\$70.00
CONROE, TX 77301		
Principal occupation / Job title (See Instructions) Employer (See Instructions)	s)	
Date Full name of contributor out-of-state PAC (ID#:) 10/10/2024 ROSALES, JENNY	Amount of Contril	bution (\$) \$465.00
Contributor address; City; State; Zip Code 17390 BOUNDS RD		
CONROE, TX 77302		
Principal occupation / Job title (See Instructions) Employer (See Instructions	s)	

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 35/45 Rpt: 38/115 2 FILER NAME 3 Filer ID Mack, Wayne 7 Amount of Contribution (\$) 4 Date 5 Full name of contributor out-of-state PAC (ID#: 08/01/2024 SAIKOWSKI, RON \$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 Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/10/2024 \$41.00 SALAZAR, ANGELA Contributor address; City; State; Zip Code 222 ELIANNE LACE CT **WILLIS, TX 77318** Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Amount of Contribution (\$) Full name of contributor out-of-state PAC (ID#: 10/10/2024 SANCHES, CASE \$225.00 Contributor address; City; State; Zip Code 1044 SHADOW GLENN DR CONROE, TX 77301 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: 09/16/2024 \$70.00 SANCHEZ, VICTORIA Contributor address; City; State; Zip Code 3315 ROSEMARY TRACE DR SPRING, TX 77386 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: \$35.00 09/24/2024 SANDERS, JAYMAC Contributor address; City; State; Zip Code 19 AMBER LEAF CT **SPRING, TX 77381** Principal occupation / Job title (See Instructions) Employer (See Instructions) Version V4.1.0.5dd2ace2 Forms provided by Texas Ethics Commission www.ethics.state.tx.us

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 36/45 Rpt: 39/115 FILER NAME Filer ID Mack, Wayne 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 10/10/2024 \$60.00 SANDERS, JAYMAC 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 Full name of contributor out-of-state PAC (ID#; Amount of Contribution (\$) 08/16/2024 \$35.00 SASS, WALT Contributor address; City; State; Zip Code **PO BOX 380** BARKER, TX 77413 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 09/19/2024 SAVAGE, SHEA \$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 Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/10/2024 SAVAGE, SHEA \$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 Full name of contributor out-of-state PAC (ID#:_ Amount of Contribution (\$) 09/16/2024 \$35.00 SEMMLER, MELISSA Contributor address; City; State; Zip Code 83 S BARDSBROOK CIR **SPRING, TX 77382** Principal occupation / Job title (See Instructions) **Employer (See Instructions)**

The Instru	cti	on Guide explains how to complete this form.		1	Total pages Schedule A1: . Sch: 37/45 Rpt: 40/115	
FILER NAME Mack, Wayn			***************************************	3	Filer ID	
Date		Full name of contributor	. }	7	Amount of Contribution (\$)	
09/17/2024		SIMMONS, MICHAEL			•	\$1,000.
	6	Contributor address; City; State; Zip Code	**** ***************			
	ł	19132 STEWART CREEK RD				
		MONTGOMERY, TX 77356				
Principal occu	ıpai	ion / Job title (See Instructions) 9 Employer (See	e Instructions	L., ;)		
Date	Γ	Full name of contributor)	Γ	Amount of Contribution (\$)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
09/26/2024		SMITH, GREG				\$2,500.
	****	Contributor address; City; State; Zip Code	P194 BB1 1 BB 1 B4 B46 1 340 1 44			
		20850 EVA ST				
		MONTGOMERY, TX 77356				
Principal occu	pai	ion / Job title (See Instructions) Employer (See	e Instructions	l i)		
Date	Γ	Full name of contributor)		Amount of Contribution (\$)	
10/11/2024		SMITH, RUTH				\$100.
		Contributor address; City; State; Zip Code				
	١	41 COURTYARD CIR				
		CONROE, TX 77304				
Principal occu	pat	ion / Job title (See Instructions) Employer (See	e Instructions)		
Date	T	Full name of contributor out-of-state PAC (ID#:		ř	Amount of Contribution (\$)	
09/12/2024		SMITH, TRENT	السياسية بيستند		, (.,	\$1,000.
	*****	Contributor address; City; State; Zip Code	ireendesskreinerdsgeni	ĺ		
	į	1811 FALDO DR				
		CONROE, TX 77304				
Principal occu	pat	ion / Job title (See Instructions) Employer (See	e Instructions	3)		
Date	Г	Full name of contributor out-of-state PAC (ID#:		ľ	Amount of Contribution (\$)	
09/03/2024		STEENWYK, TIM				\$1,000
,		Contributor address; City; State; Zip Code				
		248 GREEN COVE DR				
		MONTGOMERY, TX 77356				
Principal occu	pat	ion / Job title (See Instructions) Employer (See	e Instructions	3)	agga ga an an ang dina an ang ang ang ang ang ang ang ang an	
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FILER NAME Mack, Wayr	e	3	Filer ID	- · · · · · · · · · · · · · · · · · · ·
Date 09/10/2024	5 Full name of contributor out-of-state PAC (ID#:) 7 STEINMANN, BERT		Amount of Contribution (\$)	\$1,000.00
	6 Contributor address; City; State; Zip Code 103 W PHILLIPS ST			
Principal occu	CONROE, TX 77301 pation / Job title (See Instructions) 9 En	nployer (See Instructions)		'a
Date 10/10/2024	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	\$156.00
Principal occu		nployer (See Instructions)		
Date 10/10/2024	Full name of contributor out-of-state PAC (ID#: STEWART, LORI Contributor address; City; State; Zip Code 25704 SWEETPEA CT		Amount of Contribution (\$)	\$40.00
Principal occu	MONTGOMERY, TX 77356 pation / Job title (See Instructions)	nployer (See Instructions)		
Date 09/23/2024	Full name of contributor out-of-state PAC (ID#: STONE, TANYA Contributor address; City; State; Zip Code 14529 DIAMOND PARK LN)	Amount of Contribution (\$)	\$70.0
Principal occu	CONROE, TX 77384 pation / Job title (See Instructions)	nployer (See Instructions)	<u> </u>	
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Date 10/10/2024	Full name of contributor out-of-state PAC (ID#: STOVALL, DAVE		Amount of Contribution (\$)	\$100.0
	Contributor address; City; State; Zip Code PO BOX 1603			
Principal occu	WILLIS, TX 77378 pation / Job title (See Instructions)	nployer (See Instructions)		······································
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The Instruc	ction Guide explains how to complete this fo	rm.	1 Total pages Schedule A1: Sch: 39/45 Rpt: 42/115	
FILER NAME Mack, Wayn	9		3 Filer ID	
Date 10/10/2024	5 Full name of contributor out-of-state PAC (ID#: STRACK, RUSSELL AND TERESA		7 Amount of Contribution (\$)	\$100.0
Principal occur	MAGNOLIA, TX 77355 pation / Job title (See Instructions)	9 Employer (See Instructions)		
rincipal occuj	panon 7 Job tide (See instructions)	a Employer (See instructions)	•	
Date 10/03/2024	Full name of contributor out-of-state PAC (ID#:STUCKEY, LINDA Contributor address; City; State; Zip Code 30310 CHARLIE LN MAGNOLIA, TX 77355		Amount of Contribution (\$)	\$35.0
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
Date 10/10/2024	Full name of contributor out-of-state PAC (ID#: TALLEY, DELMA Contributor address; City; State; Zip Code 24323 W FM 1097 RD MONTGOMERY, TX 77356		Amount of Contribution (\$)	\$200.
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	<u>, </u>	
Date 10/10/2024	Full name of contributor		Amount of Contribution (\$)	\$55.
Principal occur	oation / Job title (See Instructions)	Employer (See Instructions)		
Date 10/10/2024	Full name of contributor out-of-state PAC (ID#: TEAGUE, JANET Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$100.
	3097 N FM 1486 MONTGOMERY, TX 77356			
Drigginal acc	pation / Job title (See Instructions)	Employer (See Instructions)		

MONET	ARY POLITICAL CONTRIBUTIONS	SCHEDUL	E A1
The Instru	ction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 40/45 Rpt: 43/115	
2 FILER NAME		3 Filer ID	
Mack, Wayr			<u>'</u>
4 Date 10/10/2024	5 Full name of contributor 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 occu	pation / Job title (See Instructions) 9 Employer (See Instructions))	
5.4		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	ቀደለስ ስለ
09/24/2024	THE FOWLER LAW FIRM		\$500.00
	Contributor address; City; State; Zip Code		
	505 W DAVIS ST		
	CONROE, TX 77301		
Principal occu	pation / Job title (See Instructions) Employer (See Instructions)	
•		•	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
09/26/2024	TOTH, STEVE		\$70.00
	Contributor address; City; State; Zip Code		
	67 CHESTNUT MEADOW DR		
	CONROE, TX 77384		
Principal occi	pation / Job title (See Instructions) Employer (See Instructions)	
Date	Full name of contributor	Amount of Contribution (\$)	
09/17/2024	TRAYLOR, BILL		\$500.00
	Contributor address; City; State; Zip Code		
	9531 COUNTY LINE RD		
	MILLIO TV 77070		
Deinoinat agai	WILLIS, TX 77378 pation / Job title (See Instructions) Employer (See Instructions)	\	
r incipal occu	pation / Job title (See Instructions) Employer (See Instructions	<i>)</i>	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
08/26/2024	UDELL, BOB		\$500.00
	Contributor address; City; State; Zip Code		
	350 S LOOP 336 W		
	CONROE, TX 77304		
Principal occu	pation / Job title (See Instructions) Employer (See Instructions)	
	Tayas Ethics Commission www.othics state ty us	Version V// 1	0 F-1-10

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 41/45 Rpt: 44/115 FILER NAME Filer ID Mack, Wayne Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 08/16/2024 \$2,500.00 UNITED FIRE FIGHTERS OF THE WOODLANDS 6 Contributor address; City; State; Zip Code PO BOX 130388 THE WOODLANDS, TX 77393 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 09/19/2024 \$35.00 WALKER, WILLIAM Contributor address; City; State; Zip Code **15798 NORTH DR WILLIS, TX 77378** Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 09/12/2024 WATERS, JOEL \$70,00 Contributor address; City; State; Zip Code 13 RANCH RD ONE **WILLIS, TX 77378** Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: 08/01/2024 WAUTELET, MATT \$70,00 Contributor address; City; State; Zip Code 27203 CHEROKEE LN MAGNOLIA, TX 77354 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of Contribution (\$) 10/08/2024 \$19.00 WAYNE MACK CAMPAIGN Contributor address; City; State; Zip Code PO BOX 2234 CONROE, TX 77304 Principal occupation / Job title (See Instructions) **Employer (See Instructions)**

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 42/45 Rpt: 45/115 2 FILER NAME 3 Filer ID Mack, Wayne Date 7 Amount of Contribution (\$) 5 Full name of contributor out-of-state PAC (ID#: 08/23/2024 WEAVER, DARLA \$1,000.00 6 Contributor address; City; State; Zip Code 21627 EVA ST MONTGOMERY, TX 77356 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/10/2024 \$500.00 WEAVER, DARLA Contributor address; City; State; Zip Code 3311 FM 1486 N MONTGOMERY, TX 77356 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: \$70,00 10/02/2024 WEBB, JOSH Contributor address; City; State; Zip Code 1180 CONMORE CT CONROE, TX 77304 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:_ 10/03/2024 \$70.00 WEBB, KIMBERLY Contributor address; City; State; Zip Code 111 TEXAS 150 COLDSPRING, TX 77331 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: 09/04/2024 \$1,000.00 WIEGHAT, WIEGHAT Contributor address; City; State; Zip Code PO BOX 7104 CONROE, TX 77305 Principal occupation / Job title (See Instructions) Employer (See Instructions) Version V4.1.0.5dd2ace2 Forms provided by Texas Ethics Commission www.ethics.state.tx.us

			1 Total pages Schedule A1:	
The Instru	ction Guide explains how to complete this fo	rm.	Sch: 43/45 Rpt: 46/115	
FILER NAME Mack, Wayr	e		3 Filer ID	
Date 10/10/2024	Notes 1		7 Amount of Contribution (\$)	\$100.0
	6 Contributor address; City; State; Zip Code 47 CHERRY HILL DR	,		
	CONROE, TX 77304			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
Date 08/29/2024	Full name of contributor out-of-state PAC (ID#: WILLIAMSON, JOHN)	Amount of Contribution (\$)	\$1,000.0
	Contributor address; City; State; Zip Code 4205 W DAVIS ST			
	CONROE, TX 77304			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	
10/10/2024	WILSON, MARK	1 m m m m m m m m m m m m m m m m m m m		\$90.0
	Contributor address; City; State; Zip Code 4845 WEST FORK BLVD			
	CONROE, TX 77304			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
09/24/2024	WNSETTE, JON			\$500.0
	Contributor address; City; State; Zip Code 2007 WOLFLIN AVE			
	2001 WOLFEIN AVE			
	AMARILLO, TX 79109			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
		Employer (See Instructions)		
Principal occur Date 09/12/2024	pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#: WISENBAKER, MARY HELEN	Employer (See Instructions)	Amount of Contribution (\$)	\$1,000.0
Date	Full name of contributor out-of-state PAC (ID#:	Employer (See Instructions)		\$1,000.0
Date	Full name of contributor	Employer (See Instructions)		\$1,000.0
Date	Full name of contributor out-of-state PAC (ID#: WISENBAKER, MARY HELEN Contributor address; City; State; Zip Code	Employer (See Instructions)		\$1,000.0
Date 09/12/2024	Full name of contributor	Employer (See Instructions)	Amount of Contribution (\$)	\$1,000.0

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

	MONET	TARY POLITICAL CON	ITRIBUTIONS	SCHEDULE A1
	The Instru	ction Guide explains how to c	omplete this form.	1 Total pages Schedule A1: Sch: 45/45 Rpt: 48/115
2	FILER NAME Mack, Wayr			3 Filer ID
4	Date 09/13/2024	1	ut-of-state PAC (ID#:	7 Amount of Contribution (\$) \$1,000.00
8	Principal occu	CONROE, TX 77305 upation / Job title (See Instructions)	9 Employer (See Instruc	ctions)
	Date 09/08/2024	ZARATE, CHRISTIAN Contributor address; City; State; Zi 5814 ANDERSHIRE DR	ut-of-state PAC (ID#:) Amount of Contribution (\$) \$1,000.0
	Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Or	ms provided	by Texas Ethics Commission	www.ethics.state.tx.us	/ Version V4.1.0.5dd2ac

The Instru	ection Guide explains how to complete this i	form.	1 Total pages Schedule A2: Sch: 1/8 Rpt: 49/115
2 FILER NAME Mack, Wayi	-		3 Filer ID
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$
5 Date 10/10/2024	The state of the s		8 Amount of 9 In-kind contribution contribution (\$) description \$300.00 i Pickup Catering for 10-All Star Catering (\$300 Value)
	Willis, TX 77378	:	Check if travel outside of Texas. Complete Schedule T.
10 Principal occi	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	-JUDICIAL) (See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contribute	r'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 out-of-state PAC (ID#:		Amount of In-kind contribution contribution (\$) description \$65.00 Embroidered Sweatshirt
	Willis, TX 77378		Check if travel outside of Texes. Complete Schedule T.
Principal occi	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer (FOR NON	-JUDICIAL) (See instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)
If contributor i	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date 10/10/2024	Contributor address; City; State; Zip Code 2161 Summit Mist Dr Conroe, TX 77304		Amount of contribution (\$) In-kind contribution (\$) description \$100.00 Gift Certificate-Wine Tasting Class for 20 at Total Wine in The Woodlands Check if travel outside of Texas. Complete Schedule T.
Principal occi	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	-JUDICIAL) (See instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)
lf contributor i	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	Megawa wa manay maya manaya, kananga mara manakakila mammanya mahan	

The Instru	uction Guide explains how to complete this f	orm.	1 Total pages Schedule A2: Sch: 2/8 Rpt: 50/115
2 FILER NAME Mack, Way		3 Filer ID	
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$
5 Date 10/10/2024	/2024 GARCIA, LORENA 7 Contributor address; City; State; Zip Code 10489 CUDE CEMETERY RD		8 Amount of contribution (\$) In-kind contribution (\$) description \$15.00 Patriotic Ceramic Boot
10 Principal occ	WILLIS, TX 77318 upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contribute	r's spouse (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	<u>'</u>	
Date 10/10/2024	Full name of contributor out-of-state PAC (ID#: GODS GARAGE Contributor address; City; State; Zip Code 2100 E. Davis		Amount of In-kind contribution contribution (\$) description \$50,001 God's Garage Basket
Dringinal acc	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	Check if travel outside of Texas. Complete Schedule T. -JUDICIAL) (See instructions)
rincipal occi	upanon 7 300 due (POR NON-30DICIAL) (See institucions)	Employer (FOR NOW	SODICIAL) (See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	r's spouse (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date Full name of contributor out-of-state PAC (ID#:) 10/10/2024 HALL, KENNY AND SARAH Contributor address; City; State; Zip Code 12815 Johnson Rd. Conroe, TX 77302		Amount of contribution (\$) In-kind contribution (\$) description \$650.00 Gift Certificate- 1. Free Whitetail Deer Mount by Just Mount It Custom Taxidermy & Wildlife Art Check if travel outside of Texas. Complete Schedule T.	
Principal occi	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	-JUDICIAL) (See instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See Instructions)
Contributor's	employer/ław firm (FOR JUDICIAL)	Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)
If contributor i	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	 	
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The Instru	ection Guide explains how to complete this	form.	1 Total pages Schedule A2: Sch: 3/8 Rpt: 51/115
2 FILER NAME Mack, Wayı		3 Filer ID	
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	BUTIONS	\$
5 Date 10/10/2024	***************************************		8 Amount of 9 In-kind contribution contribution (\$) description \$100.001"Race to the Gate"
	7 Contributor address; City; State; Zip Code 3097 N FM 1486		Custom Artwork & Frame by Kenneth Wyatt Galleries
:	MONTGOMERY, TX 77356		Check if travel outside of Texas. Complete Schedule T.
10 Principal occi	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	-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 contribute	r's spouse (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Full name of contributor ut-of-state PAC (ID#:		Amount of In-kind contribution
10/10/2024	HOPE AND HEALING FOR WARRIORS		contribution (\$) description
	Contributor address; City; State; Zip Code	***************************************	\$125.001 Artist Kenneth Wyatt !signed Western Artwork
	3097 N FM 1486		(Cowboy & his herd of
			Cattle w/Windmill) 36x32
	MONTGOMERY, TX 77356		Check if travel outside of Texas. Complete Schedule T.
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	-JUDICIAL) (See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)
If contributor i	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Full name of contributor out-of-state PAC (ID#:		Amount of In-kind contribution
10/10/2024	HOPE AND HEALING FOR WARRIORS		contribution (\$) description \$250.00 Artist Kenneth Wyatt
ı	Contributor address; City; State; Zip Code 3097 N FM 1486		signed Western Art
	MONTGOMERY, TX 77356		Check if travel outside of Texas. Complete Schedule T.
Principal occu	pation / 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 contributo	r's spouse (if any) (FOR JUDICIAL)
lf contributor i	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	<u>, , , , , , , , , , , , , , , , , , , </u>	

