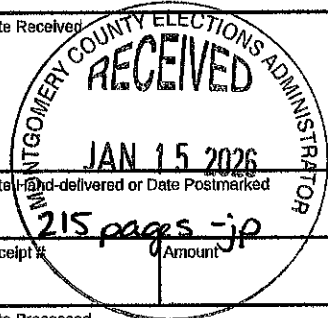


CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID	2 Total pages filed: 215		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Wayne	OFFICE USE ONLY 			
	NICKNAME LAST SUFFIX Mack				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE PO Box 2234 Conroe, TX 77305			Date Received	Date Hand-delivered or Date Postmarked
Receipt #	Amount			Date Processed	Date Imaged
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mrs. Mindy NICKNAME LAST SUFFIX Mack				
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE PO Box 2234 Conroe, TX 77305				
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (936) 900-9094				
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)				
9 PERIOD COVERED	Month Day Year Month Day Year 07/01/2025 THROUGH 12/31/2025				
10 ELECTION	ELECTION DATE Month Day Year 03/03/2026	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special			
11 OFFICE	OFFICE HELD (if any) JUSTICE OF THE PEACE Place 1 Montgomery	12 OFFICE SOUGHT (if known) MONTGOMERY COUNTY JUDGE			

GO TO PAGE 2

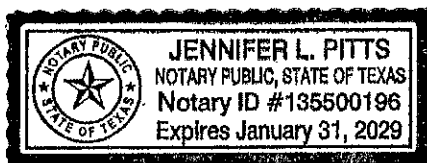
CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

2 of 215

13 C / OH NAME Mack, Wayne		14 Filer ID	
15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.		
	COMMITTEE TYPE	COMMITTEE NAME	
	<input type="checkbox"/> GENERAL		
	<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
	COMMITTEE CAMPAIGN TREASURER ADDRESS		
16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	1,847.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	261,668.14
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	8,705.02
	4. TOTAL POLITICAL EXPENDITURES	\$	290,472.88
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	129,950.95
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	6,936.00

17 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Wayne Mack

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Wayne Mack, this the 15th day of Jan, 20 26, to certify which, witness my hand and seal of office.

Jennifer L. Pitts
Signature of officer administering

Jennifer L. Pitts
Printed name of officer administering

Notary
Title of officer administering oath

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

3 of 215

18 FILER NAME Mack, Wayne		19 Filer ID
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 261,518.14
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 150.00
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 186,692.73
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 103,630.15
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$ 150.00
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 464.13

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/80 Rpt: 4/215
2 FILER NAME Mack, Wayne		3 Filer ID
4 Date 10/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ADAMS, RACHEL <hr/> 6 Contributor address; City; State; Zip Code 14235 ADAMS LN PINEHURST, TX 77362	7 Amount of Contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ADAMS, RACHEL <hr/> Contributor address; City; State; Zip Code 14235 ADAMS LN PINEHURST, TX 77362	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ADAMS, RACHEL <hr/> Contributor address; City; State; Zip Code 14235 ADAMS LN PINEHURST, TX 77362	Amount of Contribution (\$) \$1,025.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ADAMS, RENEE <hr/> Contributor address; City; State; Zip Code 15585 CROWN OAKS DR MONTGOMERY, TX 77316	Amount of Contribution (\$) \$325.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) AMAZING WINDOW CLEANERS <hr/> Contributor address; City; State; Zip Code 20821-D EVA STREET MONTGOMERY, TX 77356	Amount of Contribution (\$) \$225.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/80 Rpt: 5/215
2 FILER NAME Mack, Wayne		3 Filer ID
4 Date 12/23/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ANDERSON, BOBBI	7 Amount of Contribution (\$) \$26.35
	6 Contributor address; City; State; Zip Code 12764 WALCO HILLS DRIVE WILLIS, TX 77378	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 07/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ANGLIN, LUKE	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code 6451 HWY 105 SUITE A CONROE, TX 77304	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ANTHONY, BRYAN	Amount of Contribution (\$) \$35.00
	Contributor address; City; State; Zip Code 101 THUNDERBIRD DRIVE CONROE, TX 77304	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ANTHONY, BRYAN	Amount of Contribution (\$) \$260.73
	Contributor address; City; State; Zip Code 101 THUNDERBIRD DR CONROE, TX 77304	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ARNOLD, MENDY	Amount of Contribution (\$) \$35.00
	Contributor address; City; State; Zip Code 2117 N THOMPSON ST CONROE, TX 77301	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/80 Rpt: 6/215
2 FILER NAME Mack, Wayne		3 Filer ID
4 Date 09/21/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ARNOLD, MENDY <hr/> 6 Contributor address; City; State; Zip Code 2117 N THOMPSON ST CONROE, TX 77301	7 Amount of Contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ARNOLD, MENDY <hr/> Contributor address; City; State; Zip Code 2117 N THOMPSON ST, STE B CONROE, TX 77301	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ARTHUR, SHANA <hr/> Contributor address; City; State; Zip Code 5427 PINE SPRINGS CT CONROE, TX 77304	Amount of Contribution (\$) \$104.48
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ARTHUR, TIM <hr/> Contributor address; City; State; Zip Code 5427 PINE SPRINGS CT CONROE, TX 77304	Amount of Contribution (\$) \$104.48
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ATKINSON, BRADFORD L <hr/> Contributor address; City; State; Zip Code 1521 CAFE DUMONDE CONROE, TX 77304	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/80 Rpt: 7/215
2 FILER NAME Mack, Wayne		3 Filer ID
4 Date 08/14/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BAKER, KRISTI 6 Contributor address; City; State; Zip Code 10911 CLUBHOUSE CIRCLE MAGNOLIA, TX 77354	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BAKER, TERESA Contributor address; City; State; Zip Code PO BOX 1074 MONTGOMERY, TX 77356	Amount of Contribution (\$) \$285.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BALLARD, BRENDA P. Contributor address; City; State; Zip Code 20076 HILLTOP RANCH DR. MONTGOMERY, TX 77316	Amount of Contribution (\$) \$1,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BALLARD, JAIME Contributor address; City; State; Zip Code 226 HAMPTON GLEN RD MONTGOMERY, TX 77356	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BARSH AUTO SERVICE SOUTH Contributor address; City; State; Zip Code 829 S FRAZIER ST CONROE, TX 77301	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
Sch: 5/80 Rpt: 8/215