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The Instru	ection Guide explains how to complete this f	orm.	1 Total pages Sch Sch: 4/8 Rpt:	
2 FILER NAME Mack, Wayı	2 FILER NAME Mack, Wayne			
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$	
5 Date 10/10/2024	6 Full name of contributor ☐ out-of-state PAC (ID#: HOPE AND HEALING FOR WARRIORS		contribution (\$)	In-kind contribution description Custom Stained Glass by
	7 Contributor address; City; State; Zip Code 3097 N FM 1486			Local Artist T. Henry
	MONTGOMERY, TX 77356		Check if travel o	utside of Texas. Complete Schedule T.
10 Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	-JUDICIAL) (See in	nstructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL)	(See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contributo	r's spouse (if any) (I	FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		, <u>1,1 - ,111, </u>	
Date 10/10/2024	Full name of contributor out-of-state PAC (ID#: HOPE AND HEALING FOR WARRIORS		Amount of contribution (\$)	
	Contributor address; City; State; Zip Code 3097 N FM 1486		\$30.00 Tray of Spiritual Hearts Great to give as Stress Relief & Solace during I difficult times.	
	MONTGOMERY, TX 77356		Check if travel o	utside of Texas. Complete Schedule T.
Principal occu	pation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	-JUDICIAL) (See in	istructions)
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 i	s a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 10/10/2024	Full name of contributor out-of-state PAC (ID#: HOPE AND HEALING FOR WARRIORS		Amount of contribution (\$)	
	Contributor address; City; State; Zip Code 3097 N FM 1486	.,	\$75.00 	(2) "Intertwined Hearts" Hand Carved Wood Hearts Displays
	MONTGOMERY, TX 77356		Check if travel of	l utside of Texas. Complete Schedule T.
Principal occu	pation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	-JUDICIAL) (See in	nstructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL)	(See instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	r's spouse (if any) (i	FOR JUDICIAL)
If contributor i	s a child, law firm of parent(s) (if any) (FOR JUDICIAL)			y d d d d d d d d d d d d d d d d d d d
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The Instruc	tion Guide explains how to complete this f	orm.	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 CONTRIB	UTIONS	\$
10/10/2024	6 Full name of contributor out-of-state PAC (ID#:) 4 HOPE AND HEALING FOR WARRIORS 7 Contributor address; City; State; Zip Code 3097 N FM 1486		8 Amount of 9 In-kind contribution contribution (\$) description \$100.00 Resin Heart Hands Sculpture
	MONTGOMERY, TX 77356		Check if travel outside of Texas, Complete Schedule T.
10 Principal occup	pation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	I-JUDICIAL) (See Instructions)
12 Contributor's pr	rincipal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)
14 Contributor's er	mployer/law firm (FOR JUDICIAL)	15 Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)
16 If contributor is	a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date 10/10/2024 	Full name of contributor out-of-state PAC (ID#:	,-1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1	Amount of In-kind contribution description \$50.00 Double Heart with Cross Figurine Check if travel outside of Texas. Complete Schedule T.
Principal occup	ation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	
Contributor's pr	incipal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)
Contributor's er	nployer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)
If contributor is	a child, law firm of parent(s) (if any) (FOR JUDICIAL)	**************************************	
Date 10/10/2024 			Amount of In-kind contribution contribution (\$) description \$45.00 Hot Air Balloon Solar Light
Principal occup	ation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	
Contributor's pri	incipal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)
Contributor's en	nployer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)
If contributor is	a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
orms provided b	y Texas Ethics Commission www.ethics	s.state.tx.us	Version V4.1.0.5dd2ace

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1. Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 6/8 Rpt: 54/115 FILER NAME Filer ID Mack, Wayne TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS 9 In-kind contribution Date 6 Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) description 10/10/2024 JIMS HARDWARE \$80.001150 pc Crescent Tool Set Contributor address; City; State; Zip Code 14460 Liberty Montgomery, TX 77356 Check if travel outside of Texas. Complete Schedule T. 11 Employer (FOR NON-JUDICIAL) (See instructions) 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 13 Contributor's job title (FOR JUDICIAL) (See instructions) 12 Contributor's principal occupation (FOR JUDICIAL) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) Date Full name of contributor Amount of In-kind contribution out-of-state PAC (ID#: contribution (\$) description 10/10/2024 JOHNSON, SUSAN \$115.00 i Denim Jacket with Contributor address; City; State; Zip Code embroidered Trump 811 N. Main Design w/Trump Statue Conroe, TX 77301 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 job title (FOR JUDICIAL) (See instructions) Contributor's principal occupation (FOR JUDICIAL) 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) In-kind contribution Date Full name of contributor Amount of ut-of-state PAC (ID#: contribution (\$) description 10/10/2024 LIBERTY BELLES REPUBLICAN WOMEN \$75.00 Gift Certificate-Round of Contributor address; City; State; Zip Code Golf for "4" / 18 Holes with PO Box 1081 Cart at Panorama Golf i Club Conroe, TX 77305 Check if travel outside of Texas. Complete Schedule T. Employer (FOR NON-JUDICIAL) (See instructions) Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Contributor's job title (FOR JUDICIAL) (See instructions) Contributor's principal occupation (FOR JUDICIAL) Contributor's employer/law firm (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL) If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

The Instruction of the Instructi	ction Guide explains how to complete this t	orm,	1 Total pages Schedule A2: Sch: 7/8 Rpt: 55/115 3 Filer ID
4	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$
10/10/2024	 Full name of contributor	8 Amount of 9 In-kind contribution contribution (\$) description \$220.00 Gift Certificate (4) Personal Training Sessions at +40 Plus Forty Fitness & Wellness	
10 Principal occu	pation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employer (FOR NON	I-JUDICIAL) (See Instructions)
12 Contributor's p	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)
14 Contributor's e	employer/law firm (FOR JUDICIAL)	15 Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)
16 If contributor is	s a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date 10/10/2024	Full name of contributor Out-of-state PAC (ID#:		Amount of In-kind contribution contribution (\$) description \$30.00 Fall Wreath
Principal occu	pation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	-JUDICIAL) (See instructions)
Contributor's p	rincipal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)
Contributor's e	mployer/law firm (FOR JUDICIAL)	Law firm of contributo	or'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 out-of-state PAC (ID#: SMITH, JASON Contributor address; City; State; Zip Code 13268 Lazy Lane Willis, TX 77318		Amount of contribution (\$) In-kind contribution (\$) description (\$) \$508.00 Tactical Vest w/2 AR500 Steel Plates, Trauma Pads, & Magazine Carriers (\$508 Value) Check if travel outside of Texas. Complete Schedule
Principal occu	pation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer (FOR NON	
Contributor's p	rincipal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)
Contributor's e	mployer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)
If contributor is	a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
orms provided I	by Texas Ethics Commission www.ethic	s.state.tx.us	Version V4.1.0.5dd2a

		 	
The Instru	action Guide explains how to complete this	form.	1 Total pages Schedule A2: Sch: 8/8 Rpt: 56/115
2 FILER NAME			3 Filer ID
Mack, Wayr	ne		
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	BUTIONS	\$
5 Date	6 Full name of contributor ut-of-state PAC (ID#:		8 Amount of 9 In-kind contribution
10/10/2024	Teague, Janet		contribution (\$) description \$20.001"The Bible & The Badges"
	7 Contributor address; City; State; Zip Code	(5) Books	
	3097 N FM 1486		1 1
			<u> </u>
	MONTGOMERY, TX 77356	T	Check if travel outside of Texas. Complete Schedule T.
10 Principal occi	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	-JUDICIAL) (See instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)
16 If contributor i	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Full name of contributor out-of-state PAC (ID#:		Amount of In-kind contribution
10/10/2024	WILLIAMSON, JOHN AND LORI		contribution (\$) description
	Contributor address; City; State; Zip Code		\$40.001"Sunday Supper" !Thanksgiving Basket
	4205 W. Davis		w/Candle, Preserves,
			Cups & Napkins
	Conroe, TX 77304		Check if travel outside of Texas. Complete Schedule T.
Principal occu	pation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	I-JUDICIAL) (See instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)
If contributor i	s a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of In-kind contribution
10/10/2024			contribution (\$) description \$45.00 (2) Men's Nail Cross Hats
	Contributor address; City; State; Zip Code		\$45.001(2) Men's Nair Cross Hats
l	655 STONEWALL JACKSON DR		1
			ļ
	CONROE, TX 77302		Check if travel outside of Texas. Complete Schedule T.
Principal occu	apation / 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 contribute	or's spouse (if any) (FOR JUDICIAL)
If contributor i	s a child, law firm of parent(s) (if any) (FOR JUDICIAL)	<u></u>	
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SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Departs

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Candidate/Officeholder/Politica		Legal Services	Salaries/M		ie //Contract Labor	OTHER (enter a category not listed a	bove)
	Credit Card Payment		The Instruction Guide explai	ns how to co	mple	ete this form.		
1	Total pages Schedule F1:	2 FILER NAME	-			3	Filer ID	
	Sch: 1/31 Rpt: 57/115	Mack, Wayı	ne					
4	Date	5 Payee name				<u> </u>		
	10/09/2024	ABUNDAN	T LIFE CHURCH					
6	Amount (\$)	7 Payee addre	ss; City; Sta	te; Zip Co	de			
	\$1,000.00	12165 TX 7	5					!
								;
		WILLIS, TX	77378					
8	PURPOSE	(a) Category (Si	ee Categories listed at the top of this	schedule)	(b)	Description		
	OF EXPENDITURE		ns/Donations Made By				de of Texas, Complete Schedule T.	
	LAPLINDITUAL	Candidate/0	Officeholder/Political Con	nmittee		ليسا	officeholder living expense	
						EVENT SPONS	OKSHIP	
^	Complete ONLY 4 direct	Condidate 10"	anhalder re-re-	Office	nh#		Office held	
9	Complete ONLY if direct expenditure to benefit C/OI		ceholder name	Office sou	ynt		Onice neiti	
	·		andre angre a manufacture and a second and a		i;.			
	Date	Payee name	r i tre outbou					
	11/26/2024		LIFE CHURCH					
	Amount (\$)	Payee addre	, , , , ,	ite; Zip Co	de			
	\$1,000.00	12165 TX 7	5					
		WILLIS, TX	77378			· · · · · · · · · · · · · · · · · · ·		
	PURPOSE OF	*	ee Categories listed at the top of this	schedule)	(b)	Description	i zw. o kaolill v	
	EXPENDITURE		ns/Donations Made By Officeholder/Political Con	mittee		إسيا	de of Texas. Complete Schedule T. officeholder fiving expense	
		Caradater	Sinceriolaeth olacar Con	minee		EVENT SPONS		
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******	Complete ONLY if direct		ceholder name	Office sou	ght		Office held	<u> </u>
	expenditure to benefit C/Ot	- 1						
	Date	Payee name						·····
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	Amount (\$)	Payee addre	ss; City; Sta	te; Zip Co	de			
	\$500.00	30310 MIST	TY MEADOW DR					
			•					
		MAGNOLIA	, TX 77355					
	PURPOSE	(a) Category (St	ee Categories listed at the top of this	schedule)	(b)	Description		······································
	OF EXPENDITURE	Contribution	ns/Donations Made By			Check if travel outsi	de of Texas. Complete Schedule T.	
	was see that the life of the	Candidate/0	Officeholder/Political Con	nmittee		fermed .	officeholder living expense	
						EVENT SPONS	UNGHIF	
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	expenditure to benefit C/Ol		CONTROL HATTE	Onice SOU	yrıt		Omce Held	
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SCHEDULE F1

Advertising Expense Accounting/Banking

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	y - al Committee	Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services The Instruction Guid	xpense		ense ges/Contract		Travel In District Travel Out of District OTHER (enter a category not listed at	oove)
1	Total pages Schedule F1:	2 FILER NAM	ИE				3	Filer ID	1
	Sch: 2/31 Rpt: 58/115	Mack, Wa	yne						
4	Date	5 Payee nam	ie						
	07/01/2024	AMERICA	N EXPRESS						
6	Amount (\$)	7 Payee add		State;	Zip Cod	е			
	\$1 ,055.27	PO Box 6	031						
		Carol Stre	am, IL 60197						
8	PURPOSE OF		(See Categories listed at the	top of this sche	edule) (b) Descri	-		
	EXPENDITURE	Credit Car	d Payment			ليسا		ide of Texas. Complete Schedule T. , officeholder living expense	
								PAYMENT	
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9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		fficeholder name	0	ffice soug	nt		Office held	
	Date	Payee nam	e						
	07/08/2024	AMERICA	N EXPRESS						,
	Amount (\$)	Payee addı		State;	Zip Cod	e			
	\$328.21	PO Box 6	031						
		Carol Stre	am, IL 60197						
	PURPOSE OF		See Categories listed at the	tap of this sche	edule) (b) Descri	•	Market Company Company	
	EXPENDITURE	Credit Car	d Payment			<u></u>		ide of Texas, Complete Schedule T, , officeholder living expense	
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	Complete ONLY if direct expenditure to benefit C/OI		fficeholder name	0	ffice soug	ht		Office held	•
-	Date	Payee nam	е			· · · · · · · · · · · · · · · · · · ·			
	08/19/2024	AMERICA	N EXPRESS						
*******	Amount (\$)	Payee addı	ess; City;	State;	Zip Cod	е			
	\$427.75	PO Box 60	031						
		Carol Stre	am, IL 60197						
	PURPOSE OF		See Categories listed at the	top of this sche	edule) (b) Descri			
	EXPENDITURE	Credit Car	d Payment			لسا		ide of Texas. Complete Schedule T. , officeholder living expense	
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	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		fficeholder name	0	ffice soug	nt		Office held	
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SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee	Gift/Awards/Memor Legal Services The Instruction	ials Expense Guide explains		Wages	:/Contract Labor	Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2	EII ED MAM			***************************************		 	Filer ID	
Ĺ	Sch: 3/31 Rpt: 59/115		Mack, Way					•	i nei le	
4	Date	5	Payee name							
	08/28/2024		AMERICAN	NEXPRESS						
6	Amount (\$)	7	Payee addre	ss; City;	State;	Zip C	ode	 		····
	\$972.67		PO Box 603	31.						
										:
			Carol Strea	m, IL 60197						
8	PURPOSE	(a)			at the top of this sch	edule)	(b)	Description		
	OF EXPENDITURE		Credit Card	l Payment				lund .	ide of Texas. Complete Schedule T.	
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9	Complete ONLY if direct expenditure to benefit C/OI		zanoidale/Off	icehold e r name	C	Office sou	râur		Onice neid	
F	Date		Payee name							
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			Carol Stree	m, IL 60197						
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	PURPOSE OF	(a)			at the top of this sch	edule)	(D)	Description Chack if travel outs	ide of Texas, Complete Schedule T.	
İ	EXPENDITURE		Credit Card	Payment				land.	, officeholder living expense	
l								CREDIT CARD		
H	Complete ONLY if direct		Candidate/Off	iceholder name	C	Office sou	ught	' ,, . , . , . , , , ,	Office held	Avet-12-4
	expenditure to benefit C/O	1								
	Date		Payee name							
	10/15/2024		•	EXPRESS						
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	OF	(dtj	Category (s Credit Card		at the top of this sch	edule)	\(\mu)	Description Check if travel outs	ide of Texas. Complete Schedule T.	
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								CREDIT CARD		
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	expenditure to benefit C/OI						-			
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SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica	i Co	mmittee	Gitt/Awards/Memorial Legal Services	s Expense	Printing E: Salaries/V	xpens Vages	se s/Contract Labor	OTHER (enter a cate	gory not listed above)
	Credit Card Payment			The Instruction G	iuide explains i	how to co	mple	ete this form.		
1	Total pages Schedule F1:	2	FILER NAME	=					3 Filer ID	
	Sch: 4/31 Rpt: 60/115		Mack, Wayı	ne						
4	Date	5	Payee name		<u></u>	****	*****			
	10/21/2024			EXPRESS						
6	Amount (\$)	7	Payee addre		State;	Zip Co	ode			
	\$2,924.98		PO Box 603	31						
			Carol Strea	m, IL 60197						
8	PURPOSE	(a)	Category (S	se Categories listed at	the top of this sch	edule)	(b)	Description		·
	OF EXPENDITURE		Credit Card				ĺ	<u></u>	outside of Texas. Complete	
								السيدا	, TX, officeholder living expe	ense
ŀ		ł					İ	CREDIT CAR	RD PAYMENT	
Ļ		L,	·				<u>L</u>	.,		
9	Complete ONLY if direct expenditure to benefit C/Ol		Candidate/Offi	ceholder name	C	Office sou	ight		Office held	
	Date		Payee name							
	10/30/2024		AMERICAN	EXPRESS						
-	Amount (\$)		Payee addre	ss; City;	State:	Zip Co	de			
	\$3,269.10	ŀ	PO Box 603	31						
			Carol Strea	m, IL 60197						
,	PURPOSE	(a)	Category (se	ee Categories listed at	the top of this sch	edule)	(b)	Description		
	OF EXPENDITURE		Credit Card	Payment			1	turni	outside of Texas. Complete	
								Territ	, TX, officeholder living exp RD PAYMENT	office
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	expenditure to benefit C/O			DOMONIO PARTO	•	J.1.100 00L				
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			Carol Stream	m, IL 60197						
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sch	edule)	(b)	Description		
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	Complete ONLY if direct expenditure to benefit C/OI		:andidate/Offi	ceholder name	C	Office sou	ignt		Office held	
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SCHEDULE F1

Advertising Expense Accounting/Benking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Gilt/Awards/Memorials Expen Legal Services The Instruction Guide e	se Printi Salaı	-	se s/Contract Labor	i	Travel Out of District DTHER (enter a category not listed above))
1	Total pages Schedule F1:	2 FILER NAM			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		3 F	iler ID	
	Sch: 5/31 Rpt: 61/115	Mack, Way	ne						
4	Date	5 Payee name	!						
l	11/25/2024	AMERICAN	I EXPRESS						
6	Amount (\$)	7 Payee addre	ss; City;	State; Zip	Code	_ _ _ _ _ _ _ _ _ _ _ _ _ \		va komuna arkana arkana arkana arkana arkana	
	\$247.64	PO Box 60	31						
		Carol Strea	m, IL 60197						
8	PURPOSE	(a) Category (s	ee Categories listed at the top o	of (his schedule)	(b)	Description			AMERICAN SERVICE SERVICES
	OF EXPENDITURE	Credit Card		•		-		of Texas, Complete Schedule T.	
						Beard		fliceholder living expense	
						CREDIT CAR	KD P.	AYMENI	
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9	Complete ONLY if direct expenditure to benefit C/O		iceholder name	Office	sought			Office held	
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ł	12/13/2024	AMERICAN	EXPRESS						
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		Carol Strea	m, IL 60197	***		-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		A
ŀ	PURPOSE OF	(a) Category (s	ee Categories listed at the top o	of this schedule)	(b)	Description			
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		Carol Strea	m, IL 60197						
-	PURPOSE	(a) Category 🚜	ee Categories listed at the top o		(b)	Description			
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						CREDIT CAP	RD P	AYMENT	
	Complete ONLY if direct	Candidate/Offi	ceholder name	Office	sought		*****	Office held	
	expenditure to benefit C/O	4			-				
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SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politics Credit Card Payment		Gift/Awards/Memorials Expe Legal Services			kpens Vages	/Contract Labor	Travel Out of District OTHER (enter a category not listed above)	
L			The Instruction Guide	explains i	now to co	mpie	te this form.		
1	Total pages Schedule F1:	2 FILER NAM	E					3 Filer ID	
	Sch: 6/31 Rpt: 62/115	Mack, Way	rne						
4	Date	5 Payee name	•						
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		Carol Strea	nm, IL 60197						
8	PURPOSE	(a) Category (s	iee Categories listed at the top	p of this sch	edule)	(b)	Description		
	OF EXPENDITURE	Credit Card	l Payment					utside of Texas. Complete Schedule T.	
							CREDIT CAR	TX, officeholder living expense	
ł							CREDIT CAR	DEATMENT	
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9	Complete ONLY if direct expenditure to benefit C/OI		iceholder name	O	office sou	ght		Office held	
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	Date	Payee name	}						
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	PURPOSE OF	· ·	ee Categories listed at the top	of this sche	edule)	(b)	Description		
	EXPENDITURE	Fees					<u> </u>	utside of Texas, Complete Schedule T. TX, officeholder living expense	
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	expenditure to benefit C/OI		icentituer name	·	mice sou	gnı		Office field	
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l	Date	Payee name			,				
١.	09/23/2024	ASSOCIAT	ION OF TEXAS PR	OFESSI	IONAL E	EDU	CATORS		
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		AUSTIN, T	X 78752						
_	PURPOSE				 -	/63	D		.,
	OF		ee Categories listed at the top	o of this sche	edule)	(m)	Description	utside of Texas. Complete Schedule T.	
	EXPENDITURE	Fees						TX, officeholder living expense	
	:						ASSOCIATIO		
 	Complete ONLY if direct	Candidate/∩ff	iceholder name	^	ffice sou	aht		Office held	
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SCHEDULE F1

Advertising Expense Accounting/Banking

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Exnense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politics		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services		xpens			Travel In District Travel Out of District OTHER (enter a category not listed above)	
	Credit Card Payment		The Instruction Guide ex	plains how to co	mpk	ete this form.			
1	Total pages Schedule F1:	2 FILER NAM	1E	· · · · · · · · · · · · · · · · · · · 			3	Filer ID	
	Sch: 7/31 Rpt: 63/115	Mack, Wa	yne						
4	Date	5 Payee nam	e			······································		· · · · · · · · · · · · · · · · · · ·	
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		CONROE	, TX 77304					•	
8	PURPOSE	(a) Category	See Categories listed at the top of	this schedule)	(b)	Description		· · · · · · · · · · · · · · · · · · ·	
	OF EXPENDITURE	Office Ove	erhead/Rental Expense	!		لجييا		de of Texas, Complete Schedule T.	
ĺ						CAMPAIGN I		officeholder living expense	
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9	Complete ONLY if direct	Candidate/O	fficeholder name	Office sou	L ight	······································		Office held	
	expenditure to benefit C/O	Н							
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	10/22/2024	BRETT LI	GON CAMPAIGN						
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	\$500.00	PO BOX 8	805						
		MONTGO	MERY, TX 77356						
	PURPOSE	(a) Category	See Categories listed at the top of	this schedule)	(b)	Description			
	OF EXPENDITURE		ons/Donations Made By					de of Texas, Complete Schedule T. officeholder living expense	
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	Complete ONLY if direct		fficeholder name	Office sou	ght			Office held	
	expenditure to benefit C/OI	#							
	Date	Payee nam	е						
	10/10/2024	CADE, TI	YHTON						
Г	Amount (\$)	Payee addr	ess; City;	State; Zip Co	ode				
ŀ	\$175.00	510 TX 75							
		WILLIS, T.	X 77378						
	PURPOSE OF		See Categories listed at the top of	this schedule)	(b)	Description			
	EXPENDITURE	Event Exp	ense					de of Texas. Complete Schedule T. officeholder living expense	
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	Complete ONLY if direct	Candidate/O	ficeholder name	Office sou	ght	· · · · · · · · · · · · · · · · · · ·		Office held	
	expenditure to benefit C/OI	1							
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SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Constining Expense Contributions/ Donations Made By Candidate/Officeholder/Politics Credit Card Payment		Gi e Le	nou/Beverage Expense ft/Awards/Memorials Ex gal Services he Instruction Guid	xpense		pens ages	e /Contract Labor		Travel Out of District OTHER (enter a category not listed about	ove)
1	Total pages Schedule F1:	2 FILI		· · · · · · · · · · · · · · · · · · ·		<u>, , , , , , , , , , , , , , , , , , , </u>	·		3	Filer ID	
	Sch: 8/31 Rpt: 64/115	j	ck, Wayne	1							
4	Date	5 Pay	ee name								
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		WIL	LIS, TX 7	7378							
8	PURPOSE	(a) Cate	egory (See	Categories listed at the	top of this sch	redule)	(b)	Description			
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_	Committee ONLY if disease			L - I - I - I - I - I - I - I - I - I -	·····		-1-4	,		Office held	
9	Complete ONLY if direct expenditure to benefit C/OI		idate/Office	holder name		Office sou(grit.			Office held	
	Date	Pay	ee name							<u> </u>	
	07/15/2024	CAI	PITAL ON	E							
	Amount (\$)	Pay	ee address	; City;	State:	; Zip Co	de				
	\$1,045.09	PO	Box 6051	9							
		City	of Industi	y, CA 91716							,
	PURPOSE	(a) Cate	egory (See	Categories listed at the	top of this sch	edule)	(b)	Description			
	OF EXPENDITURE		dit Card P					<u>L!</u>		de of Texas, Complete Schedule T,	
						ļ		لبسا		officeholder living expense	
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	expenditure to benefit C/OI		idate/Onice	noider name	,	Jilice Sout	JI IL			Office field	
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	Complete ONLY if direct expenditure to benefit C/O		idate/Office	holder name	C	Office sou	ght			Office held	
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SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense

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

Polling Expense
Printing Expense
Salaries/Wages/Contract Labor Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME 3 Filer ID Sch: 9/31 Rpt: 65/115 Mack, Wayne Date 5 Payee name 10/28/2024 CHILD ADVOCATES OF MONTGOMERY COUNTY Amount (\$) Payee address: State: Zip Code City: \$1,000.00 505 N MAIN ST CONROE, TX 77301 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense **SPONSORSHIP** Complete **QNLY** if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 07/25/2024 COLORTECH DIRECT Amount (\$) Payee address; City: State; Zip Code \$2,920.97 809 CABLE ST **CONROE, TX 77301 PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas, Complete Schedule T. Event Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense PRAYER BREAKFAST MAILER Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 08/06/2024 COLORTECH DIRECT Amount (\$) Payee address; State; Zip Code \$304.30 809 CABLE ST **CONROE, TX 77301 PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Event Expense EXPENDITURE Check if Austin, TX, officeholder living expense PRAY BREAKFAST TICKETS Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

Advertising Expense Accounting/Banking

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Co	mmittee	Gift/Awa Legal Se	everage Expense ards/Memorials Expe ervices struction Guide (Printing Salarie	-	se /Contract Labor		Travel in District Travel Out of District OTHER (enter a category not listed above))
1	Total pages Schedule F1:	2	FILER NAME				(**\$**************)	3	Filer ID	
	Sch: 10/31 Rpt:		Mack, Way									
4	Date	5	Payee name	·		***************************************			······································	I		
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			CONROE,	TX 77:	301							
8	PURPOSE	(a)				- 44		I/b)	Donadation			
ľ	OF	ler	Event Expe		ories listed at the top	of this sche	edule)	(6)	Description Check if travel	outsi	ide of Texas, Complete Schedule T.	
	EXPENDITURE		Event Expe	4100					Check if Austin	, TX	, officeholder living expense	
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9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Offi	icehold	er name	0	iffice s	ought			Office held	
	Date		Payee name									,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
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			CONROE,	TX 77:	301							
	PURPOSE OF	(a)			ories listed at the top		edule)	(b)	Description		ilda af Tarray Galvalat- Och edula T	
	EXPENDITURE				nations Made nolder/Political		ittaa		<u></u>		ide of Texas. Complete Schedule T. ., officeholder living expense	
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	expenditure to benefit C/OI	H										
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			CONROE,	TX 77:	301							
Г	PURPOSE	(a)	Category (s	ee Categ	ories listed at the top	of this sche	edule)	(b)	Description		<u> </u>	
	OF EXPENDITURE		Contribution	ns/Dor	nations Made I	Ву			land.		side of Texas. Complete Schedule T.	
			Candidate/0	Unicer	nolder/Political	Commi	itee		الميط		, officeholder living expense IG SPONSORSHIP	
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 	Complete ONLY if direct		Candidate/Offi	cehold	er name	O	ffice s	 ought		-	Office held	
	expenditure to benefit C/OI					_						
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Loan Repayment/Reimbursement Solicitation/Fundralsing Expense **Event Expense** Transportation Equipment & Related Expense Travel in District Office Overhead/Rental Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee Polling Expense
Printing Expense
Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME 3 Filer ID Sch: 11/31 Rpt: Mack, Wayne Date Payee name 07/08/2024 **DEL FRISCOS** 6 Amount (\$) Payee address; City; State; Zip Code \$328.21 812 MAIN ST FORT WORTH, TX 76102 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas, Complete Schedule T. OF Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense **POLITICAL DINNER** Complete ONLY if direct Office held Candidate/Officeholder name Office sought expenditure to benefit C/OH Date Payee name 10/10/2024 DIAMONDS IN THE ROUGH Amount (\$) Payee address; City; State; Zip Code \$5,675.00 9391 GROGANS MILL RD STE B4 THE WOODLANDS, TX 77380 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense PRAYER BREAKFAST AUCTION ITEMS Complete ONLY if direct Candidate/Officeholder name Office held Office sought expenditure to benefit C/OH Date Payee name 10/14/2024 DIAMONDS IN THE ROUGH Amount (\$) Payee address; State: Zip Code City: \$650.00 9391 GROGANS MILL RD STE B4 THE WOODLANDS, TX 77380 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense PRAYER BREAKFAST AUCTION ITEMS Complete ONLY if direct Candidate/Officeholder name Office held Office sought expenditure to benefit C/OH

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Gilt/Awards/Memorials Expense Legal Services The Instruction Guide expla		/ages	/Contract Labor		Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2 FILER NAME	:				3 I	Filer ID	
	Sch: 12/31 Rpt:	Mack, Wayı						noi 15	
4	Date	5 Payee name							
	10/10/2024	DOROW, A	SHTON						
6	Amount (\$)	7 Payee addre	•	tate; Zip Co	de				
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		WILLIS, TX	77378						
8	PURPOSE	(a) Category (Se	ee Categories listed at the top of thi	s schedule)	(b)	Description			
ŀ	OF EXPENDITURE	Event Expe				L		of Texas. Complete Schedule T.	
						_		fficeholder living expense	
l						PRAYER BRE	=MK	FAST MUSIC	
9	Complete ONLY if direct	Candidate/Offi	ceholder name	Office sou	aht			Office held	
ľ	expenditure to benefit C/O		CONDUCT BATTLE	Office 300	y			Onico noiu	
F	Date	Payee name	THE RESERVE THE PROPERTY OF THE PARTY OF THE						· ·
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Г	Amount (\$)	Payee addre	ss; City; Si	tate; Zip Co	de				
	\$200.00	12165 TX 7	5						
		WILLIS, TX	77378						
	PURPOSE OF	(a) Category (Se	ee Categories listed at the top of thi	s schedule)	(b)	Description			
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┢	Complete ONLY if direct expenditure to benefit C/OI		ceholder name	Office sou	ght			Office held	
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	Date	Payee name							
L	08/20/2024	GONZALES	S, BRANDIE						
	Amount (\$)	Payee addres	*	ate; Zip Co	de				
	\$146.00	11 ABBEY F	RD						
		HUNTSVILL	.E, TX 77340						
	PURPOSE OF	(a) Category (Se	e Categories listed at the top of this	s schedule)	(b)	Description			
	EXPENDITURE	Event Expe	nse					of Texas. Complete Schedule T. fficeholder living expense	
								IP REIMBURSEMENT	
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<u> </u>	Complete ONLY if direct	Candidate/Offic	ceholder name	Office sou	ght			Office held	
	expenditure to benefit C/O								
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SCHEDULE F1

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

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	/ - al Co	•	ise i	Office Overhe Polling Expen Printing Expe Salaries/Wag	nse es/Contract Labor		Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Travel Out of District OTHER (enter a category not listed above)	
L	The Instruction Guide explains how to complete this form.								
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	
L	Sch: 13/31 Rpt:		Mack, Wayne						
4	Date	5	Payee name						_
	10/28/2024		GONZALES, BRANDIE						
6	Amount (\$)	7	Payee address; City;	State:	Zip Code				
	\$4,000.00		11 ABBEY RD HUNTSVILLE, TX 77340		•				
8	PURPOSE	(a)			In) Description			
ľ	OF	\" <u>"</u>	Category (See Categories listed at the top of Event Expense	of this sched	ule) (N	`	outsid	le of Texas. Complete Schedule T.	
l	EXPENDITURE		Event Expense					officeholder living expense	
						EVENT COO	RD	INATOR	
9	Complete ONLY if direct		Candidate/Officeholder name	Off	ice sough	i i		Office held	
	expenditure to benefit C/O	4							
-	Date		Payee name			******		-	=
	10/30/2024		HARLAND CLARKE						
-	Amount (\$)	_	Payee address; City;	State:	Zip Code				_
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	Ψ12.01		Jood NO. CTIVE OF TRAVE						
			SAN ANTONIO, TX 78249						
	PURPOSE OF	(a)	Category (See Categories listed at the top of	of this sched	_{ule)} (b	Description			
	EXPENDITURE		Office Overhead/Rental Expense	Э				le of Texas, Complete Schedule T.	
	1					CAMPAIGN (officeholder living expense	
						CAMPAIGN	CITE	ECK ORDER	
_	Consider ONEY # #	L							
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Officeholder name	Om	ice sough			Office held	
	Date		Payee name						
	10/10/2024		HAYES, ALISHA						
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			WILLIS, TX 77378						
	PURPOSE	(a)			(h	Description		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
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	Complete ONLY if direct		Candidate/Officeholder name	Offi	ice sought			Office held	
	expenditure to benefit C/OI	1							
				-					

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica		Gift/Awards/Memorials Exp Legal Services	ense	Printing Exp Salaries/Wa	pens	e /Contract Labor	Travel Out of District OTHER (enter a category not listed abo	ve)
	Credit Card Payment		The instruction Guide	explains l	now to con	nple	te this form.		
1	Total pages Schedule F1:	2 FILER NAM	E					3 Filer ID	
	Sch: 14/31 Rpt:	Mack, Way	ne						
4	Date	5 Payee name		· · · · · · · · · · · · · · · · · · ·					
	10/10/2024	HAYES, R	JSSELL						
6	Amount (\$)	7 Payee addre	ess; City;	State;	Zip Cod	le		<u> </u>	
	\$200.00	12165 TX	75						
		WILLIS, T	77378						
8	PURPOSE	(a) Category (s	see Categories listed at the to	op of this sche	edule)	(b)	Description		
	OF EXPENDITURE	Event Expe					Check if travel outside of Texas. Complete Schedule T.		
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							PRATER DR	EARPAST MUSIC	
9	Complete ONLY if direct	Condidate/Of	iceholder name		office cour	.ht		Office held	
3	expenditure to benefit C/O		cendider name	O	Office soug	JIIL		Office field	
_	Data								
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				C1-4	7i- 0				
	Amount (\$) \$190.69	Payee addre		State;	Zip Coo	ae			
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		CONDO	TV 77904						
	CUEDOGE	CONROE,			Т.		 		
	PURPOSE OF	E .	ice Categories listed at the to	op of this sche	edule)	(a)	Description Check if travel	outside of Texas. Complete Schedule T.	
	EXPENDITURE	Event Expe	nse				느	TX, officeholder living expense	
							SILENT AUC	TION ITEMS	
	Complete ONLY if direct		iceholder name	O	ffice soug	ht		Office held	
	expenditure to benefit C/OI	T							
	Date	Payee name	,						
	10/10/2024	HUBBARD	, PAUL						
	Amount (\$)	Payee addre	ss; City;	State;	Zip Cod	de	. '' . ! '		
	\$175.00	130 N MAI	N ST						
		CONROE,	TX 77301						
	PURPOSE	(a) Category (s	ee Categories listed at the to	op of this scho	edule)	(b)	Description	······································	
	OF EXPENDITURE	Event Expe					-	outside of Texas, Complete Schedule T.	
							Check if Austin	TX, officeholder living expense	
							MACIAL OCC	ZIGIT I	
	Complete ONLY if direct	Candidate/Off	iceholder name		office soug	ıht		Office held	
	expenditure to benefit C/O		NOTIONAL HAINE	Ü	moc addy	g: 1L		OTHOG HOM	
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel in District Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Committee Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Printing Expense Travel Out of District Legal Services s/Wages/Contract Labor OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME 3 Filer ID Sch: 15/31 Rpt: Mack, Wayne Date Payee name 11/04/2024 JONATHAN SIGER 6 Amount (\$) Payee address; City; State: Zip Code \$500.00 5400 FELLOWSHIP LANE **SPRING, TX 77379** PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. OF Event Expense EXPENDITURE Check if Austin, TX, officeholder living expense **EVENT PROGRAM** Candidate/Officeholder name Complete ONLY if direct Office held Office sought expenditure to benefit C/OH Date Payee name 10/10/2024 JONETTA B PRODUCTIONS Amount (\$) Payee address; City: State: Zip Code \$1,000.00 26811 S CREEK DR MAGNOLIA, TX 77354 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas, Complete Schedule T. **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense PRAYER BREAKFAST VIDEOGRAPHER Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 12/17/2024 JONETTA B PRODUCTIONS Amount (\$) Payee address; City; State; Zip Code \$1,000.00 **26811 S CREEK DR** MAGNOLIA, TX 77354 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. **Event Expense** EXPENDITURE Check if Austin, TX, officeholder living expense **FINAL PRAYER BREAKFAST VIDEO PRODUCTION** Complete ONLY if direct Office held Candidate/Officeholder name Office sought expenditure to benefit C/OH

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officholder/Political Committee
Condit Can Deservent

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu
Fees Office Overhead/Rental E

Fees Office
Food/Beverage Expense Pollin
Glit/Awards/Memorials Expense Printi

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER Contract and program and listed shows

	Candidate/Officeholder/Politics Credit Card Payment	Al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID				
	Sch: 16/31 Rpt:	Mack, Wayne				
4	Date	5 Payee name				
	09/06/2024	JOURNEY HOME				
6	Amount (\$) \$600.00	7 Payee address; City; State; Zip Code PO BOX 223 CONROE, TX 77305				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense DONATION				
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held				
	Date	Payee name				
	08/12/2024	LAKE CONROE AREA REPUBLICAN WOMEN PAC				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$86.59	PO BOX 737				
		MONTGOMERY, TX 77356				
,,	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	ÖF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense POLITICAL LUNCH				
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH						
	Date	Payee name				
	11/14/2024	LAKE CONROE AREA REPUBLICAN WOMEN PAC				
	Amount (\$) \$500.00	Payee address; City; State; Zip Code PO BOX 737				
		MONTGOMERY, TX 77356				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas, Complete Schedule T, Check if Austin, TX, officeholder living expense CHRISTMAS PARTY SPONSORSHIP				
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held				

SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense

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

Constituting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment	Committee	Gilt/Awards/Memorials Exp Legal Services The Instruction Guide	Salar	-	Contract Labor	Travel Out of District OTHER (enter a category not listed abov	e)
1 Total pages Schedule F1:	2 FILER NAM					3 Filer ID	
Sch: 17/31 Rpt:	Mack, Way	ne					
4 Date	5 Payee name)			. · · · · · · · · · · · · · · · · · · ·		
10/10/2024	MCGEE, W	/ESLEY					
6 Amount (\$)	7 Payee addre	ess; City;	State; Zip	Code			
\$1.75.00	115 BUSIN	ESS PARK DR					
	WILLIS, TX	77378					
8 PURPOSE	(a) Category (s	ee Categories listed at the to	p of this schedule)	(b)	Description		
OF EXPENDITURE	Event Expe	ense			h-ml	autside of Texas. Complete Schedule T. n, TX, officeholder living expense	
					EVENT SEC		
Complete ONLY if direct expenditure to benefit C/OH		iceholder name	Office	sought		Office held	
Date	Payee name						
07/05/2024	MCKENZIE						
Amount (\$)	Payee addre		State; Zip	Code	. P. July vo. ii. ada, no vienna v. vienna vienna vienna vienna vienna vienna vienna vienna vienna vienna vien		
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T							
	MONTGON	MERY, TX 77356					
PURPOSE		ee Categories listed at the to	p of this schedule)	(b)	Description		
OF EXPENDITURE	Contributio	ns/Donations Made	By		Check if travel	outside of Texas. Complete Schedule T.	
	Candidate/	Officeholder/Politica	al Committee		land .	n, TX, officeholder fiving expense NTER SPONSOR	
				}	CHINOR OF	11, mit Of O110O11	
Complete ONLY if direct	Candidate/Off	iceholder name	Office	sought	·	Office held	<u> </u>
expenditure to benefit C/OH							
Date	Payee name						
10/10/2024	MCMAHON			•			
Amount (\$)	Payee addre	ess; City;	State; Zip	Code	<u> </u>		
\$200.00	12165 TX 7	· ·	·				
	WILLIS, TX	77378					
PURPOSE	(a) Category (s	ee Categories listed at the to	p of this schedule)	(b)	Description		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
OF EXPENDITURE	Event Expe				Check if travel	outside of Texas. Complete Schedule T.	
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l l					FINALES OF	WELLENOT INFOIR	
l							
Complete ONLY if direct	Candidate/Off	iceholder name	Office	sought		Office held	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI-I		iceholder name	Office	sought		Office held	
		iceholder name	Office	sought		Office held	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politics Credit Card Payment		Gift/Awards/Memorials Exp Legal Services The Instruction Guide	iense Prii Sal	-	se s/Contract Labor	Travel District OTHER (enter a categor	y not listed above)
1	Total pages Schedule F1:	2 FILER NAM	<u> </u>				3 Filer ID	
	Sch: 18/31 Rpt:	Mack, Way						
4	Date	5 Payee name						
	08/06/2024	MONTGON	MERY COUNTY CO	YTINUMMC	FOUND	ATION		
6	Amount (\$)	7 Payee addre	ss; City;	State; Zi	ip Code			
	\$500,00	2001 TIMB	ERLOCH PL STE	500		•		
		THE WOO	DLANDS, TX 7738	0				
8	PURPOSE	(a) Category (s	ee Categories listed at the to	p of this schedule) (b)	Description		
	OF EXPENDITURE	Contributio	ns/Donations Made	Ву		<u></u>	outside of Texas, Complete So	
		Candidate/	Officeholder/Politica	al Committe	e	SPONSORS	n, TX, officeholder living expens	Se .
ŀ						SECNOCIO	THE	
9	Complete ONLY if direct	Candidate/Off	iceholder name	Office	e sought		Office held	
Ð	expenditure to benefit C/Ol		icerloider hame	Onic	e sougrit		Office field	
	Date	Payee name				iiiit , 		
	10/16/2024	MONTGON	MERY COUNTY FA	IR ASSOCI	ATION			
	Amount (\$)	Payee addre	ss; City;	State; Zi	p Code			
	\$2,000.00	9201 AIRP	ORT RD					
		CONROE,	TX 77303					
	PURPOSE	(a) Category (s	ee Categories listed at the to	n of this echadula	, (b)	Description		
	OF		ns/Donations Made		"		outside of Texas, Complete So	chedule T.
	EXPENDITURE		Officeholder/Politica		e	السيا	n, TX, officeholder living expens	se .
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	Complete ONLY if direct expenditure to benefit C/OI		iceholder name	Office	e sought		Office held	
			··					
	Date	Payee name						
	09/24/2024	MONTGON	MERY COUNTY PR	RINTERS				
	Amount (\$)	Payee addre	ss; City;	State; Zi	p Code			
	\$365.00	310 N DAN	VILLE ST D					
		WILLIS, TX	77378					
	PURPOSE	(a) Category 19	ee Categories listed at the to	op of this schedule) (b)	Description		· · · · · · · · · · · · · · · · · · ·
	OF EXPENDITURE		head/Rental Exper		´	Check if travel	outside of Texas. Complete S	
	EXPERIDITORE		•		- 1	liine l	n, TX, officeholder living expen	Se .
						LETTERHEA	AD PRINTING	
	Complete ONLY if direct expenditure to benefit C/Ot		iceholder name	Office	e sought		Office held	
	onportation to beliefit O/O!		····					

SCHEDULE F1

Advertising Expense

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

Solicitation/Fundralsing Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide ex	Polling Expe e Printing Exp Safaries/Wa	ense ges/Contract Labor		Travel in District Travel Out of District OTHER (enter a category not listed above)	o c
1	Total pages Schedule F1:	2 FILER NAM				3	Filer ID	
	Sch: 19/31 Rpt:	Mack, Way				ľ	THO TO	
_	Date					1		
	11/04/2024	5 Payee name MONTGO	MERY COUNTY REPL	JBLICAN PART	Y OF TX			
6	Amount (\$)	7 Payee addr	ess; City;	State; Zip Cod	е			
	\$1,000.00	18001 HIG	HWAY 105 W STE 10	1				
		MONTGO	MERY, TX 77356					
8	PURPOSE	(a) Category (See Categories listed at the top of	this schedule)	b) Description			
	OF EXPENDITURE	Contributio	ns/Donations Made By	,			ide of Texas, Complete Schedule T.	
	AND MINISTER	Candidate	Officeholder/Political (Committee	لنبا		, officeholder living expense	
					CONTRIBU	HOI	IN .	
9	Complete ONLY if direct	Candidate (Of	ficeholder name	0#			Office hold	
9	Complete ONLY if direct expenditure to benefit C/OI		ncenoluer name	Office soug	N(Office held	
	Date	Payee name	•					
	08/29/2024	NEW MAR	CO POLO					
	Amount (\$)	Payee addre	ess; City;	State; Zip Cod	е			
	\$1,553.0 6	7501 HAR	WIN DR STE 104D					
		HOUSTON	I, TX 77036					
	PURPOSE OF		See Categories listed at the top of	this schedule) (b) Description			
	EXPENDITURE	Event Expe	ense				ide of Texas, Complete Schedule T. , officeholder living expense	
					SILENT AU			
	Complete ONLY if direct expenditure to benefit C/O		liceholder name	Office sough	ht		Office held	
	Date	Payee name	<u> </u>					
	09/03/2024	•	ORE REPUBLICAN \					
	Amount (\$)	Payee addre		State; Zip Cod	e			
	\$500.00	PO BOX 1	993					
	:	MONTGO	MERY, TX 77356					
	PURPOSE	(a) Category (5	Gee Categories listed at the top of	this schedule)	b) Description			
	OF EXPENDITURE		ns/Donations Made By				ide of Texas. Complete Schedule T.	
		Candidate/	Officeholder/Political C	Committee			, officeholder living expense USER SPONSORSHIP	
					GOLF FOIN	-/ I \}^1	SOLIT OF CHOOKING III	
	Complete ONLY if direct expenditure to benefit C/Ol-		iceholder name	Office soug	ht		Office held	
_					<u> </u>			

SCHEDULE F1

Advertising Expense Accounting/Banking

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.					Travel in District Travel Out of District OTHER (enter a category not listed above)	
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1	Total pages Schedule F1: Sch: 20/31 Rpt:	1	NAME Wayne				3	Filer ID	
4	Date	5 Payee	name	······································					_
	10/15/2024	_	ING BUNDT CAKE	ES					
6	Amount (\$)	7 Payee	address; City;	State:	Zip Code				
	\$77.00	1 ′	W DAVIS ST STE		_pw				
		CONR	OE, TX 77304						
8	PURPOSE OF EXPENDITURE		ry (see Categories listed Beverage Expense		edule) (b	Check if Austin	n, TX,	ide of Texas. Complete Schedule T. , officeholder living expense PRECIATION	
9	Complete ONLY if direct expenditure to benefit C/Ol		te/Officeholder name	C	Office sough	t		Office held	_
	Date	Payee	name	· · · · · · · · · · · · · · · · · · ·	···				=
ł	09/05/2024	OFFIC	E DEPOT						
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l	\$187.96	1319 \	W DAVIS ST						
			OE, TX 77304				·.,,		_
	PURPOSE OF EXPENDITURE		ry (See Categories listed Overhead/Rental E		_{edule)} (b	<u> </u>		de of Texas, Complete Schedule T, officeholder living expense	
						OFFICE SUI	PPL	JES	
	Complete ONLY if direct expenditure to benefit C/Ol		te/Officeholder name	O	office sough	t		Office held	
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	\$1,000.00	1895 L	ONGMIRE RD						
		CONR	OE, TX 77304	,		······································			
	PURPOSE OF		(See Categories listed		edule) (b	Description		Strattman Country Colorida T	
	EXPENDITURE		outions/Donations date/Officeholder/P		ittee	Check if Austin	n, TX,	de of Texas, Complète Schedule T. , officeholder living expense ENTIVE PROGRAM DONATION	
	Complete ONLY if direct expenditure to benefit C/O		e/Officeholder name	0	office sough	t		Office held	
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SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politics Credit Card Payment	y • al Committee	Giff/Awards/Memorials Expens Legal Services The instruction Guide ex	se Printii Salan	-	se s/Contract Labor		Travel Qut of District OTHER (enter a category not ∦sted above))
1	Total pages Schedule F1:	2 FILER NAME			****		3	Filer ID	
	Sch: 21/31 Rpt:	Mack, Way	ne						
4	Date	5 Payee name							
	08/27/2024	PIRYX							
6	Amount (\$)	7 Payee addre	ss; City;	State; Zip	Code				
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		ì							
		SAN FRAN	CISCO, CA 94105						
8	PURPOSE	(a) Category (s	ee Categories listed at the top o	of this schedule)	(b)	Description			
	OF EXPENDITURE	Fees				to the second		e of Texas. Complete Schedule T.	
		ĺ					i, TX, c	fficeholder living expense	
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<u> </u>	····	<u> </u>					ببديت		
9	Complete ONLY if direct expenditure to benefit C/OI		ceholder name	Office :	sought			Office held	
<u> </u>							-		
	Date	Payee name							
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		,							
		HOUSTON	TX 77036						
	PURPOSE	(a) Category (Se	ee Categories listed at the top o	if this schedule)	(b)	Description			
	OF EXPENDITURE	Event Expe				كسببا		e of Texas, Complete Schedule T,	
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	Complete ONLY if direct expenditure to benefit C/OI		ceholder name	Office :	sought			Office held	
	Date	Payee name			,				
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	Amount (\$)	Payee addre	ss; City;	State; Zip	Code				
	\$200.00	12165 TX 7	5						
		WILLIS, TX	77378						
	PURPOSE	(a) Category (Se	e Categories listed at the top o	f this schedule)	(b)	Description			******
	OF EXPENDITURE	Event Expe				at the last		e of Texas. Complete Schedule T.	
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	Complete ONLY if direct expenditure to benefit C/Oł	Candidate/Offi	ceholder name	Office :	sought			Office held	
	omponention to activity O'O'	·							

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		Fees Food/Reverage Expense Golf/Awards/Memorials Expense Legal Services The instruction Guide explains	Office Overher Polling Expension Printing Exper Salaries/Wage	ise es/Contract Labor	Transportation Equipment & Relater Travel in District Travel Out of District OTHER (enter a category not listed	·
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ľ	L Total pages Schedule F1: Sch: 22/31 Rpt:	Mack, Way				3 Filer ID	
7	4 Date	5 Payee name	······································	*************************************			······································
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ı		ĺ					
		WILLIS, TX	77378				
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•	Complete ONLY if direct expenditure to benefit C/O		iceholder name	Office sought		Office held	
r	Date	Payee name					
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	φ200.00	12103 17 1	i S				
l							
		WILLIS, TX	77378				
Γ	PURPOSE	(a) Category (s	ee Categories listed at the top of this so	hedule) (b)	Description		
ı	OF EXPENDITURE	Event Expe				outside of Texas, Complete Schedule T.	
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	Complete ONLY if direct expenditure to benefit C/OI		iceholder name	Office sought		Office held	
-	Date	Payee name					
L	09/05/2024		SPEAKERS BUREAU				
	Amount (\$)	Payee addre	ss; City; State	e; Zip Code			
	\$2,500.00	109 INTER	NATIONAL DR STE 300				
		FRANKLIN	, TN 37064				
ſ	PURPOSE	(a) Category (s	ee Categories listed at the top of this sc	hedule) (b)	Description	<u> </u>	
	OF EXPENDITURE	Event Expe				outside of Texas. Complete Schedule T.	
ı					- 	, TX, officeholder living expense	
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	Complete ONLY if direct		iceholder name	Office sought		Office held	
	expenditure to benefit C/O	T					
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SCHEDULE F1

	EXPEND	ITURE CATEGORIES FOI	R BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations M Candidate/Officeholder/F Credit Card Payment		Solicitation/Fundratsing Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1 Total pages Schedule	1: 2 FILER NAME		· · · · · · · · · · · · · · · · · · ·	3 Filer ID
Sch: 23/31 Rpt:	Mack, Wayne			
4 Date	5 Payee name			
10/17/2024	PREMIERE SPEAKER	S BUREAU		
6 Amount (\$)	7 Payee address; City;	State; Zip Co	đe	
\$629.	39 109 INTERNATIONAL	DR STE 300		
	FRANKLIN, TN 37064			
8 PURPOSE	(a) Category (See Categories list	ed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Event Expense		l-out	outside of Texas, Complete Schedule 7.
			· Hingail	n, TX, officeholder living expense AKER EXPENSES
			EVENTORE.	PH (las) (las/11 dari 40 baco
9 Complete <u>ONLY</u> if dire expenditure to benefit		ne Office sou	ght	Office held
Date	Payee name			
11/19/2024	SAN JACINTO MASON	NC LODGE		
Amount (\$)	Payee address; City;	State; Zip Co	de	
\$150.	1 ' ' '			
	WILLIS, TX 77378			
PURPOSE OF	(a) Category (See Categories list		(b) Description	
EXPENDITURE	Contributions/Donation		Tarana and the same and the sam	outside of Texas, Complete Schedule T. n, TX, officeholder living expense
	Candidate/Officeholder	/Political Committee	CALENDAR	
			OALLIDAIN	or oncore
Complete <u>ONLY</u> if dire expenditure to benefit		ne Office sou	ght	Office held
Date	Daving name			
10/10/2024	Payee name SMALLY, BOBBY			
		Ctuto. 7in Co		
Amount (\$)	Payee address; City;	State; Zip Co	ue	
\$175.	00 130 N MAIN ST			
***	CONROE, TX 77301			
PURPOSE OF	(a) Category (See Categories list	ed at the top of this schedule)	(b) Description	mulde of Wayne Complete Debadyle 'T
EXPENDITURE	Event Expense		<u> </u>	outside of Texas. Complete Schedule T. n, TX, officeholder living expense
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Complete ONLY if dire	t Candidate/Officeholder nan	ne Office sou	ght	Office held
expenditure to benefit		wing the	•	- · · · · · · · · · · · · · · · · · · ·
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SCHEDULE F1

Advertising Expense Accounting/Banking

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services The Instruction Guid	kpense Pr Sa	•	nse es/Contract Labor		Travel in District Travel Out of District OTHER (enter a category not listed above)
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	Sch: 24/31 Rpt:	Mack, Wa						
4	Date	5 Payee nam	е					
ĺ	08/29/2024	SOUTH V	VEST TRADING					
6	Amount (\$)	7 Payee add	ress; City;	State; Z	ip Code			
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		HOUSTO	N, TX 77036					
8	PURPOSE	(a) Category	(See Categories listed at the	top of this schedul	_{e)} (b	Description		
	OF EXPENDITURE	Event Exp				اسبا	in, TX	de of Texas. Complete Schedule T. officeholder living expense DN ITEMS
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		CONROE	, TX 77303					
	PURPOSE	(a) Category	See Categories listed at the	ton of this schedule	e) (b)	Description		<u></u>
	OF EXPENDITURE	Event Exp			" T	Check if trave	outsi	de of Texas, Complete Schedule T.
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	Complete ONLY if direct expenditure to benefit C/Ol		ficeholder name	Offic	e sought			Office held
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SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made B Candidate/Officeholder/Politics Credit Card Payment	Glift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Lab The Instruction Guide explains how to complete this form						Travel Out of District OTHER (enter a category not listed above)		
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L		CONROE,	TX 77301							
8	PURPOSE	(a) Category (s	See Categories listed at the to	op of this sched	tule) ((b)	Description			
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		WILLIS, T	(77378							
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	OF EXPENDITURE		rhead/Rental Exper				느		de of Texas, Complete Schedule T.	
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	Ç4,01¢	UOS N CAN	IFDELL 31							
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	PURPOSE	(a) Category (5	ee Categories listed at the to	p of this schee	tule) ((b)	Description			
	OF EXPENDITURE	Office Over	head/Rental Exper	nse					de of Texas. Complete Schedule T.	
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	expenditure to benefit C/OI	-1 								
										

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Printing Expense Salaries/Wages/Contract Labor Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME 3 Filer ID Sch: 26/31 Rpt: Mack, Wayne 4 Date Payee name 07/25/2024 WALMART SUPERCENTER 6 Amount (\$) Payee address; City: State: Zip Code \$28,44 18700 HIGHWAY 105 W MONTGOMERY, TX 77356 **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense SUPPLIES FOR JURY Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 12/06/2024 WALMART SUPERCENTER Amount (\$) Payee address; City: State; Zip Code \$120.00 18700 HIGHWAY 105 W MONTGOMERY, TX 77356 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas, Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee MONTGOMERY COUNTY FAIR ASSOCIATION SENIOR DAY GIFT DONATION Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 12/11/2024 WALMART SUPERCENTER Amount (\$) Payee address; City; State; Zip Code \$200.00 18700 HIGHWAY 105 W MONTGOMERY, TX 77356 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas, Complete Schedule T. Contributions/Donations Made By EXPENDITURE Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense MONTGOMERY COUNTY EMPLOYEE LUNCHEON DOOR PRIZE DONATION Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundralsing Expense
Transportation Equipment & Related Expense

	Constaung Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		ommittee	FOOD/Beverage Expense Polling Expense Gitt/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Con The Instruction Guide explains how to complete ti				nse es/Contract Labor	Contract Labor OTHER (enter a category not listed above)			
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J.,	Sch: 27/31 Rpt:	٢	Mack, Way						3	Filer ID		
4	Date	5	Payee name)	*************	·····	** ** **		٠	<u> </u>	·	
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8	PURPOSE	(a	Category (s	see Categories lis	ted at the top of t	his schedule)	(b)	Description			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
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9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Off	iceholder na	me	Office	sought			Office held		
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			WILLIS, TX	77318								
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	Complete ONLY if direct		Candidate/Off	iceholder na	me	Office :	sought			Office held	,,	
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	expenditure to benefit C/OI						-					
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SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Policica Credit Card Payment		nmittee	Gift/Awards Legal Servi	/Memorials Exp ices	ense	Printing E Salaries/V		se /Contract Labor		Travel Out of District OTHER (enter a category not listed above)
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8	PURPOSE	(a)	Category (Se	e Categorie	s listed at the to	p of this sch	edule)	(b)	Description		
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			WILLIS, TX	77270							
<u> </u>	PURPOSE		 					(4.)			
	OF PURPOSE	(a)	Category (Se				edule)	(13)	Description Check if travel	outsin	de of Texas. Complete Schedule T.
	EXPENDITURE		Contribution Candidate/C				ittee		<u>kl</u>		officeholder living expense
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			WILLIS, TX	77378							
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	OF EXPENDITURE		Contribution				***				de of Texas. Complete Schedule T.
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SCHEDULE F1

Advertising Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense Transportation Foundation Rela