2 FILER NAME

Mack, Wayne

3 Filer ID

4 Date
11/14/2025

5 Full name of contributor ☐ out-of-state PAC (ID#: _____)

BARSH, BUSTER

7 Amount of Contribution (\$)

\$2,604.48

6 Contributor address; City; State; Zip Code

14547 LAKE BUSINESS DR
303
CONROE, TX 77304

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
12/04/2025

Full name of contributor ☐ out-of-state PAC (ID#: _____)

BARSH, BUSTER

Amount of Contribution (\$)

\$5,000.00

Contributor address; City; State; Zip Code

17437 SUNSET RANCH
MONTGOMERY, TX 77316

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
10/09/2025

Full name of contributor ☐ out-of-state PAC (ID#: _____)

BARSH, CARMEN

Amount of Contribution (\$)

\$255.00

Contributor address; City; State; Zip Code

17437 SUNSET RANCH
MONTGOMERY, TX 77316

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
09/04/2025

Full name of contributor ☐ out-of-state PAC (ID#: _____)

BENNETT, MARY

Amount of Contribution (\$)

\$50.00

Contributor address; City; State; Zip Code

216 VIRGINIA LN
C, TX 77304

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
12/08/2025

Full name of contributor ☐ out-of-state PAC (ID#: _____)

BENNETT, MARY

Amount of Contribution (\$)

\$104.48

Contributor address; City; State; Zip Code

216 VIRGINIA LN
C, TX 77304

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
Sch: 6/80 Rpt: 9/215

2 FILER NAME

Mack, Wayne

3 Filer ID

4 Date
10/05/2025

5 Full name of contributor ☐ out-of-state PAC (ID#: _____)

BENZEL, GERALD

6 Contributor address; City; State; Zip Code

11650 CUMBERLAND PKWY

CONROE, TX 77384

7 Amount of Contribution (\$)

\$35.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
10/05/2025

Full name of contributor ☐ out-of-state PAC (ID#: _____)

BENZEL, VICKIE

Contributor address; City; State; Zip Code

11650 CUMBERLAND PKWY

CONROE, TX 77384

Amount of Contribution (\$)

\$35.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
12/08/2025

Full name of contributor ☐ out-of-state PAC (ID#: _____)

BERGER, MICHAEL

Contributor address; City; State; Zip Code

3015 HEMINGWAY DR

MONTGOMERY, TX 77356

Amount of Contribution (\$)

\$52.40

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
12/17/2025

Full name of contributor ☐ out-of-state PAC (ID#: _____)

BESST, LISA

Contributor address; City; State; Zip Code

3097 N FM 1486 RD

MONTGOMERY, TX 77356

Amount of Contribution (\$)

\$1,041.98

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
08/29/2025

Full name of contributor ☐ out-of-state PAC (ID#: _____)