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment					Travel in District Travel Out of District OTHER (enter a category not listed above)
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6	Amount (\$)	7 Payee add	ress; City; St	ate; Zip Code		
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		WILLIS, T	X 77378		u	
8	PURPOSE OF		(See Categories listed at the top of this	s schedule) (b) Description	
	EXPENDITURE		ons/Donations Made By :/Officeholder/Political Cor	mmittan	ابسبا	outside of Texas. Complete Schedule T. TX, officeholder living expense
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9	Complete ONLY if direct		fficeholder name	Office sough	t	Office held
	expenditure to benefit C/OI	Н				
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	08/28/2024	WILLIS SI	ENIOR CENTER			
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		WILLIS, T	X 77378			
	PURPOSE	(a) Category	See Categories listed at the top of this	schedule) (b) Description	
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┢	Complete ONLY if direct		fficeholder name	Office sough	. 	Office held
	expenditure to benefit C/OI	1				
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	Amount (\$)	Payee addı	ess; City; St	ate; Zip Code		
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		WILLIS, T	X 77378			
	PURPOSE OF		See Categories listed at the top of this	schedule) (b) Description	
	EXPENDITURE		ons/Donations Made By		l-ind	outside of Texas. Complete Schedule T.
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SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donattons Made By Candidate/Officeholder/Politica Credit Card Payment		Legal Services The Instruction Guide exp	Salaries/V	Vages	/Contract Labor		Sur or District I (enter a category not listed above)	
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1	Total pages Schedule F1: Sch: 30/31 Rpt:	2 FILER NAME Mack, Wayr				3	Filer I	D	
4	Date 11/13/2024	5 Payee name WILLIS SEN	NIOR CENTER						
6	Amount (\$) \$100.00	7 Payee addres 600 GERAL WILLIS, TX	D ST #301	State; Zip Co	ode				
8	PURPOSE OF EXPENDITURE	Contribution	ee Categories listed at the top of IS/Donations Made By Officeholder/Political C	,	(b)		X, officeho	xas. Complete Schedule T. Ider living expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Offi H	ceholder name	Office sou	ight		O	ffice held	
	Date 11/19/2024	Payee name WILLIS SEN	NIOR CENTER						
	Amount (\$) \$100.00	Payee addres 600 GERAL WILLIS, TX	D ST #301	State; Zip Co	ode				
	PURPOSE OF EXPENDITURE	Contribution	e Categories listed at the top of ns/Donations Made By Officeholder/Political C	,	(b)	<u></u>	X, officeho	kas. Complete Schedule T. Ider living expense	
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	Amount (\$) \$400.00	Payee address PO BOX 13 WILLIS, TX	15	State; Zip Co	ode				
	PURPOSE OF EXPENDITURE	Contribution	e Categories listed at the top of Is/Donations Made By Officeholder/Political C	•		Check if Austin, T.	X, officeho	xas. Complete Schedule T. Ider living expense OOSTER GRUB SPONS	SOR
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Offi	ceholder name	Office sou	ght		C	ffice held	
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SCHEDULE F1

Advertising Expense Accounting/Banking

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/FundralsIng Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/- al Coi	mmittee	Food/Beverage Exper Gift/Awards/Memorials Legal Services The Instruction G			ense ges/Contract Lah		Travel in District Travel Out of District OTHER (enter a category not listed above))
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		ļ	CONROE,							
8	PURPOSE OF			ee Categories listed at	the top of this scho	edule) (b) Descriptio		de of Texas. Complete Schedule T.	
	EXPENDITURE		Event Expe	ense		1			officeholder living expense	
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9	Complete ONLY if direct expenditure to benefit C/Ol	H	Candidate/Offi	iceholder name	C	Office soug	nt		Office held	
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SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

	Advertising Expense Accounting/Banking Cansulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	v - Gift/Award	erage Expense s/Memorials Expense	Office O Polling E Printing	epayment/Reimbursement Overhead/Rental Expense Expense Expense :/Wages/Contract Labor	Tra Tra Tra	icitation/Fundraisin nsportation Equipm vef in District vef Out of District HER (enter a categ	ent & Related i	•
		The Inst	ruction Guide explains	how to c	complete this form,				
1	Total pages Schedule F4:	2 FILER NAME					3 Filer ID		
	Sch: 1/28 Rpt: 88/115	Mack, Wayne							
4	CREDIT CARD ISSUER		ncial institution AL ONE	5	TOTAL OF UNITEM EXPENDITURES CHARGED TO A CI CARD		\$		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	Issuer	Paid		
		\$122.01	07/01/2024						
7	PAYEE	(a) Payee name		(b) Payee address; City, S		State,	Zip Code		
		CAPITAL GRILLE		8	00 MAIN ST				
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8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	1 -) Description				
		Food/Beverage Expe	•	١٥	AMPAIGN LUNCH	1			
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<u> </u>	Non-Political	\ \ / 	of Texas. Complete Schedule			stin, TX, c	officeholder living ex	xpense	
1	Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate/Officeholder		Office so			Office held		
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	Issuer	Paid		
		\$612.86	07/01/2024						
	PAYEE	(a) Payee name GODADDY		2:) Payee address; 155 E GODADDY ' EMPE, AZ 85284	WAY	City,	State,	Zip Code
	PURPOSE OF	(a) Category		(b) Description				
	EXPENDITURE	(See Categories listed at the top Office Overhead/Rent	•	E	MAIL PLATFORM	FOR (CAMPAIGN		
	X Political	Onice Overneddiren	ta Expense						
	Non-Political	(c) Check if travel outside	of Texas, Complete Schedule	le T.	Check if Au	stin, TX, c	officeholder living ex	xpense	
	Complete ONLY if direct	Candidate/Officeholder	name C	Office so	ught	······································	Office held		
e	xpenditure to benefit C/OH								
	PAYMENT	(a) Amount Charged \$310.22	(b) Date of Charge 07/01/2024	(c) Date(s) Credit Card	Issuer	Paid		
	PAYEE	(a) Payee name		(b) Payee address;		City,	State,	Zip Code
				9:	120 OTIS AVE				
		BLOOMERANG							
				IN.	NDIANAPOLIS, IN	46216			
	PURPOSE OF	(a) Category		,) Description				
	EXPENDITURE	(See Categories listed at the top Office Overhead/Rent	•	C	AMPAIGN FUNDS	RAISIN	G SOFTWAI	RE	
	X Political		and any portion	ľ					
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	le T.	Check if Au	stin, TX, c	officeholder living e	xpense	
	Complete ONLY if direct	Candidate/Officeholder	name C	Office so	ught		Office held		······································
ex	xpenditure to benefit C/OH								
_	ma meaticled by Tayloo F							ninn VIA A	0 E-130

SCHEDULE F4

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

je i s

EXPENDITURE CATEGORIES FOR BOX 10(a)

Event Expense Fees Food/Beverage Expense GRYAwards/Memorials Expense Loan Repayment/Relimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundralsing Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHEE Conter a catatom not listed above)

Contributions/ Donations Made B Candidate/Officeholder/Politic			Printing Expense Salariss/Wages/Contract Labor	Travel Out of District OTHER (enter a cate)	gory not listed a	bove)
		ruction Guide explains h	w to complete this form.			
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID		
Sch: 2/28 Rpt: 89/115	Mack, Wayne					
4 CREDIT CARD	Name of fina	ncial Institution	5 TOTAL OF UNITE	1.	 	
ISSUER	AMERICA	N EXPRESS	EXPENDITURES CHARGED TO A	^₽EDIT \$		
			CARD	SICEDIT		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Car	rd Issuer Paid		
	\$38.63	07/16/2024				
	100.00	0172012027				
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State.	Zip Code
			2971 HAWTHORN	- ·	·	•
	BLACK WALNUT	CAFE				
			CONROE, TX 773	03		
8 PURPOSE OF	(a) Category	,	(b) Description	**************************************	· · · · · · · · · · · · · · · · · · ·	
EXPENDITURE	(See Categories listed at the top		POLITICAL LUNC	Н		
X Political	Food/Beverage Expe	nse				
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T	. Check if /	Austin, TX, officeholder living e	xpense	
9 Complete ONLY if direct	Candidate/Officeholder		ice sought	Office held	<u> </u>	
expenditure to benefit C/OH			•			
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Car	rd Issuer Paid		
	\$55.00	07/25/2024				
	400.00	O TIZOTZ OZ-T				
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
			1712 WILSON RD			·
	CONROE NOON L	IONS CLUB				
			CONROE, TX 773	01		
PURPOSE OF	(a) Category	· · · · · · · · · · · · · · · · · · ·	(b) Description			
EXPENDITURE	(See Categories listed at the top Fees	of this schedule)	MONTHLY MEMB	ERSHIP DUES		
X Political	recs					
Non-Political	(C) Check if travel outside	of Texas, Complete Schedule T	. Check if /	Austin, TX, officeholder living a	xpense	
Complete ONLY if direct	Candidate/Officeholder	name Off	ice sought	Office held	. <u></u>	<u> </u>
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Car	d Issuer Paid		
	\$178.00	07/27/2024				
	,		ľ			
PAYEE	(a) Payee name	<u> </u>	(b) Payee address;	City,	State,	Zip Code
			4300 W DAVIS ST		•	
	ISTORAGE					
			CONROE, TX 773	04		
PURPOSE OF	(a) Category		(b) Description			······································
EXPENDITURE	(See Categories listed at the top Office Overhead/Rent		CAMPAIGN STOR	AGE		
X Political		an multiple and				
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T	Check if A	Austin, TX, officeholder living e	xpense	
Complete ONLY if direct	Candidate/Officeholder	name Off	ice sought	Office held	· · · · · · · · · · · · · · · · · · ·	',
expenditure to benefit C/OH						
	To a stress of the state of the	· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·	

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

Event Expense Loan Repayment/Reimburs

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

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

Contributions/ Donations Made By Candidate/Officeholder/Politica		s/Memorials Expense Pr vices Sa	rinting Expense alaries/Wages/Co		avel Out of District THER (enter a categor)	not listed at	bove)
	The Inst	ruction Guide explains hov	v to complete	this form.			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID		
Sch: 3/28 Rpt: 90/115	Mack, Wayne						
4 CREDIT CARD	Name of final	ncial institution		OF UNITEMIZED	l _o		
ISSUER	see p	revious		DITURES SED TO A CREDIT	P		
an at million decreased and the plants and the second			CARD		<u></u>	·····	
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
	\$106.96	07/31/2024	-				
7 DAVET		<u></u>					-: A 1.
7 PAYEE	(a) Payee name		(b) Payee		City,	State,	Zip Code
<u> </u>	FACEBOOK		1601 WIL	LOW RD BLDG	10		
			MENLOI	PARK, CA 94025	:		
8 PURPOSE OF	(a) Category		(b) Descrip		<u>,</u>		
EXPENDITURE	(See Categories listed at the top	of this schedule)	ADVERT				
X Political	Advertising Expense		1				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	nse	
9 Complete ONLY if direct	Candidate/Officeholder		e sought	<u>L-3</u>	Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
	\$30,00	08/01/2024					
PAYEE	(a) Payee name		(b) Payee		City,	State,	Zip Code
	BX3 INTERACTIVE	2	17505 N	79TH AVE STE	208D		
,	270 1171210 101172	-	OLEVIDA	L			
PURPOSE OF	(a) Category	 	(b) Descrip	LE, AZ 85308			
EXPENDITURE	(See Categories listed at the top		1,,	Y FEE FOR WE	BSITE		
X Political	Office Overhead/Reni	tal Expense					
Non-Political	(c) Check if travel outside	of Texas, Complete Schedule T.	<u> </u>	Check if Austin, TX.	officeholder living expe	ense	
Complete ONLY if direct	Candidate/Officeholder	<u> </u>	e sought	land.	Office held		
expenditure to benefit C/OH			-				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
	\$188.38	08/07/2024					
PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
•	SAM'S CLUB		2000 WE	STVIEW BLVD			
	OAM O CLUB		1				
PURPOSE OF	(a) Category		(b) Descrip	E, TX 77301			
EXPENDITURE	(See Categories listed at the top		1 ' '	MON MINFORMED CO	OURT PROGRA	M	
X Political	Office Overhead/Rent	tal Expense	1.10.00				
Non-Political	(a) Charletternal autoti-	of Texas, Complete Schedule T.	<u> </u>	Chack if Austin TV	officeholder lister ou	oneo.	
Complete ONLY if direct	(c) Check if travel outside Candidate/Officeholder		e sought	Check if Ausun, TX,	officeholder living expo	315 0	
expenditure to benefit C/OH		Office	- GOGNITE		J.1100 11010		
							

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Consulting Expense Contributions/ Donations Made By -Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Printing Expense Travel in District Travel Out of District Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME 3 Filer ID Sch: 4/28 Rpt: 91/115 Mack, Wayne **CREDIT CARD** Name of financial institution TOTAL OF UNITEMIZED **EXPENDITURES ISSUER** see previous CHARGED TO A CREDIT CARD 6 PAYMENT (a) Amount Charged (c) Date(s) Credit Card Issuer Paid (b) Date of Charge \$52.75 08/12/2024 7 PAYEE (a) Payee name (b) Payee address; City. State, Zip Code 5901 W DAVIS ST VERNONS KUNTY KATFISH CONROE, TX 77304 **PURPOSE OF** (a) Category (b) Description **EXPENDITURE** (See Categories listed at the top of this schedule) **CAMPAIGN LUNCH** Food/Beverage Expense X Political Non-Political (C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate/Officeholder name Office held 9 Complete ONLY if direct Office sought expenditure to benefit C/OH PAYMENT (a) Amount Charged (c) Date(s) Credit Card Issuer Paid (b) Date of Charge \$41.03 08/15/2024 PAYEE (b) Payee address; (a) Payee name City, State, Zip Code 2971 HAWTHORNE DR **BLACK WALNUT CAFE** CONROE, TX 77303 PURPOSE OF (a) Category (b) Description **EXPENDITURE** (See Categories listed at the top of this schedule) POLITICAL LUNCH Food/Beverage Expense X Political Non-Political (C) Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

(a) Amount Charged

(a) Payee name

TO YOUTH

(a) Category

\$1,000.00

MONTGOMERY COUNTY YES

(See Categories listed at the top of this schedule)

Contributions/Donations Made By

Candidate/Officeholder name

Candidate/Officeholder/Political Committee

Check if travel outside of Texas, Complete Schedule T.

PAYMENT

PAYEE

PURPOSE OF

X Political

EXPENDITURE

Non-Political

Complete ONLY if direct expenditure to benefit C/OH Office sought

(b) Date of Charge

08/15/2024

(c) Date(s) Credit Card Issuer Paid

(b) Payee address; 105 W LEWIS ST

(b) Description

CONROE, TX 77301

EVENT SPONSORSHIP

State,

Zip Code

City,

Check if Austin, TX, officeholder living expense

Office held

SCHEDULE F4

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 10(a)

Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/ Donations Made B Candidate/Officeholder/Politica	al Committee Legal Sen	rices S	rinting Expense alaries/Wages/Cor	ntract Labor O	ravel Out of District THER (enter a catego	aty not listed at	bove)
		ruction Guide explains ho	w to complete t	this form.			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID		
Sch: 5/28 Rpt: 92/115	Mack, Wayne						
4 CREDIT CARD	Name of fina	ncial institution		OF UNITEMIZED	L		
ISSUER	see p	revious		DITURES ED TO A CREDIT	. \$		
			CARD	LD 10 / OKLDI			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
	\$50.00	08/16/2024					
	,						
7 PAYEE	(a) Payee name	1	(b) Payee	address;	City,	State,	Zip Code
		_	17505 N	79TH AVE STE	208D		
	BX3 INTERACTIVE						
			GLENDA	LE, AZ 85308			
8 PURPOSE OF	(a) Category		(b) Descrip	tion			
EXPENDITURE	(See Categories listed at the top Office Overhead/Ren	-	MONTHL	Y FEE FOR WE	BSITE		
X Political		ton Emporido	,				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living ex	pense	
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	ce sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
1	\$31,63	08/20/2024					
PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
	DELING DOADSOLIG		14075 LIE	BERTY ST			
	PHILS/BOARHQUI 	9 E	ļ				
				MERY, TX 773	16		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip				
<u> </u>	Food/Beverage Expe	•	CAMPAR	SN LUNCH			
X Political	_						
Non-Political	· · · · · · · · · · · · · · · · · · ·	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	pense	
Complete ONLY if direct	Candidate/Officeholder	name Offic	ce sought		Office held		
expenditure to benefit C/OH					· · · · · · · · · · · · · · · · · · ·		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
	\$141.04	08/22/2024	:				
P. A. Vieter							
PAYEE	(a) Payee name		(b) Payee a	•	City,	State,	Zip Code
	SAM'S CLUB		2000 WE	STVIEW BLVD			
			001100				
DIDDOCE OF	(a) Catagoni	:		tion 77301			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip	INFORMED CO	NI IDT DDAGD	AM	
X Political	Office Overhead/Rent	al Expense	INACINA	IN ONNED CO	JONE FROOM	AWI	
hand.			<u>. L</u>				
Non-Political	`	of Texas. Complete Schedule T.	an naught	Check if Austin, TX	officeholder living exp	pense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	ce sought		Office held		
experiorate to beliefit C/Off							

SCHEDULE F4

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 10(a)

Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/ Donations Made By Candidate/Officeholder/Politica	al Committee Legal Serv	rices Sa	nting Expense laries/Wages/Co	entract Labor OT	avel Out of District THER (enter a categor	y not listed ab	oove)
		ruction Guide explains how	to complete	this form.			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID		
Sch: 6/28 Rpt: 93/115	Mack, Wayne						
4 CREDIT CARD	Name of fina	ncial institution		OF UNITEMIZED		·	
ISSUER	see p	revious		IDITURES SED TO A CREDIT	 *		
			CARD	325 10 11 ONES 11			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	Paid		
	\$841.19	08/24/2024					
]	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
7 PAYEE	(a) Payee name	<u> </u>	(b) Payee	address;	City,	State,	Zip Code
			2257 N L	.OOP 336 W STE	140		
	APRICITY FOUND	ATION					
			CONROE, TX 77304				
8 PURPOSE OF	(a) Category		(b) Descri	otion			
EXPENDITURE	(See Categories listed at the top Contributions/Donatio		EVENT S	SPONSORSHIP			
X Political		er/Political Committee					
Non-Political	(C) Check if travel outside	of Texas, Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	<u> </u>	Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	Paid		
	\$66,09	08/27/2024					
	400100	00,27,2021					
PAYEE	(a) Payee name	<u> </u>	(b) Payee	address;	City,	State,	Zip Code
			3675 PR	ECISION DR			
	CONSTANT CONT	ACT					
			LOVELA	ND, CO 80538			
PURPOSE OF	(a) Category		(b) Descrip	otion			
EXPENDITURE	(See Categories listed at the top Office Overhead/Rent	•	CAMPAI	GN EMAIL PLAT	FORM		
X Political	Omos overneeding	м Ехропос					
Non-Political	(C) Check if travel outside	of Texas, Complete Schedule T.	•	Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	Paid		
	\$178.00	08/27/2024					
PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
			4300 W I	DAVIS ST			
	ISTORAGE						
			CONRO	E, TX 77304			
PURPOSE OF	(a) Category	of this colony 4-1	(b) Descrip				
EXPENDITURE	(See Categories listed at the top Office Overhead/Rent	-	CAMPAI	GN STORAGE			
X Political							
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
expenditure to benefit C/OH							
Forms was rided by Tayes F							o = 1.16

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (after a category not listed shove)

Candidate/Officeholder/Politic	ŭ	vices Sal truction Guide explains how	aries/Wages/Col to.complete:		THER (enter a catego	ry not listed al	oove)
1 Total pages Schedule F4:	2 FILER NAME	duction odide explains now	to complete	ulis lojin,	3 Filer ID		
Sch: 7/28 Rpt: 94/115	Mack, Wayne				3 Filerio		
4 CREDIT CARD ISSUER	Name of fina	ncial institution revious	EXPEN	OF UNITEMIZED DITURES SED TO A CREDIT	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	r Paid		
	\$2,700.00	08/27/2024					
7 PAYEE	(a) Payee name	BOY CHURCH	(b) Payee 21627 E\	-	City,	State,	Zip Code
				OMERY, TX 7735	56		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip				
	Contributions/Donation	ons Made By	EVENTS	SPONSORSHIP			
X Political	Candidate/Officehold	er/Political Committee	<u> </u>				
Non-Political	· · / 	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	pense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	Paid		•
	\$594.95	08/31/2024					
PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
	FACEBOOK		1601 WIL	LOW RD BLDG	10		
			MENLO F	PARK, CA 94025	•		
PURPOSE OF	(a) Category		(b) Descrip	tion			
EXPENDITURE X Political	(See Categories listed at the top Advertising Expense	of this schedule)	ADVERT	ISING			
Non-Political	(C) Check if travel outside	of Texas, Complete Schedule T.		Check if Auntin TV	officeholder living exp	20000	
Complete ONLY if direct	Candidate/Officeholder		e sought	Check ii Austin, TX,	Office held	oense	
expenditure to benefit C/OH	Carraidado, Cinido (10190)	Tiano	o oo agaa		Omoo neid		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	Paid		
	\$30.00	09/01/2024					
PAYEE	(a) Payee name		(b) Payee a	address;	City,	State,	Zip Code
	BX3 INTERACTIVE	•	17505 N	79TH AVE STE 2	208D		
			GLENDA	LE, AZ 85308			
PURPOSE OF	(a) Category		(b) Descrip				,
EXPENDITURE	(See Categories listed at the top Office Overhead/Rent		MONTHL	Y FEE FOR WE	BSITE		
X Political	Office Overfleau/Rein	at Expense					
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	<u>. </u>	Check if Austin, TX,	officeholder living exp	oense	
Complete ONLY if direct	Candidate/Officeholder	name Office	sought		Office held		
expenditure to benefit C/OH							

SCHEDULE F4

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 10(a) Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

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

	Constitutions/ Donations Made By Candidate/Officeholder/Politica	y - Gilt/Award al Committee Legal Serv	ls/Memorials Expense P vices S	olling Expense rinting Expense alaries/Wages/Contract Labor	Travel in District Travel Out of District OTHER (enter a categor	ry not listed al	cove)
			ruction Guide explains ho	w to complete this form.	······································		
1	Total pages Schedule F4:	,			3 Filer ID		
L	Sch: 8/28 Rpt: 95/115	Mack, Wayne					
4	CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZ EXPENDITURES CHARGED TO A CRE CARD	 \$		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	ssuer Paid		
		\$122.00	09/04/2024				
7	PAYEE	(a) Payee name	<u> </u>	(b) Payee address;	City,	State,	Zip Code
		CONROE NOON L	IONS CLUB	1712 WILSON RD			
_	DUDDOCE OF	(a) Catagon;		CONROE, TX 77301			
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description MONTHLY MEMBER:	SHIP DUES		
	X Political	Fees		WONTHER WEIGHT	OIM DOLO		
	Non-Political	2 S 🕞 20 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				·····	· · · · · · · · · · · · · · · · · · ·
_	Complete ONLY if direct	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	ce sought	n, TX, officeholder living ex Office held	pense	
	xpenditure to benefit C/OH	Odinalate/Officeriolder	Traine One	be sought	Office field		
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	ssuer Paid		
		\$2,500.00	09/05/2024				
		Ψ2,300.00	03/03/2024				
一	PAYEE	(a) Payee name	 	(b) Payee address;	City,	State,	Zip Code
				18001 HIGHWAY 105	5 W		
		MONTGOMERY C REPUBLICAN PAR					
		1121 0001(0) 1111 / 11		MONTGOMERY, TX	77356		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodule)	(b) Description			
		Contributions/Donatio		EVENT DONATION			
	X Political	Candidate/Officehold	er/Political Committee				<u> </u>
	Non-Political	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	of Texas, Complete Schedule T.		n, TX, officeholder living ex	pense	
	Complete ONLY if direct	Candidate/Officeholder	r name Offi	ce sought	Office held		
e	xpenditure to benefit C/OH					سجيدجب	
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	ssuer Pald		
		\$250.00	09/06/2024				
 _	PAYEE	(a) Payee name	<u> </u>	(b) Payee address;	City,	State,	Zip Code
				5433 WESTHEIMER	RD STE 300		
		LEUKEMIA & LYM	PHOMA SOCIETY				
				HOUSTON , TX 7705	56		
	PURPOSE OF	(a) Category (See Categories listed at the top	of this subschilled	(b) Description		,	
	EXPENDITURE	Contributions/Donatic		DONATION			
	X Political		er/Political Ćommittee				
	Non-Political	\ / \$2004	of Texas, Complete Schedule T.		n, TX, officeholder living ex	pense	······································
	Complete ONLY if direct	Candidate/Officeholder	name Offi	ce sought	Office held	-,	
ex	penditure to benefit C/OH					·····	

SCHEDULE F4

Advertising Expense Accounting/Banking

EXPENDITURE CATEGORIES FOR BOX 10(a)

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	y - Gift/Award al Committee Legal Serv	ls/Memorials Expense P vices S	rinting Expense Ti alaries/Wages/Contract Labor O	ravel in District ravel Out of District THER (enter a categor	y not listed at	oove)	
_	Total manas Calculula TA		ruction Guide explains ho	w to complete this form.	To 52 15		 	
1	Total pages Schedule F4: Sch: 9/28 Rpt: 96/115	Mack, Wayne			3 Filer ID			
4		Name of fina	ncial institution	5 TOTAL OF UNITEMIZED				
	ISSUER	see p	revious	EXPENDITURES CHARGED TO A CREDIT	. \$			
				CARD	<u> </u>			
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid			
1		\$1,039.48	09/06/2024					
L								
7	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
		THE MONTGOME	DV COLINTV	PO BOX 130388				
		FIRST RESPOND						
	,			THE WOODLANDS, TX 77393				
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description				
		Contributions/Donation	ons Made By	DONATION				
	X Political	Candidate/Officehold	er/Political Committee					
_	Non-Political	1:7	of Texas. Complete Schedule T.		officeholder living exp	ense		
•	Complete ONLY if direct	Candidate/Officeholder	name Offi	ce sought	Office held			
e	expenditure to benefit C/OH		<u></u>					
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid			
		\$332.17	09/16/2024					
<u> </u>								
	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
	i							
		AMAZON MARKET	TPLACE	PO BOX 81226				
		AMAZON MARKET	TPLACE					
	DUDDOCE OF		PLACE.	SEATTLE, WA 98108			· · · · · · · · · · · · · · · · · · ·	
	PURPOSE OF EXPENDITURE	AMAZON MARKET (a) Category (See Categories listed at the top	······································	SEATTLE, WA 98108 (b) Description	CORATIONS E		VER	
	EXPENDITURE	(a) Category	······································	SEATTLE, WA 98108	CORATIONS F	OR PRA	YER	
	EXPENDITURE X Political	(a) Category (See Categories listed at the top Event Expense	of this schedule)	SEATTLE, WA 98108 (b) Description TABLECLOTHS AND DEBREAKFAST			YER	
	EXPENDITURE X Political Non-Politicat	(a) Category (See Categories listed at the top Event Expense	of this schedule) of Texas, Complete Schedule T,	SEATTLE, WA 98108 (b) Description TABLECLOTHS AND DEBREAKFAST	, officeholder living exp		YER	
A	EXPENDITURE X Political Non-Political Complete ONLY if direct	(a) Category (See Categories listed at the top Event Expense	of this schedule) of Texas, Complete Schedule T,	SEATTLE, WA 98108 (b) Description TABLECLOTHS AND DEBREAKFAST			YER	
ex	EXPENDITURE X Political Non-Politicat Complete ONLY if direct penditure to benefit C/OH	(a) Category (See Categories listed at the top Event Expense (c) Check if travel outside Candidate/Officeholder	of this schedule) of Texas, Complete Schedule T, name Offic	SEATTLE, WA 98108 (b) Description TABLECLOTHS AND DE BREAKFAST Check if Austin, TX,	officeholder living exp Office held		YER	
e)	EXPENDITURE X Political Non-Political Complete ONLY if direct	(a) Category (See Categories listed at the top EVENT EXPENSE (c) Check if travel outside Candidate/Officeholder (a) Amount Charged	of this schedule) of Texas, Complete Schedule T, name Offi	SEATTLE, WA 98108 (b) Description TABLECLOTHS AND DEBREAKFAST	officeholder living exp Office held		YER	
е)	EXPENDITURE X Political Non-Politicat Complete ONLY if direct penditure to benefit C/OH	(a) Category (See Categories listed at the top Event Expense (c) Check if travel outside Candidate/Officeholder	of this schedule) of Texas, Complete Schedule T, name Offic	SEATTLE, WA 98108 (b) Description TABLECLOTHS AND DE BREAKFAST Check if Austin, TX,	officeholder living exp Office held		YER	
ex	EXPENDITURE X Political Non-Political Complete ONLY if direct X Political Non-Political Non-P	(a) Category (See Categories listed at the top Event Expense (c)	of this schedule) of Texas, Complete Schedule T, name Offi	SEATTLE, WA 98108 (b) Description TABLECLOTHS AND DEBREAKFAST Check if Austin, TX, ce sought (c) Date(s) Credit Card Issue	, officeholder living exp Office held r Paid	ense		
е)	EXPENDITURE X Political Non-Politicat Complete ONLY if direct penditure to benefit C/OH	(a) Category (See Categories listed at the top EVENT EXPENSE (c) Check if travel outside Candidate/Officeholder (a) Amount Charged	of this schedule) of Texas, Complete Schedule T, name Offi	SEATTLE, WA 98108 (b) Description TABLECLOTHS AND DEBREAKFAST Check if Austin, TX, ce sought (c) Date(s) Credit Card Issue (b) Payee address;	officeholder living exp Office held		YER Zip Code	
е)	EXPENDITURE X Political Non-Political Complete ONLY if direct X Political Non-Political Non-P	(a) Category (See Categories listed at the top Event Expense (c)	of this schedule) of Texas, Complete Schedule T. name Offic (b) Date of Charge 09/23/2024	SEATTLE, WA 98108 (b) Description TABLECLOTHS AND DEBREAKFAST Check if Austin, TX, ce sought (c) Date(s) Credit Card Issue	, officeholder living exp Office held r Paid	ense		
Θ)	EXPENDITURE X Political Non-Political Complete ONLY if direct X Political Non-Political Non-P	(a) Category (See Categories listed at the top EVENT EXPENSE (c) Check if travel outside Candidate/Officeholder (a) Amount Charged \$2,500.00 (a) Payee name	of this schedule) of Texas, Complete Schedule T. name Offic (b) Date of Charge 09/23/2024	SEATTLE, WA 98108 (b) Description TABLECLOTHS AND DEBREAKFAST Check if Austin, TX, ce sought (c) Date(s) Credit Card Issue (b) Payee address; 3273 S LOOP 336 E	, officeholder living exp Office held r Paid	ense		
ех	EXPENDITURE X Political Non-Political Complete ONLY if direct X Political Non-Political Non-P	(a) Category (See Categories listed at the top EVENT EXPENSE (c) Check if travel outside Candidate/Officeholder (a) Amount Charged \$2,500.00 (a) Payee name	of this schedule) of Texas, Complete Schedule T. name Offic (b) Date of Charge 09/23/2024	SEATTLE, WA 98108 (b) Description TABLECLOTHS AND DEBREAKFAST Check if Austin, TX, ce sought (c) Date(s) Credit Card Issue (b) Payee address;	, officeholder living exp Office held r Paid	ense		
е	EXPENDITURE X Political Non-Political Complete ONLY if direct expenditure to benefit C/OH PAYMENT PAYEE	(a) Category (See Categories listed at the top EVENT EXPENSE (c) Check if travel outside Candidate/Officeholder (a) Amount Charged \$2,500.00 (a) Payee name REFUGE CHURCH (a) Category (See Categories listed at the top	of this schedule) of Texas, Complete Schedule T. name Offic (b) Date of Charge 09/23/2024	SEATTLE, WA 98108 (b) Description TABLECLOTHS AND DEBREAKFAST Check if Austin, TX. Ce sought (c) Date(s) Credit Card Issue (b) Payee address; 3273 S LOOP 336 E CONROE, TX 77301	, officeholder living exp Office held r Paid	ense		
Θ	EXPENDITURE X Political Non-Political Complete ONLY if direct X Political Non-Political Complete ONLY if direct X Political Non-Political) Category (See Categories listed at the top EVENT EXPENSE (c) ☐ Check if travel outside Candidate/Officeholder (a) Amount Charged \$2,500.00 (a) Payee name REFUGE CHURCH (a) Category (See Categories listed at the top Contributions/Donatio	of this schedule) of Texas, Complete Schedule T. name Offic (b) Date of Charge 09/23/2024	SEATTLE, WA 98108 (b) Description TABLECLOTHS AND DEBREAKFAST Check if Austin, TX. Ce sought (c) Date(s) Credit Card Issue (b) Payee address; 3273 S LOOP 336 E CONROE, TX 77301 (b) Description	, officeholder living exp Office held r Paid	ense			
е	EXPENDITURE X Political Non-Political Complete ONLY if direct X Political Complete ONLY if direct X PAYMENT PAYMENT PAYEE PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top EVENT EXPENSE (c) Check if travel outside Candidate/Officeholder (a) Amount Charged \$2,500.00 (a) Payee name REFUGE CHURCH (a) Category (See Categories listed at the top Contributions/Donatio Candidate/Officeholder	of this schedule) of Texas, Complete Schedule T. name Offic (b) Date of Charge 09/23/2024	SEATTLE, WA 98108 (b) Description TABLECLOTHS AND DEBREAKFAST Check if Austin, TX, ce sought (c) Date(s) Credit Card Issue (b) Payee address; 3273 S LOOP 336 E CONROE, TX 77301 (b) Description DONATION	officeholder living exp Office held r Paid City,	ense State,		
	EXPENDITURE X Political Non-Politicat Complete ONLY if direct expenditure to benefit C/OH PAYMENT PAYEE PURPOSE OF EXPENDITURE X Political Non-Political	(a) Category (See Categories listed at the top EVENT EXPENSE (c) Check if travel outside Candidate/Officeholder (a) Amount Charged \$2,500.00 (a) Payee name REFUGE CHURCH (a) Category (See Categories listed at the top Contributions/Donatio Candidate/Officeholder	of this schedule) of Texas, Complete Schedule T. name Offi (b) Date of Charge 09/23/2024 of this schedule) ons Made By er/Political Committee of Texas, Complete Schedule T.	SEATTLE, WA 98108 (b) Description TABLECLOTHS AND DEBREAKFAST Check if Austin, TX, ce sought (c) Date(s) Credit Card Issue (b) Payee address; 3273 S LOOP 336 E CONROE, TX 77301 (b) Description DONATION	, officeholder living exp Office held r Paid	ense State,		
	EXPENDITURE X Political Non-Political Complete ONLY if direct X Political Complete ONLY if direct X POLITICAL X Political	(a) Category (See Categories listed at the top EVENT EXPENSE (c)	of this schedule) of Texas, Complete Schedule T. name Offi (b) Date of Charge 09/23/2024 of this schedule) ons Made By er/Political Committee of Texas, Complete Schedule T.	SEATTLE, WA 98108 (b) Description TABLECLOTHS AND DEBREAKFAST Check if Austin, TX, TX, TX (c) Date(s) Credit Card issue (b) Payee address; 3273 S LOOP 336 E CONROE, TX 77301. (b) Description DONATION Check if Austin, TX,	officeholder living exp Office held r Paid City,	ense State,		

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

Event Exnense Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Polling Expense

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

Printing Expense Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F4: 2 FILER NAME 3 Filer ID Sch: 10/28 Rpt: Mack, Wayne **CREDIT CARD** Name of financial institution TOTAL OF UNITEMIZED **EXPENDITURES** \$ **ISSUER** see previous CHARGED TO A CREDIT 6 PAYMENT (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid \$1,000.00 09/26/2024 7 PAYEE City, Zip Code (a) Payee name (b) Payee address; State. 21627 EVA ST 3 CROSS MINISTRY MONTGOMERY, TX 77356 (a) Category **PURPOSE OF** (b) Description **EXPENDITURE** (See Categories listed at the top of this schedule) DONATION Contributions/Donations Made By Political Candidate/Officeholder/Political Committee Non-Political Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate/Officeholder name Office held 9 Complete ONLY if direct Office sought expenditure to benefit C/OH PAYMENT (a) Amount Charged (c) Date(s) Credit Card Issuer Paid (b) Date of Charge \$70,36 09/26/2024 PAYEE (b) Payee address; Zip Code (a) Payee name City, State, 3675 PRECISION DR CONSTANT CONTACT LOVELAND, CO 80538 **PURPOSE OF** (a) Category (b) Description **EXPENDITURE** (See Categories listed at the top of this schedule) CAMPAIGN EMAIL PLATFORM Office Overhead/Rental Expense X Political Non-Political (C) Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH **PAYMENT** (c) Date(s) Credit Card Issuer Paid (a) Amount Charged (b) Date of Charge \$178.00 09/27/2024 PAYEE (a) Payee name (b) Payee address; City, State, Zip Code 4300 W DAVIS ST **ISTORAGE** CONROE, TX 77304 PURPOSE OF (a) Category (b) Description **EXPENDITURE** (See Categories listed at the top of this schedule) CAMPAIGN STORAGE Office Overhead/Rental Expense X Political Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate/Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH

SCHEDULE F4

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 10(a)

Event Expense Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

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

SCHEDULE F4

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

EXPENDITURE CATEGORIES FOR BOX 10(a)

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

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

Candidate/Officeholder/Politica		ruction Guide explains ho	Salaries/Wages/Co w to complete		THER (enter a category	not listed at	oove)
1 Total pages Schedule F4:		<u> </u>		· · · · · · · · · · · · · · · · · · ·	3 Filer ID		
Sch: 12/28 Rpt:	Mack, Wayne				9 FILERIE		
4 CREDIT CARD	Name of fina	ncial institution		OF UNITEMIZED	1.		
ISSUER	see p	revious		IDITURES SED TO A CREDIT	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)) Credit Card Issue	r Paid		
	\$717.16	10/03/2024					
7 PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
	MELONILIEAD DUG	TOOD ADULY	608 MET	CALF ST			
	MELONHEAD PHO	TOGRAPHY					
			CONRO	E, TX 77301			
8 PURPOSE OF EXPENDITURE	(a) Category	of this sales date.	(b) Descri				
	(See Categories listed at the top EVent Expense	or unis schedule)	EVENT	PHOTOGRAPHY			
X Political							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	nse	
9 Complete ONLY if direct	Candidate/Officeholder	name Offi	ice sought	<u> </u>	Office held		
expenditure to benefit C/OH	1.						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s	Credit Card Issue	r Paid		
	\$414.46	10/05/2024					
PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
	CUPCUS		1317 ED	GEWATER DR 5	6668		
	001-000		i				
				OO, FL 32804			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip				
	Event Expense	or and outdated,	SILENT	AUCTION ITEMS			
X Political							
Non-Political		of Texas, Complete Schedule T.		Check if Austin, TX,	officeholder living expe	nse	
Complete ONLY if direct	Candidate/Officeholder	name Offi	ce sought		Office held		
expenditure to benefit C/OH	()		145-45		- //		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)) Credit Card Issuei	r Paid		
	\$141.19	10/06/2024					
DANGE				2			
PAYEE	(a) Payee name		(b) Payee	·	City,	State,	Zip Code
	AMAZON MARKET	PLACE	PO BOX	81226			
			OF ATT	E WIA 00400			
PURPOSE OF	(a) Category		(b) Descrip	E, WA 98108			
EXPENDITURE	(See Categories listed at the top	of this schedule)	1	BREAKFAST S	UPPLIES		
X Political Expense See Salegories is later up of this scriedule)			CEREMINATOR	O' I LILO			
Non-Political							
	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	ce sought	Check if Austin, TX,	officeholder living expe	nse	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Canuldate/Officeriolder	name Offic	นธ รบนมูกเ		Office Head		
asperializate to beliefit 0/011		<u> </u>					