BL CANTRELL FAMILY PROPERTIES LP

Contributor address; City; State; Zip Code

1104 WILSON RD

CONROE, TX 77301-1664

Amount of Contribution (\$)

\$1,000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/80 Rpt: 10/215
2 FILER NAME Mack, Wayne		3 Filer ID
4 Date 10/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BLACK, PHILLIP 6 Contributor address; City; State; Zip Code 600 RIVER POINTE DR, STE 200 CONROE, TX 77304	7 Amount of Contribution (\$) \$40.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BOEHME, GENEVA Contributor address; City; State; Zip Code 22514 ERA LANE LOT 1 PORTER, TX 77365	Amount of Contribution (\$) \$104.48
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BOND, TAY Contributor address; City; State; Zip Code 200 WEST DAVIS STREET CONROE, TX 77301	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BOOTH, JENNIFER Contributor address; City; State; Zip Code 14510 EDWARDS MONTGOMERY, TX 77316	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BOX, PAULA Contributor address; City; State; Zip Code 1612 LEAFHOPPER LN CONROE, TX 77301	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/80 Rpt: 11/215
2 FILER NAME Mack, Wayne		3 Filer ID
4 Date 10/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BRAD BAILY CAMPAIGN <hr/> 6 Contributor address; City; State; Zip Code 6700 WOODLANDS PKWY STE 130 #223 THE WOODLANDS, TX 77382	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BRANNON INDUSTRIAL GROUP, LLC <hr/> Contributor address; City; State; Zip Code 1555 HIGHWAY 36 N BRENHAM, TX 77833	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BRAZEAL, KEVIN <hr/> Contributor address; City; State; Zip Code 11456 QUEENSBORO CT MONTGOMERY, TX 77316	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BRAZEAL, SONYA <hr/> Contributor address; City; State; Zip Code 11456 QUEENSBORO CT MONTGOMERY, TX 77316	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BRAZEAL, SONYA <hr/> Contributor address; City; State; Zip Code 11456 QUEENSBORO CT MONTGOMERY, TX 77316	Amount of Contribution (\$) \$104.48
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/80 Rpt: 12/215
2 FILER NAME Mack, Wayne		3 Filer ID
4 Date 07/01/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BRIGGS, BEVERLY <hr/> 6 Contributor address; City; State; Zip Code 100 S FLAGSTONE PATH CIR SPRING, TX 77381	7 Amount of Contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BRIGGS, BEVERLY <hr/> Contributor address; City; State; Zip Code 100 S FLAGSTONE PATH CIR SPRING, TX 77381	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BRIGGS, STEPHEN <hr/> Contributor address; City; State; Zip Code 100 S FLAGSTONE PATH CIRCLE THE WOODLANDS, TX 77381	Amount of Contribution (\$) \$260.73
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BROWN, BETTY <hr/> Contributor address; City; State; Zip Code 809 STONE MOUNTAIN DR CONROE, TX 77302	Amount of Contribution (\$) \$105.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BUCKALEW Jr., DON A. <hr/> Contributor address; City; State; Zip Code PO BOX 500 CONROE, TX 77305	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/80 Rpt: 13/215
2 FILER NAME Mack, Wayne		3 Filer ID
4 Date 12/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BUCKALEW Jr., DON A. <hr/> 6 Contributor address; City; State; Zip Code PO BOX 500 CONROE, TX 77305-0500	7 Amount of Contribution (\$) \$2,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BUCKALEW Jr., DON A. <hr/> Contributor address; City; State; Zip Code PO BOX 500 CONROE, TX 77305-0500	Amount of Contribution (\$) \$3,200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BUCKHOLTZ, JON <hr/> Contributor address; City; State; Zip Code 9500 W. NORTHRIDGE DR CONROE, TX 77303-2442	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BURCHAM, CAT <hr/> Contributor address; City; State; Zip Code 809 BELVEDERE DR CONROE, TX 77301	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BURCHAM, CAT <hr/> Contributor address; City; State; Zip Code 809 BELVEDERE DR CONROE, TX 77301	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/80 Rpt: 14/215
2 FILER NAME Mack, Wayne		3 Filer ID
4 Date 10/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BURCHAM, CAT <hr/> 6 Contributor address; City; State; Zip Code 809 BELVEDERE DR CONROE, TX 77301	7 Amount of Contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BURCHAM, DUSTIN <hr/> Contributor address; City; State; Zip Code 809 BELVEDERE DR CONROE, TX 77301	Amount of Contribution (\$) \$85.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BUTLER, CARRIE M. <hr/> Contributor address; City; State; Zip Code 204 DAWNS EDGE DR. MONTGOMERY, TX 77356-6022	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CABETS, KANDICE <hr/> Contributor address; City; State; Zip Code 3302 LAKE ISLAND DR MONTGOMERY, TX 77356	Amount of Contribution (\$) \$125.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CAIN, GAIL <hr/> Contributor address; City; State; Zip Code 12022 NOBLE HEART DR WILLIS, TX 77318	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/80 Rpt: 15/215
2 FILER NAME Mack, Wayne		3 Filer ID
4 Date 12/05/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CANNON, TIM W <hr/> 6 Contributor address; City; State; Zip Code 17422 ORCHID FALLS L CONROE, TX 77302	7 Amount of Contribution (\$) \$104.48
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CANTU, ANDREW <hr/> Contributor address; City; State; Zip Code 1815 HART RD CONROE, TX 77304	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CANTU, ANDREW <hr/> Contributor address; City; State; Zip Code 1815 HART RD CONROE, TX 77304	Amount of Contribution (\$) \$260.73
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CARLING, ERIN <hr/> Contributor address; City; State; Zip Code 3269 EAST CHUNK DRIVE CONROE, TX 77301	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CARR, MARK <hr/> Contributor address; City; State; Zip Code 3999 I - 45 NORTH CONROE, TX 77304	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/80 Rpt: 16/215
2 FILER NAME Mack, Wayne		3 Filer ID
4 Date 09/25/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CARRILLO, JOSE 6 Contributor address; City; State; Zip Code 2207 N FRAZIER ST CONROE, TX 77303	7 Amount of Contribution (\$) \$700.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CARRINGTON, DEMETRICH Contributor address; City; State; Zip Code 1000 GLADSTELL ST APT 610 CONROE, TX 77304	Amount of Contribution (\$) \$21.15
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CARWILE, SALLY Contributor address; City; State; Zip Code PO BOX 189 MONTGOMERY, TX 77356	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CASHMAN, RYAN Contributor address; City; State; Zip Code 21214 IMPERIAL OAK DR MAGNOLIA, TX 77355	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CASSO, RON Contributor address; City; State; Zip Code 12111 KAISO LN CONROE, TX 77304	Amount of Contribution (\$) \$104.48
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/80 Rpt: 17/215
2 FILER NAME Mack, Wayne		3 Filer ID
4 Date 08/27/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CATES, LADORIS 6 Contributor address; City; State; Zip Code PO BOX 601 CONROE, TX 77305	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CATES, LADORIS Contributor address; City; State; Zip Code PO BOX 601 CONROE, TX 77305	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CEGIELSKI, ZANDRA Contributor address; City; State; Zip Code 120 NOVAK ST NEW WAVERLY, TX 77358	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHRISTENBERRY, JULIE Contributor address; City; State; Zip Code 15942 TREE MONKEY RD CONROE, TX 77303	Amount of Contribution (\$) \$104.48
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CLARK, LAURA Contributor address; City; State; Zip Code 4603 SILVER MOON DR SPRING, TX 77386	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/80 Rpt: 18/215
2 FILER NAME Mack, Wayne		3 Filer ID
4 Date 12/05/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CLEMONS, JACK 6 Contributor address; City; State; Zip Code 12725 GROVE E WILLIS, TX 77378	7 Amount of Contribution (\$) \$104.48
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) COFFEE, BRENT Contributor address; City; State; Zip Code P.O. BOX 668 ROUND ROCK, TX 78680	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) COKER, ALICE Contributor address; City; State; Zip Code 104 QUIET WIND DR MONTGOMERY, TX 77356	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) COLEMAN, STACIE Contributor address; City; State; Zip Code 70 N. MISTY THE WOODLANDS, TX 77381	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CONNER, MATTHEW Contributor address; City; State; Zip Code 15006 CONCHO RIVER WAY CYPRESS, TX 77433	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/80 Rpt: 19/215
2 FILER NAME Mack, Wayne		3 Filer ID
4 Date 09/25/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CONROE PROFESSIONAL FIREFIGHTERS ASSN PAC 6 Contributor address; City; State; Zip Code PO BOX 306 CONROE, TX 77305-0306	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) COOLEY, JOEL Contributor address; City; State; Zip Code 4603 SILVER MOON DR SPRING, TX 77386	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) COON, DUKE Contributor address; City; State; Zip Code PO BOX 1351 CONROE, TX 77305	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CORLEY, JUDY Contributor address; City; State; Zip Code 23648 CORLEY RD RICHARDS, TX 77873	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CRONAN, PENNY Contributor address; City; State; Zip Code 10217 GREENRIDGE CONROE, TX 77303	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/80 Rpt: 20/215