SCHEDULE F4

Advertising Expense Accounting/Banking

EXPENDITURE CATEGORIES FOR BOX 10(a)

Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consuling Expense Contributions/ Donations Made By Candidats/Officeholder/Politica	y - Gift/Award al Committee Legal Ser		Polling Expense Printing Expense Salaries/Wages/Contract Labor New to complete this form.	Travel in District Travel Out of District OTHER (enter a catego	ry not listed al	bove)
1	Total pages Schadule E4	*** *** *** *************************	nuction Guide explains n	low to complete this form.	3 Filer ID		
1	Total pages Schedule F4: Sch: 13/28 Rpt:	Mack, Wayne			3 FIIELID		
_	.,,, 		ncial institution	E TOTAL OF LINITENS	7ED		
4	CREDIT CARD ISSUER		revious	5 TOTAL OF UNITEM! EXPENDITURES CHARGED TO A CRI CARD	\$		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card I	ssuer Paid		
		\$146.82	10/07/2024				
7	PAYEE	(a) Payee name	<u> </u>	(b) Payee address;	City,	State,	Zip Code
		SALTGRASS		810 INTERSTATE 45	S N		
				CONROE, TX 77304			
8	PURPOSE OF	(a) Category		(b) Description		· , . · 	······································
	EXPENDITURE	(See Categories listed at the top	· ·	POLITICAL DINNER			
	X Political	Food/Beverage Expe	nse				
	Non-Political	(C) Check if travel outside	of Texas, Complete Schedule	T. Check if Austi	in, TX, officeholder living exp	pense	
9	Complete ONLY if direct	Candidate/Officeholder	name O	ffice sought	Office held		
е	xpenditure to benefit C/OH						
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card I	ssuer Paid	•	·
		\$47.37	10/08/2024				
	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
		OFFICE DEPOT		1319 W DAVIS ST			
				CONROE, TX 77304			
	PURPOSE OF	(a) Category		(b) Description			
	EXPENDITURE	(See Categories listed at the top Event Expense	of this schedule)	TABLE SIGN PRINTI	NG		
	X Political	- Evant Expands					
	Non-Political	(c) Check if travel outside	of Texas, Complete Schedule	T. Check if Austi	in, TX, officeholder living exp	pense	
	Complete ONLY if direct	Candidate/Officeholder	name O	ffice sought	Office held		
e	xpenditure to benefit C/OH						
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card I	ssuer Paid		
		\$68.38	10/08/2024				
	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
		OFFICE DEDOT		1319 W DAVIS ST			
		OFFICE DEPOT					
			···	CONROE, TX 77304			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description	NC		
		Event Expense		TABLE SIGN PRINTI	IVG		
	X Political			<u>, l, , </u>			
	Non-Political		of Texas. Complete Schedule		in, TX, officeholder living ex	pense	
61	Complete <u>ONLY</u> if direct spenditure to benefit C/OH	Candidate/Officeholder	riame O	ffice sought	Office held		
-	penditure to beliefit C/OH			<u> </u>	- <u>- </u>		

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

Event Expense Loan Repayment/Reimburs

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

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

Contributions/ Donations Made B Candidate/Officeholder/Politics	y - Gift/Award al Committee Legal Serv		inting Expense daries/Wages/Contract Labor	Travel Out of District OTHER (enter a categ	ory not listed al	oove)
	The Inst	ruction Guide explains how	to complete this form.			
1 Total pages Schedule F4:	2 FILER NAME		· · · · · · · · · · · · · · · · · · ·	3 Filer ID		
Sch: 14/28 Rpt:	Mack, Wayne					
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEM EXPENDITURES CHARGED TO A CF CARD	 \$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	Issuer Paid		
	\$3,962.40	10/08/2024				
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	WAY BETTER SOU	JND AND	3576 W TC JESTER HOUSTON, TX 7702			
8 PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE X Political	(See Categories listed at the top Event Expense	of this schedule)	AUDIO AND VISUAI BREAKFAST	L EQUIPMENT RE	NTAL FO	R PRAYER
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Aus	stin, TX, officeholder living e	xpense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	Issuer Paid		
	\$15.00	10/08/2024				
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	\` <i>`</i>		PO BOX 2234			
			CONROE, TX 77305			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Event Expense	of this schedule)	(b) Description CREDIT CARD PROCESSING TEST			
X Political	Evont Enported					
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Aus	stin, TX, officeholder living e	xpense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	Issuer Paid		
	\$239.75	10/09/2024				
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	RANCHO GRANDE		2207 N FRAZIER ST	Γ		
	RANCHO GRANDE	<u>-</u>				
			CONROE, TX 77303	3		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description	EOLATION CLINO		
X Political	Food/Beverage Expe		VOLUNTEER APPR	ECIATION LUNCH	1	
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Aus	stin, TX, officeholder living e	xpense	<u></u>
Complete QNLY if direct	Candidate/Officeholder		e sought	Office held		
expenditure to benefit C/OH						
<u></u>					 	

SCHEDULE F4

Advertising Expense Accounting/Banking

EXPENDITURE CATEGORIES FOR BOX 10(a)

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica	y - Gift/Awar g Committee Lega Sei	rerage Expense ds/Memorials Expense rvices truction Guide explains h	Polling Expense Printing Expense Salaries/Wages/Con	tract Labor O	ravel in District ravel Out of District THER (enter a catego	ry not listed al	bove)
1	Total pages Schedule F4:		dideton Gaide explains in	ow to complete to	illa tottii.	3 Filer ID		·.·.
	Sch: 15/28 Rpt:	Mack, Wayne				3 FIRET ID		
Ļ		 	ancial institution	TE TOTAL	OF LINITERATOR			
4	CREDIT CARD ISSUER	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	_		OF UNITEMIZED DITURES	s		
İ		see (orevious		ED TO A CREDIT	.		
_	DA VAREAUT	(a) A	1/2/ 0-1	CARD	0		· · · · · · · · · · · · · · · · · · ·	
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	er Paid		
		\$8.10	10/11/2024					
7	PAYEE	(a) Payee name	I	(b) Payee a	address.	City,	State,	Zip Code
		(a) i ay oo nama		1	ECISION DR	015 1	Ottaloj	2.p 0000
		CONSTANT CON	TACT	100,011	SOIGION BIX			
				LOVELAN	ND, CO 80538			
8	PURPOSE OF	(a) Category		(b) Descrip				
	EXPENDITURE	(See Categories listed at the to		CAMPAIG	N EMAIL PLAT	FORM		
	X Political	Office Overhead/Rer	ıtaı Expense	i				
	Non-Political	(c) Check if travel outside	of Texas, Complete Schedule		Check if Austin, TX	, officeholder living ex	ense	, ,
9	Complete ONLY if direct	Candidate/Officeholde	 	fice sought		Office held	··············	
	xpenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		¥
		\$116,33	10/12/2024					
		,						
	PAYEE	(a) Payee name		(b) Payee a	ıddress;	City,	State,	Zip Code
		CAMIC CLUD		2000 WES	STVIEW BLVD			
		SAM'S CLUB						
					, TX 77301	· · · · · · · · · · · · · · · · · · ·		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the to	a of this rehodulo)	(b) Description				
		Office Overhead/Rer		TRAUMA	INFORMED CO	OURT PROGR	AM	
	X Political							
	Non-Political		of Texas. Complete Schedule	<u></u>	Check if Austin, TX	, officeholder living ex	jense	
	Complete ONLY if direct	Candidate/Officeholde	r name Of	fice sought		Office held		
e	openditure to benefit C/OH		I de la cal	77.5.77				
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	er Paid		
		\$1, 552.1 5	10/16/2024					
-	PAYEE	(a) Payee name	1	(b) Payee a	ddragae	City,	State,	Zip Code
	· Alee	(a) Fayee name		1	SERY RD STE	•	State,	Zip Code
		FELLOWSHIP OF	CHRISTIAN	431 1401	SERT RUSTE	A30		
		ATHLETES		THE WOO	DDLANDS, TX	77380		
···	PURPOSE OF	(a) Category		(b) Descript		77000		
	EXPENDITURE	(See Categories listed at the to		1 - 1	ONATION			
	X Political	Contributions/Donation	ons Made By ler/Political Committe	_				
	Non-Political	**************************************	of Texas, Complete Schedule		Check if Austin TX	, officeholder living ex	pense	
	Complete ONLY if direct	Candidate/Officeholde		fice sought		Office held	, , , , , , , , , , , , , , , , , , , ,	
ex	penditure to benefit C/OH		<u></u>					
·					<u></u>		···	

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officehokder/Politica	r - Gift/Award I Committee Legal Serv	erage Expense s/Memorials Expense ices	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Transportation Equipmon Travel in District Travel Out of District OTHER (enter a catego	ent & Related I		
			ruction Guide explains h	ow to complete this form.				
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID			
	Sch: 16/28 Rpt:	Mack, Wayne			-			
4	CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMI EXPENDITURES CHARGED TO A CR CARD	\$			
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	Issuer Paid			
		\$1,060.56	10/17/2024					
7	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
		ONE LOUD VOICE		PO BOX 130156				
				SPRING, TX 77393				
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description EVENT DONATION				
	X Political	Contributions/Donatio Candidate/Officeholde	ns Made By					
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule 1	. Check if Aust	tin, TX, officeholder living ex	pense		
	Complete ONLY if direct	Candidate/Officeholder	name Of	ice sought	Office held			
e:	xpenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card I	Issuer Paid			
		\$238,50	10/19/2024					
	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
		AMAZON MARKET	TOLACE	PO BOX 81226				
		AWAZON WARRET	PLACE.	SEATTLE, WA 98108				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this achadule)	(b) Description				
		Event Expense	or mis scriedule)	PRAYER BREAKFAS	ST FLAG SUPPLIE	S		
	X Politicat	•						
	Non-Political	<u> </u>	of Texas, Complete Schedule T		tin, TX, officeholder living ex	pense		
ex	Complete <u>ONLY</u> if direct kpenditure to benefit C/OH	Candidate/Officeholder	name Of	ice sought	Office held			
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card I	Issuer Paid			
		\$2,000.00	10/23/2024					
	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
		CURDICTIONS THE	ACED	PO BOX 472655				
	,	CHRISTIANS ENG	AGED					
				GARLAND, TX 7504	7		,	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this echariula)	(b) Description				
		Contributions/Donatio		EVENT SPONSORS	HIP			
	X Political	Candidate/Officeholde						
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T	. Check if Aust	tin, TX, officeholder living ex	pense		
	Complete ONLY if direct	Candidate/Officeholder	name Off	ice sought	Office held			
ех	penditure to benefit C/OH							
		-						

SCHEDULE F4.

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

Candidate/Officeholder/Politica	•	ices Si ruction Guide explains how	-	OTHER (enter a category not lis	ted above)		
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID			
Sch: 17/28 Rpt:	Mack, Wayne						
4 CREDIT CARD ISSUER	Name of fina	ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid			
	\$187.84	10/23/2024					
7 PAYEE	(a) Payee name		(b) Payee address;	City, Sta	ite, Zip Code		
	SAM'S CLUB		2000 WESTVIEW BLVD				
	SAIVI S CLOB						
	(a) Catanani		CONROE, TX 77301	.			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description TRAUMA INFORMED CO				
X Political	Office Overhead/Ren		TRAUMA INFORMED CO	JOK! FROGRAM			
Non-Political	, , ,						
	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	Check if Austin, TX	Office held			
9 Complete <u>QNLY</u> if direct expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid			
	\$144.98	10/23/2024					
PAYEE	(a) Payee name		(b) Payee address;	City, Sta	ate, Zip Code		
	SAM'S CLUB		2000 WESTVIEW BLVD				
			CONROE, TX 77301				
PURPOSE OF	(a) Category	(4)	(b) Description				
EXPENDITURE X Political	(See Categories listed at the top Office Overhead/Rent	•	TRAUMA INFORMED COURT PROGRAM				
Non-Political	(C) Check if travel outside	of Texas, Complete Schedule T.	Check if Austin, TX	, officeholder living expense			
Complete ONLY if direct	Candidate/Officeholder	name Offic	ce sought	Office held			
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid			
	\$750.00	10/24/2024					
PAYEE	(a) Payee name		(b) Payee address;	City, Str	ate, Zip Code		
		_	PO BOX 290247				
	TEXAS LIONS CAN	MP					
			KERRVILLE, TX 78029				
PURPOSE OF	(a) Category	of this satisfula)	(b) Description				
EXPENDITURE	(See Categories listed at the top Contributions/Donatio		DONATION				
X Political		er/Political Ćommittee			· · · · · · · · · · · · · · · · · · ·		
Non-Political	\"/ keed	of Texas, Complete Schedule T.	<u> </u>	, officeholder living expense			
Complete ONLY if direct	Candidate/Officeholder	name Offic	ce sought	Office held			
expenditure to benefit C/OH							

SCHEDULE F4

Advertising Expense Accounting/Banking

EXPENDITURE CATEGORIES FOR BOX 10(a)

Event Expense Fees

Loan Repayment/Relmbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politics	y - Gift/Award al Committee Legal Sen		Polling Expense Printing Expense Salaries/Wages/Contract Labor	Travel in District Travel Out of District OTHER (enter a categor	y n ot listed al	bove)
L			ruction Guide explains	how to complete this form.			
1	Total pages Schedule F4:				3 Filer ID		
_	Sch: 18/28 Rpt:	Mack, Wayne	······································				
4	CREDIT CARD	Name of fina	ncial institution	5 TOTAL OF UNITEMIZE EXPENDITURES	ED C		
	ISSUER	see p	revious	CHARGED TO A CREE	OIT TIC		
				CARD			
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	uer Paid		
ļ		\$61.00	10/25/2024				
7	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
1		2011005110011	1010 01117	1712 WILSON RD			
		CONROE NOON L	IONS CLUB				
				CONROE, TX 77301			
8	PURPOSE OF	(a) Category		(b) Description			, , , , , , , , , , , , , , , , , , , ,
	EXPENDITURE	(See Categories listed at the top Fees	of this schedule)	MONTHLY DUES			
İ	X Political	1 000					
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin,	TX, officeholder living exp	ense	····
9	Complete ONLY if direct	Candidate/Officeholder	name C	Office sought	Office held		,
е	xpenditure to benefit C/OH						
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	uer Paid		
		\$74.62	10/26/2024				
		¥. (/					
Γ	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
		CONSTANT CONT	ACT				
				LOVELAND, CO 80538	3		
	PURPOSE OF	(a) Category		(b) Description			
	EXPENDITURE	(See Categories listed at the top Office Overhead/Ren		CAMPAIGN EMAIL PL	ATFORM		
	X Political	Office Overficacy (Veri	ш шхрепэс				
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin,	TX, officeholder living exp	ense	
	Complete ONLY if direct	Candidate/Officeholder	name C	Office sought	Office held		· · · · · · · · · · · · · · · · · · ·
e	xpenditure to benefit C/OH						
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	uer Paid		
1		\$178.00	10/26/2024				
İ							
	PAYEE	(a) Payee name	<u> </u>	(b) Payee address;	City,	State,	Zip Code
				4300 W DAVIS ST			
		ISTORAGE					
				CONROE, TX 77304			
	PURPOSE OF	(a) Category		(b) Description		, , , , , , , , , , , , , , , , , , , ,	
	EXPENDITURE	(See Categories listed at the top Office Overhead/Rent	,	CAMPAIGN STORAGE	=		
	X Political	Onice Overneau/Ken	ini myheiise				
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin,	TX, officeholder fiving exp	ense	
	Complete ONLY if direct	Candidate/Officeholder		Office sought	Office held		· · · · · · · · · · · · · · · · · · ·
ex	penditure to benefit C/OH						
			· · · · · · · · · · · · · · · · · · ·		······································		*

SCHEDULE F4

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 10(a) Event Expense Loan Repayment/Relmbursement Office Overhead/Rental Expense Polling Expense Fees Food/Beverage Expense

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

Contributions/ Donations Made By Candidate/Officeholder/Politica		s/Memorials Expense I rices S	Printing Expense Salaries/Wages/Contract Labor	Travel Out of District OTHER (enter a categ	ory not listed al	10ve)	
		ruction Guide explains ho	w to complete this form.				
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID			
Sch: 19/28 Rpt:	Mack, Wayne						
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEM EXPENDITURES CHARGED TO A CF CARD	\$			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	Issuer Paid			
	\$1.00.00	10/28/2024					
7 PAYEE	(a) Payee name	<u> </u>	(b) Payee address;	City,	State,	Zip Code	
	CONROE NOON L	IONS CLUB	1712 WILSON RD				
a pulphoon or	(a) Catagoni		CONROE, TX 77301	<u> </u>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description DONATION				
X Political	Contributions/Donation						
	Candidate/Officeholde						
Non-Political		of Texas, Complete Schedule T		stin, TX, officeholder living e	xpense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Oπ	ice sought	Office held			
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	Issuer Paid			
	\$749.11	10/30/2024					
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
	ATT			45 N STE 800			
			CONROE, TX 77304	1			
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top Office Overhead/Reni		CAMPAIGN CELL PHONE				
X Political	Office Overnead/Reni	iai Experise					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T	Check if Aus	stin, TX, officeholder living e	xpense		
Complete ONLY if direct	Candidate/Officeholder	name Off	ice sought	Office held			
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	Issuer Paid			
;	\$483.38	10/31/2024					
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
	FACEBOOK		1601 WILLOW RD B	BLDG 10			
	FACEBOOK						
			MENLO PARK, CA 9	94025			
PURPOSE OF	(a) Category	of this pohadida	(b) Description				
EXPENDITURE	(See Categories listed at the top Advertising Expense	or uns schedule)	ADVERTISING				
X Political							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T	. Check if Aus	stin, TX, officeholder living e	xpense		
Complete ONLY if direct	Candidate/Officeholder	name Off	ice sought	Office held			
expenditure to benefit C/OH							