2 FILER NAME Mack, Wayne		3 Filer ID
4 Date 10/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CROWSON, BILLY 6 Contributor address; City; State; Zip Code 22578 FM 2620 RD BEDIAS, TX 77831	7 Amount of Contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CROWSON, WINDY Contributor address; City; State; Zip Code 22578 FM 2620 RD BEDIAS, TX 77831	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CRUZ, CHRIS Contributor address; City; State; Zip Code 12510 PATRIDGE CIR PINEHURST, TX 77362	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CRUZ, CHRIS Contributor address; City; State; Zip Code 12510 PATRIDGE CIR PINEHURST, TX 77362	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CRUZ, CHRIS Contributor address; City; State; Zip Code 12510 PATRIDGE CIR PINEHURST, TX 77362	Amount of Contribution (\$) \$110.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/80 Rpt: 21/215
2 FILER NAME Mack, Wayne		3 Filer ID
4 Date 07/19/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CUNNINGHAM, JEFF 6 Contributor address; City; State; Zip Code 1935 CATTLE DR MAGNOLIA, TX 77354	7 Amount of Contribution (\$) \$2,500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CUNNINGHAM, JEFF Contributor address; City; State; Zip Code 1935 CATTLE DR MAGNOLIA, TX 77354	Amount of Contribution (\$) \$521.15
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAC ELECTRICAL SERVICES LLC Contributor address; City; State; Zip Code 796 ADCOCK ACRES DR CONROE, TX 77303-4014	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DEAN, JOHN Contributor address; City; State; Zip Code 3027 E LEGENDS BEND DRIVE SPRING, TX 77386	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DEBORAH, HOLUB Contributor address; City; State; Zip Code 14469 HILLSIDE LN WILLIS, TX 77318	Amount of Contribution (\$) \$104.48
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 19/80 Rpt: 22/215
2 FILER NAME Mack, Wayne		3 Filer ID
4 Date 07/25/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DEGNER, STEVE <hr/> 6 Contributor address; City; State; Zip Code 436 CUMBERLAND TRL CONROE, TX 77302-1086	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DIGGS, DAVID <hr/> Contributor address; City; State; Zip Code 11766 FM 2445 NAVASOTA, TX 77868-5368	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DIGGS, DAVID <hr/> Contributor address; City; State; Zip Code 11766 FM 2445 NAVASOTA, TX 77868-5368	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DISHONGH, JOHNNIE <hr/> Contributor address; City; State; Zip Code 98 HILBIG RD CONROE, TX 77301	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DOOLEY, J MARK <hr/> Contributor address; City; State; Zip Code 13921 HWY 105 W PMB 291 CONROE, TX 77304	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 52/80 Rpt: 55/215
2 FILER NAME Mack, Wayne		3 Filer ID
4 Date 09/19/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MONTALVO, CASEY 6 Contributor address; City; State; Zip Code 13528 BROOKLYN MEAD LANE WILLIS, TX 77378	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MOREAU, CRAIG Contributor address; City; State; Zip Code 1166 S PINE LAKE RD MONTGOMERY, TX 77316	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MORRIS, JIM Contributor address; City; State; Zip Code 16751 N HIGHWAY 75 N WILLIS, TX 77378	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MORRISON, FRANCIS Contributor address; City; State; Zip Code 675 LONESTAR RD HUNTSVILLE, TX 77340	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MORTON, RICKY Contributor address; City; State; Zip Code 10910 KALEO WAY CONROE, TX 77304	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 53/80 Rpt: 56/215
2 FILER NAME Mack, Wayne		3 Filer ID
4 Date 10/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MORTON, RICKY 6 Contributor address; City; State; Zip Code 10910 KALEO WAY CONROE, TX 77304	7 Amount of Contribution (\$) \$195.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MORTON, RICKY Contributor address; City; State; Zip Code 10910 KALEO WAY CONROE, TX 77304	Amount of Contribution (\$) \$350.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MUELLER, VIRGINIA Contributor address; City; State; Zip Code 566 EDGEWOOD DRIVE MONTGOMERY, TX 77356	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MUELLER, VIRGINIA / CECELIA Contributor address; City; State; Zip Code 566 EDGEWOOD DRIVE MONTGOMERY, TX 77356	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MURADYAN, LILIT Contributor address; City; State; Zip Code 1899 CANYON LIVE OAK ST CONROE, TX 77304	Amount of Contribution (\$) \$2,604.48
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 54/80 Rpt: 57/215
2 FILER NAME Mack, Wayne		3 Filer ID
4 Date 12/04/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NELL, JAN 6 Contributor address; City; State; Zip Code 1925 BOULDER RIDGE DR. CONROE, TX 77304	7 Amount of Contribution (\$) \$104.48
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NORTH SHORE REPUBLICAN WOMEN Contributor address; City; State; Zip Code PO BOX 1993 MONTGOMERY, TX 77356	Amount of Contribution (\$) \$110.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NUBER, JOHN Contributor address; City; State; Zip Code 14234 WOODCREST LN CONROE, TX 77306	Amount of Contribution (\$) \$104.48
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) OLIPHANT, TARA Contributor address; City; State; Zip Code 11435 RUNNELS RD CONROE, TX 77303	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ONEIL, SHARON Contributor address; City; State; Zip Code 36 BENTHAVEN W MONTGOMERY, TX 77356	Amount of Contribution (\$) \$104.48
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 55/80 Rpt: 58/215
2 FILER NAME Mack, Wayne		3 Filer ID
4 Date 12/04/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) OSBORN, MICHAEL <hr/> 6 Contributor address; City; State; Zip Code 3 BLUFF VIEW ROUND ROCK, TX 78664	7 Amount of Contribution (\$) \$104.48
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PAC, EHRA ENGINEERING <hr/> Contributor address; City; State; Zip Code 10011 MEADOWGLEN LN HOUSTON, TX 77042	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PARADA, CHARLES <hr/> Contributor address; City; State; Zip Code 18754 GRAND HARBOR PT MONTGOMERY, TX 77356	Amount of Contribution (\$) \$260.73
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PATTON, JACK <hr/> Contributor address; City; State; Zip Code 11711 EDGEWATER CT MONTGOMERY, TX 77356	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PATTON, JACK <hr/> Contributor address; City; State; Zip Code 11711 EDGEWATER CT MONTGOMERY, TX 77356	Amount of Contribution (\$) \$260.73
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 56/80 Rpt: 59/215
2 FILER NAME Mack, Wayne		3 Filer ID
4 Date 09/21/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PERRINE, BRAD <hr/> 6 Contributor address; City; State; Zip Code PO BOX 1103 CONROE, TX 77305	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PHILLIPS, TERESA <hr/> Contributor address; City; State; Zip Code 18109 W FM 1097 MONTGOMERY, TX 77356	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PIERSON, GLADYS <hr/> Contributor address; City; State; Zip Code 122 W DAVIS #110 CONROE, TX 77301	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PIERSON, GLADYS <hr/> Contributor address; City; State; Zip Code 122 W DAVIS #110 CONROE, TX 77301	Amount of Contribution (\$) \$495.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PIERSON, GLADYS E <hr/> Contributor address; City; State; Zip Code 122 W DAVIS ST STE 110 CONROE, TX 77301	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 57/80 Rpt: 60/215
2 FILER NAME Mack, Wayne		3 Filer ID
4 Date 11/13/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PIERSON, GLADYS E	7 Amount of Contribution (\$) \$1,041.98
	6 Contributor address; City; State; Zip Code 122 W DAVIS ST STE 110 CONROE, TX 77301	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PLAISANCE, ROBBIE	Amount of Contribution (\$) \$35.00
	Contributor address; City; State; Zip Code 22355 LOG ORCHARD LN PORTER, TX 77365	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PONIKVAR, TINA	Amount of Contribution (\$) \$35.00
	Contributor address; City; State; Zip Code 13302 RANCHETTE ROAD MONTGOMERY, TX 77356	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PORTELE, GEORGE	Amount of Contribution (\$) \$1,041.98
	Contributor address; City; State; Zip Code 8196 CR-207 PLANTERSVILLE, TX 77363	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) POUNDS, BUNNI	Amount of Contribution (\$) \$52.40
	Contributor address; City; State; Zip Code 3317 BERMUDA DR ROWLETT, TX 75088	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 58/80 Rpt: 61/215
2 FILER NAME Mack, Wayne		3 Filer ID
4 Date 10/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) POWELL, KELEN 6 Contributor address; City; State; Zip Code 16126 HIDALGO ST CONROE, TX 77303	7 Amount of Contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PRATT, DANIELA Contributor address; City; State; Zip Code 420 HUNTINGTON PARK DR MONTGOMERY, TX 77316	Amount of Contribution (\$) \$1,041.98
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PRICE, CRAIG Contributor address; City; State; Zip Code 4355 W MOSSY OAKS RD SPRING, TX 77389	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PRICE, CRAIG Contributor address; City; State; Zip Code 4355 W MOSSY OAKS RD SPRING, TX 77389	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PUCKETT, JULIE R. Contributor address; City; State; Zip Code 1504 PORTER RD. CONROE, TX 77301	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 59/80 Rpt: 62/215