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundralsing Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	Contributions/ Donations Made By Candidate/Officeholder/Politica	y - Gift/Award al Committee Legal Sen	ls/Memorials Expense	Polling Expense Printing Expense Selaries/Wages/Contract Labor w to complete this form.	Travel in District Travel Out of District OTHER (enter a categor	ory not listed al	oove)	
1	Total pages Schedule F4:	2 FILER NAME	 	<u>. </u>	3 Filer ID			
	Sch: 20/28 Rpt:	Mack, Wayne						
4	CREDIT CARD ISSUER	Name of fina	ncial institution revious	5 TOTAL OF UNITEMIZ EXPENDITURES CHARGED TO A CRI CARD	 \$	- , 		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	ssuer Paid	***************************************		
		\$30.00	11/01/2024					
7	PAYEE	(a) Payee name	<u> </u>	(b) Payee address;	City,	State,	Zip Code	
		BX3 INTERACTIVE	≣	17505 N 79TH AVE S	STE 208D			
_	· · · · · · · · · · · · · · · · · · ·			GLENDALE, AZ 8530	8			
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description	MEDOTE			
	 	Office Overhead/Ren		MONTHLY FEE FOR	WEBSILE			
	X Political			<u> </u>		 	·	
Ļ	Non-Political	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T	. Check if Austi	n, TX, officeholder living ex Office held	kpense		
l	Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate/Officeriolder	TRAINE OII	ice sought	Office field			
┝	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	ssuer Paid			
		\$515,00	11/07/2024					
ĺ		4010,00	110712021					
	PAYEE	(a) Payee name	I	(b) Payee address;	City,	State,	Zip Code	
l		LAGWAY ELEMEN	ITADV DTO	11505 PINE VALLEY	DR			
		LAGVAT ELEVIEN	MARTELO	CONDUCT TV 77004				
<u> </u>	BUBBOOS OF	(a) Cotoconi	,,,,	CONROE, TX 77304				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description DONATION				
	X Political	Contributions/Donatio	ons Made By er/Political Committee					
	Non-Political		of Texas, Complete Schedule T		n, TX, officeholder living ex	xnense		
-	Complete ONLY if direct	Candidate/Officeholder		ice sought	Office held			
ex	penditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	ssuer Paid			
	-	\$247.64	11/13/2024					
	PAYEE	(a) Payee name	<u> </u>	(b) Payee address;	City,	State,	Zip Code	
		(a) rayee name		3875 W DAVIS ST	City,	State ₁	Zip Code	
		HEB		DOTO W DAVIGO.				
				CONROE, TX 77304				
	PURPOSE OF	(a) Category		(b) Description			 	
	EXPENDITURE	(See Categories listed at the top Gift/Awards/Memorial		EMPLOYEE APPREC	CIATIONS			
	X Political							
	Non-Political	<u>``</u>	of Texas. Complete Schedule T		n, TX, officeholder living ex	xpense		
	Complete ONLY if direct	Candidate/Officeholder	name Off	ice sought	Office held			
e	penditure to benefit C/OH		<u>,</u>				 	

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

Carkildate/Office)Tolder/Polluca	•	ruction Guide explains how	to complete this form.	OTHER (enter a cate(jory not listed at	oove)
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID		
Sch: 21/28 Rpt:	Mack, Wayne					
4 CREDIT CARD ISSUER	1	ncial institution revious	5 TOTAL OF UNITEMIZ EXPENDITURES CHARGED TO A CRE CARD	 \$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	suer Paid		
	\$61.00	11/25/2024				
7 PAYEE	(a) Payee name CONROE NOON L	IONS CLUB	(b) Payee address; 1712 WILSON RD	City,	State,	Zip Code
		·	CONROE, TX 77301			·
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description			
	Fees	or this sortoure)	MONTHLY DUES			
X Political						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living e	xpense	
9 Complete ONLY if direct	Office held					
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	suer Paid		
	\$110.00	11/25/2024				
PAYEE	(a) Payee name	<u>.</u>	(b) Payee address;	City,	State,	Zip Code
	SAM'S CLUB		2000 WESTVIEW BLV	/D		
			CONROE, TX 77301			
PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE	(See Categories listed at the top	of this schedule)	ANNUAL FEE			
X Political	Fees					
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder fiving e	xpense	
Complete ONLY if direct	Candidate/Officeholder	name Office	fice sought Office held			
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	suer Paid		
	\$74.62	11/26/2024				
PAYEE	(a) Payee name	<u> </u>	(b) Payee address;	City,	State,	Zip Code
	`,		3675 PRECISION DR	• ,		,
	CONSTANT CONT	ACT				
			LOVELAND, CO 8053	8		
PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE	(See Categories listed at the top		CAMPAIGN EMAIL PL	_ATFORM		
X Political	Office Overhead/Reni	iai ∈xpense				
Non-Political	(C) Check if travel outside	of Texas, Complete Schedule T.	Check if Austin	, TX, officeholder living e	xpense	
Complete ONLY if direct	Candidate/Officeholder		e sought	Office held		
expenditure to benefit C/OH			•			•

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

Event Expense Lo
Fees Of
Food/Beverage Expense Po
Gift/Awards/Memorials Expense Pri

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

Candidate/Officeholder/Politica			alaries/Wages/Contract Labor	OTHER (enter a cate		oove)	
	The i nst	ruction Guide explains hov	v to complete this form.				
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID			
Sch: 22/28 Rpt:	Mack, Wayne						
4 CREDIT CARD	Name of fina	ncial institution	5 TOTAL OF UNITEMIZ				
ISSUER	see p	revious	EXPENDITURES CHARGED TO A CRE	:DIT \$			
			CARD				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	suer Paid			
	\$178.00	11/27/2024					
	4=13.00						
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
			4300 W DAVIS ST				
	ISTORAGE						
	-		CONROE, TX 77304				
8 PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top Office Overhead/Ren		CAMPAIGN STORAG	E			
X Political	Office Overnead/Year	tai Expense					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin	ı, TX, officeholder living	expense		
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	ce sought	Office held			
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	suer Paid			
	\$125.00	11/29/2024					
	İ						
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
	COMPOR MOONIL	IONG OLLID	1712 WILSON RD				
	CONROE NOON L	ION2 CLOB					
			CONROE, TX 77301				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this achadula)	(b) Description				
<u> </u>	Contributions/Donatic		DONATION				
X Political		er/Political Committee					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T,	T, Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct	Candidate/Officeholder	name Offic	ce sought	Office held			
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	suer Paid			
	\$215.79	11/30/2024					
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
	FACEBOOK		1601 WILLOW RD BL	DG 10			
	FACEBOOK						
			MENLO PARK, CA 94	025			
PURPOSE OF	(a) Category (See Categories listed at the top	of this schodule)	(b) Description				
EXPENDITURE	Advertising Expense	or and someonie)	ADVERTISING				
X Political	~						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		ı, TX, officeholder living	expense		
Complete ONLY if direct	Candidate/Officeholder	name Offic	ce sought	Office held			
expenditure to benefit C/OH							

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Relmbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
OTHER (enter a category not listed above)

Contributions/ Donations Made B Candidate/Officeholder/Politica	l Committee Legal Serv		nting Expense laries/Wages/Contract to complete this	Labor OT	avel Out of District THER (enter a catego	ry not listed at	00ve)
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID		<u></u>
Sch: 23/28 Rpt:	Mack, Wayne						
4 CREDIT CARD ISSUER	Name of fina	ncial institution revious	5 TOTAL OF EXPENDIT CHARGED CARD		\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Cre	edit Card Issuer	Paid	•	
	\$30.00	12/01/2024					
7 PAYEE	(a) Payee name		(b) Payee add	ress;	City,	State,	Zip Code
	BX3 INTERACTIVE	Ē	17505 N 791	TH AVE STE 2	208D		
			GLENDALE,				
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description MONTHLY FEE FOR WEBSITE				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	·	Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	•	Office held		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Cre	edit Card Issuer	Paid		
	\$1,191.68	12/03/2024					
PAYEE	(a) Payee name		(b) Payee add	ress;	City,	State,	Zip Code
	AMAZON MARKET	PLACE	PO BOX 812	226			
			SEATTLE, V	VA 98108			
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Advertising Expense	of this schedule)	(b) Description CAMPAIGN LITERATURE				
Non-Political	(a) Chook if traval autoida	of Texas, Complete Schedule T.	T. Check if Austin, TX, officeholder fiving expense				
Complete ONLY if direct	(c) Check if travel outside Candidate/Officeholder		e sought	Check if Austri, 17,	Office held	Delise	
expenditure to benefit C/OH			5 45 3g. 10				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Cre	edit Card Issuer	· Paid		
	\$500.00	12/06/2024					
PAYEE	(a) Payee name	<u> </u>	(b) Payee add	ress;	City,	State,	Zip Code
	MEAS TO AIN		47 CAROLIN	IE ST			
	MEAL TRAIN						
				ON , VT 05401	L		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description	l			
	Contributions/Donatio	ns Made By	DONATION				
X Political		er/Political Committee					
Non-Political		of Texas. Complete Schedule T.	<u> </u>	Check if Austin, TX,	officeholder living exp	pense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
experiditure to beliefit C/OH							

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

Event Expense Fees Food/Beverage Expense Gift/Awards/Memoriais Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

Candidate/Officeholder/Politica	al Committee Legal Serv	rices .	Salaries/Wages/Contract Labor	O'THER (enter a categ	ory not listed al	oove)		
	<u>, </u>	ruction Gulde explains ho	w to complete this form,					
	2 FILER NAME			3 Filer ID				
Sch: 24/28 Rpt:	Mack, Wayne							
4 CREDIT CARD	Name of fina	ncial institution	5 TOTAL OF UNITEM	IIZED				
ISSUER	see p	revious	EXPENDITURES CHARGED TO A CI	REDIT S				
			CARD					
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	Issuer Paid		· · · · · · · · · · · · · · · · · · ·		
	\$1,115,77	12/11/2024						
	Ψ1,110	121112024						
7 PAYEE	(a) Payee name	<u> </u>	(b) Payee address;	City,	State,	Zip Code		
			PO BOX 81226	,,	·	•		
	AMAZON MARKETPLACE							
			SEATTLE, WA 9810	18				
8 PURPOSE OF	(a) Category		(b) Description	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		·····		
EXPENDITURE	(See Categories listed at the top	•	STAFF APPRECIAT	ION GIFTS				
X Political	Gift/Awards/Memorial	s Expense						
Non-Political	7.5							
<u></u>	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	,, <u>, , , , , , , , , , , , , , , , , , </u>	stin, TX, officeholder living ex Office held	kpense	 		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeriolider	name On	ice sought	Office field				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	Issuer Paid		 : :		
,	\$599.68	l · ·	(-)					
	Ф Э99.00	12/17/2024						
PAYEE	(a) Payee name	L.,	(b) Payee address;	City,	State,	Zip Code		
	(a) Fayee Haine		810 INTERSTATE 4		Cincor	poso		
	SALTGRASS		010 ((1) (1) (1) (1)					
			CONROE, TX 7730	4				
PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE	(See Categories listed at the top	•	STAFF APPRECIATION LUNCHEON					
X Political	Food/Beverage Expe	nse						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Au	stin, TX, officeholder living ex	Kpense	· · · · · · · · · · · · · · · · · · ·		
Complete ONLY if direct	Candidate/Officeholder	name Off	ce sought	Office held	··	 		
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	Issuer Paid				
	\$178.26	12/22/2024						
	φ170,20	1212222024						
PAYEE	(a) Payee name	<u> </u>	(b) Payee address;	City,	State,	Zip Code		
	(by 1 by 55 Hairts		2207 N FRAZIER S	-	,			
	RANCHO GRANDE	=	ZZOT NY KAZIEK O	,				
			CONROE, TX 77303	3				
PURPOSE OF	(a) Category		(b) Description	<u> </u>				
EXPENDITURE	(See Categories listed at the top		CAMPAIGN DINNE	R				
X Political	Food/Beverage Expe	nse						
Non-Political	/ , F _,							
		of Texas. Complete Schedule T.		stin, TX, officeholder living ex	xpense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offi	ice sought	Office held				
expenditure to benefit C/OH				· · · · · · · · · · · · · · · · · · ·				

SCHEDULE F4

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Contributions/ Donations Made By -

EXPENDITURE CATEGORIES FOR BOX 10(a)

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Loan Repayment/Relmbursement Office Overhead/Rental Expense Polling Expense Printing Expense Sollcitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

Candidate/Officeholder/Politica	il Committee Legal Serv	ices	· ·	OTHER (enter a categ	ory not listed ab	oove)	
		ruction Guide explains ho	w to complete this form,				
1 Total pages Schedule F4:				3 Filer ID			
Sch: 25/28 Rpt:	Mack, Wayne				· <u> </u>		
4 CREDIT CARD	Name of fina	ncial institution	5 TOTAL OF UNITEMIZE	I .			
ISSUER	see p	revious	EXPENDITURES CHARGED TO A CRED	_{-1T} \$			
			CARD	``			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	ıer Paid			
	\$176.60	12/24/2024					
	Ψ110,00	102-7202-7					
7 PAYEE	(a) Payee name	<u> </u>	(b) Payee address;	City,	State.	Zip Code	
	(-,, -,,,,,,,,,,		240 LONGMIRE RD	5.57		— ,	
	MONTGOMERY B	AKEHOUSE	Z-TO LONGINE NO				
			CONROE, TX 77304				
8 PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top	of this schedule)	CHRISTMAS BAKED G	OODS FOR PO	OLITICAL E	=VENT	
X Political	Food/Beverage Expe	nse				_,_,,	
				. ,			
Non-Political		of Texas. Complete Schedule T	<u> </u>	X, officeholder living e	xpense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	rname Off	ice sought	Office held			
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	uer Paid	-		
	\$61.00	12/25/2024					
	\$07.00	12/25/2024			•		
PAYEE	(a) Payee name	l	(b) Payee address;	City,	State.	Zip Code	
	(a) r ay ou mario	(a) rayee name		Olly (O tatto,		
	CONROE NOON L	IONS CLUB	1712 WILSON RD				
			CONROE, TX 77301				
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top	of this schedule)	MONTHLY DUES				
X Political	Fees						
Non-Political	(2) [] a			m461-1		<u> </u>	
	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T	ice sought	rx, officeholder living e Office held	xpense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Onicerbidei	name On	ice sought	Omce neid			
	(-) A	(h) Data at Observe	L(x) Data(x) Quality Qual face	on Deld		-:	
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	jer Palu			
	\$74.62	12/26/2024					
2th A 3 d bet by		<u> </u>			 <u>.</u>		
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
·	CONSTANT CONT	ACT	3675 PRECISION DR				
	CONSTANT CONT	A01					
			LOVELAND, CO 80538		·		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodule)	(b) Description				
	Office Overhead/Rent	•	CAMPAIGN EMAIL PLA	ATFORM			
X Political							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T	. Check if Austin, 1	TX, officeholder living e	xpense		
Complete ONLY if direct	Candidate/Officeholder	name Off	ice sought	Office held			
expenditure to benefit C/OH							
							

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

Event Expense Loa
Fees Offic
Food/Beverage Expense Poll
Gitt/Awards/Memorials Expense Prin

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

Candidate/Officeholder/Politica	-	ices Sal ruction Guide explains how	laries/Wages/Col to complete t		THER (enter a categor	y not listed at	love)
1 Total pages Schedule F4:	2 FILER NAME	total Sold Children	to complete.		3 Filer ID		
Sch: 26/28 Rpt:	Mack, Wayne				3 Pile ID		
4 CREDIT CARD ISSUER	Name of fina see p	EXPEN	OF UNITEMIZED DITURES ED TO A CREDIT	\$			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
	\$178.00	12/27/2024					
7 PAYEE	(a) Payee name / ISTORAGE		(b) Payee 4300 W E	address; DAVIS ST	City,	State,	Zip Code
			CONRO	E, TX 77304			
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Descrip					
	(See Categories listed at the top Office Overhead/Rent		CAMPAK	GN STORAGE			
X Political					-		
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
expenditure to benefit C/OH						مرور و مراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع ا	
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
	\$124.92	12/31/2024					
PAYEE	(a) Payee name FACEBOOK		(b) Payee	address;	City,	State,	Zip Code
			1601 WIL	LOW RD BLDG	10		
			1				
			MENLO F	PARK, CA 94025	5		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Descrip				
· · · ·			ADVERTISING				
X Political							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
expenditure to benefit C/OH			,, 				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
	\$4,100.00	09/03/2024					
PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
			3576 W T	C JESTER BLV	D		
	WAY BETTER SOL	JND AND					
			1	N, TX 77018			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description AUDIO AND VISUAL EQUIPMENT RENTAL FOR PRAYER BREAKFAST				
X Political	· · · · · · · · · · · · · · · · · · ·		D. (2.7 (1))				*···
Non-Political	, , , , , , , , , , , , , , , , , , , ,	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
expenditure to benefit C/OH	<u></u>					 	

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

Event Expense Fees Food/Beverage Expense Gill/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

Candidate/Officeholder/Politic	al Committee Legal Serv	vices Sa	laries/Wages/Co	ntract Labor O	THER (enter a catego	ry not listed at	bove)
	The Inst	ruction Guide explains hov	v to complete	this form.			
1 Total pages Schedule F4:	2 FILER NAME	· ·			3 Filer ID		
Sch: 27/28 Rpt:	Mack, Wayne						
4 CREDIT CARD	Name of fina		OF UNITEMIZED	1.			
ISSUER	see previous			DITURES SED TO A CREDIT	\$		
			CARD	SED TO A CREDIT			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
ļ	\$107.14	10/10/2024					
	\$2571Z*F	10/10/2024					
7 PAYEE	(a) Payee name THE TOASTED YOLK CAFE		(b) Payee	address;	City,	State,	Zip Code
				DAVIS ST	•		•
			CONRO	E, TX 77304			
8 PURPOSE OF	(a) Category		(b) Descrip				·
EXPENDITURE	(See Categories listed at the top of this schedule)		1	AL LUNCH			
X Political	Food/Beverage Expe	nse					
Non-Political	(a) [] (b) (b) (f) (a) (b)	-fT			ze - t- t-t- P-2		
9 Complete ONLY if direct	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	e sought	Check if Auslin, +X,	officeholder living exp	ense	
expenditure to benefit C/OH	Candidate/Officeriolider	name Onic	e sougni		Office Held		
PAYMENT	(a) Amount Charged	(b) Data of Chause	(a) Data(a)	Condit Cond Inc.	- Daid		
PATIVICALI	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	rPald		
	\$133.35	12/01/2024					
PAYEE	(a) Payee name LOS PERICOS		(b) Payee		City,	State,	Zip Code
			508 S DA	MVILLE			
	LOSFERICOS						
			WILLIS,				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Descrip				
			POLITICAL LUNCH				
X Political	La salanga Enparido						
Non-Political	(C) Check if travel outside	of Texas, Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct	Candidate/Officeholder name Office sought			Office held			
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
	\$57.05	12/30/2024					
			ŀ				
PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
	LAKE CONROE AREA REPUBLICAN WOMEN PAC		РО ВОХ	737			
			MONTGO	OMERY, TX 773!	56		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) FeeS		(b) Descrip	otion			
EXPENDITURE			MEMBERSHIP DUES				
X Political	Lega						
Non-Political	(C) Check if travel outside	of Texas, Complete Schedule T.		Check if Austin, TX	officeholder living ext		
Complete ONLY if direct	(c) Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate/Officeholder name Office sought Office held						
expenditure to benefit C/OH							
			,				

SCHEDULE F4

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donati-

EXPENDITURE CATEGORIES FOR BOX 10(a)

Event Expense

Fees
Food/Beverage Expense
Gift/Awards/Memorials Ev

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

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

Candidate/Officeholder/Politica	al Committee Legal Serv	rices Se	laries/Wages/Contract Labor	OTHER (enter a catego	ry not listed at	oove)		
		ruction Guide explains how	to complete this form.	_				
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID		,		
Sch: 28/28 Rpt:	Mack, Wayne					:		
4 CREDIT CARD	Name of financial institution		5 TOTAL OF UNITEMIZED	I a				
ISSUER	see p	revious	EXPENDITURES CHARGED TO A CREDI	_ \$				
	'		CARD	'				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	er Paid		,		
	\$30.00	07/01/2024						
	,,,,,,,							
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
			17505 N 79TH AVE STE 208D					
	BX3 INTERACTIVE	=						
			GLENDALE, AZ 85308					
8 PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE	(See Categories listed at the top Office Overhead/Rent	•	MONTHLY FEE FOR WEBSITE					
X Political	Office Overhead/Item	tai Experise						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, T	K, officeholder living exp	ense			
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held				
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	er Paid				
	\$74.38	07/03/2024						
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	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description CAMPAIGN SHIRT EMBROIDERY					
X Political	<u>'</u>							
Non-Political	\'' !	of Texas. Complete Schedule T.		C, officeholder living exp	ense			
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
expenditure to benefit C/OH								