2 FILER NAME Mack, Wayne		3 Filer ID
4 Date 09/25/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) QUADVEST 6 Contributor address; City; State; Zip Code 26926 FM 2978 MAGNOLIA, TX 77354	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RENDON, TERRY Contributor address; City; State; Zip Code 1208 N SAN JACINTO ST CONROE, TX 77301	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RINGO, MELISSA Contributor address; City; State; Zip Code 595 HAMPTON HALL LN CONROE, TX 77302	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RINGO, PETE Contributor address; City; State; Zip Code 595 HAMPTON HALL LN CONROE, TX 77302	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RINGO, PETE Contributor address; City; State; Zip Code 595 HAMPTON HALL LN CONROE, TX 77302	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 60/80 Rpt: 63/215
2 FILER NAME Mack, Wayne		3 Filer ID
4 Date 09/25/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RISHA, DIANA <hr/> 6 Contributor address; City; State; Zip Code 4016 HUNNINGTON DR CONROE, TX 77303	7 Amount of Contribution (\$) <div style="text-align: right;">\$35.00</div>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RISHA, DIANA <hr/> Contributor address; City; State; Zip Code 4016 HUNNINGTON DR CONROE, TX 77303	Amount of Contribution (\$) <div style="text-align: right;">\$35.00</div>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROBERSON, EVAN <hr/> Contributor address; City; State; Zip Code 162 REMINGTON ROAD HUNTSVILLE, TX 77340	Amount of Contribution (\$) <div style="text-align: right;">\$500.00</div>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROBERSON, EVAN <hr/> Contributor address; City; State; Zip Code 162 REMINGTON ROAD HUNTSVILLE, TX 77340	Amount of Contribution (\$) <div style="text-align: right;">\$190.00</div>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROBERT WALKER CAMPAIGN <hr/> Contributor address; City; State; Zip Code PO BOX 2145 WILLIS, TX 77378	Amount of Contribution (\$) <div style="text-align: right;">\$5,000.00</div>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 61/80 Rpt: 64/215
2 FILER NAME Mack, Wayne		3 Filer ID
4 Date 10/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROGERS, ANDREA 6 Contributor address; City; State; Zip Code 14902 HONEY HILL LN WILLIS, TX 77378	7 Amount of Contribution (\$) \$80.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RONSMAN, ANN MARIE Contributor address; City; State; Zip Code 135 ANGIE LANE MONTGOMERY, TX 77316	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RONSMAN, MATT Contributor address; City; State; Zip Code 135 ANGIE LN MONTGOMERY, TX 77316	Amount of Contribution (\$) \$104.48
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RUSSELL, DON Contributor address; City; State; Zip Code 14585 GEMINI BLVD WILLIS, TX 77318	Amount of Contribution (\$) \$750.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SAM HOUSTON MEMORIAL FUNERAL HOME TWO, LLC Contributor address; City; State; Zip Code 10129 FM 1097 RD W WILLIS, TX 77318	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 62/80 Rpt: 65/215
2 FILER NAME Mack, Wayne		3 Filer ID
4 Date 11/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SCARBOROUGH, MANDY <hr/> 6 Contributor address; City; State; Zip Code 93 PANORAMA DR CONROE, TX 77304	7 Amount of Contribution (\$) \$104.48
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SCHANTZ, KIMBERLY <hr/> Contributor address; City; State; Zip Code 21 HORNSILVER PL THE WOODLANDS, TX 77381	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SCHLACKS, STEVE <hr/> Contributor address; City; State; Zip Code 9914 COMMON HAWKER CT CONROE, TX 77385	Amount of Contribution (\$) \$550.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SCHRIER, JODIE <hr/> Contributor address; City; State; Zip Code 2218 N IMPERIAL PATH LN SPRING, TX 77386	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SCHRIER, JODIE <hr/> Contributor address; City; State; Zip Code 2218 N IMPERIAL PATH LN SPRING, TX 77386	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 63/80 Rpt: 66/215
2 FILER NAME Mack, Wayne		3 Filer ID
4 Date 12/02/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SCOTT, PATRICK 6 Contributor address; City; State; Zip Code 333 SIMONTON ST CONROE, TX 77301	7 Amount of Contribution (\$) \$5,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SHANNON, LES Contributor address; City; State; Zip Code 4355 W MOSSY OAKS RD SPRING, TX 77389	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SHAVER, LISA Contributor address; City; State; Zip Code 4949 W DAVIS #3103 CONROE, TX 77304	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SMITH, RUTH Contributor address; City; State; Zip Code 41 COURTYARD CIR CONROE, TX 77304	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SMITH, RUTH Contributor address; City; State; Zip Code 2200 N. FM 3083 W CONROE, TX 77304	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 64/80 Rpt: 67/215
2 FILER NAME Mack, Wayne		3 Filer ID
4 Date 09/25/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SMITH, TRENT 6 Contributor address; City; State; Zip Code 1811 FALDO DR CONROE, TX 77304	7 Amount of Contribution (\$) \$750.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SOK, RO Contributor address; City; State; Zip Code 541 RED EYED VIREO CT MAGNOLIA, TX 77354	Amount of Contribution (\$) \$104.48
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SPORE, PATRICIA Contributor address; City; State; Zip Code 12100 MELVILLE DR 901 MONTGOMERY, TX 77356	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SPORE, PATRICIA Contributor address; City; State; Zip Code 12100 MELVILLE DR MONTGOMERY, TX 77356	Amount of Contribution (\$) \$52.40
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STEENWYK, TIMOTHY Contributor address; City; State; Zip Code PO BOX 472 MONTGOMERY, TX 77356-0472	Amount of Contribution (\$) \$10,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 65/80 Rpt: 68/215
2 FILER NAME Mack, Wayne		3 Filer ID
4 Date 08/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STEENWYK, TIMOTHY C. <hr/> 6 Contributor address; City; State; Zip Code 248 GREEN COVE DR. MONTGOMERY, TX 77356-8265	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STEINMANN, BERT <hr/> Contributor address; City; State; Zip Code 103 W PHILLIPS ST CONROE, TX 77301	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STEWART, LORI <hr/> Contributor address; City; State; Zip Code 25704 SWEETPEA CT MONTGOMERY, TX 77316	Amount of Contribution (\$) \$104.48
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STEWART, LORI <hr/> Contributor address; City; State; Zip Code 25704 SWEET PEA CT MONTGOMERY, TX 77316	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STOKES, ROBERT <hr/> Contributor address; City; State; Zip Code 23245 GLENMONT ESTATES MAGNOLIA, TX 77355	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 66/80 Rpt: 69/215
2 FILER NAME Mack, Wayne		3 Filer ID
4 Date 10/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STOKES, ROBERT 6 Contributor address; City; State; Zip Code 23245 GLENMONT ESTATES MAGNOLIA, TX 77355	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STOKES, ROBERT Contributor address; City; State; Zip Code 23245 GLENMONT ESTATES MAGNOLIA, TX 77355	Amount of Contribution (\$) \$800.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STOKES, ROBERT Contributor address; City; State; Zip Code 23245 GLENMONT ESTATES MAGNOLIA, TX 77355	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STOKES, ROBERT Contributor address; City; State; Zip Code 23245 GLENMONT ESTATES MAGNOLIA, TX 77355	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STOKES, ROBERT Contributor address; City; State; Zip Code 23245 GLENMONT ESTATES MAGNOLIA, TX 77355	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 67/80 Rpt: 70/215
2 FILER NAME Mack, Wayne		3 Filer ID
4 Date 12/04/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STOKES, ROBERT <hr/> 6 Contributor address; City; State; Zip Code 23245 GLENMONT ESTATES MAGNOLIA, TX 77355	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STONE, TANYA <hr/> Contributor address; City; State; Zip Code 14529 DIAMOND PARK LN CONROE, TX 77384	Amount of Contribution (\$) \$260.73
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STOVALL, DAVID <hr/> Contributor address; City; State; Zip Code 2818 LAKESIDE DR MONTGOMERY, TX 77356	Amount of Contribution (\$) \$375.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STOVER, PAM <hr/> Contributor address; City; State; Zip Code PO BOX 1752 CLEVELAND, TX 77328	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STOVER, PAM <hr/> Contributor address; City; State; Zip Code PO BOX 1752 CLEVELAND, TX 77328	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 68/80 Rpt: 71/215
2 FILER NAME Mack, Wayne		3 Filer ID
4 Date 10/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STOVER, PAM 6 Contributor address; City; State; Zip Code PO BOX 1752 CLEVELAND, TX 77328	7 Amount of Contribution (\$) \$115.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STRACK, TERESA Contributor address; City; State; Zip Code 36102 POST OAK CIR MAGNOLIA, TX 77355	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STUCKEY, LINDA Contributor address; City; State; Zip Code 30310 CHARLIE LANE MAGNOLIA, TX 77355	Amount of Contribution (\$) \$160.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TAEDTER, LISA Contributor address; City; State; Zip Code 3717 BRECKENRIDGE MONTGOMERY, TX 77356	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TALLEY, DELMA Contributor address; City; State; Zip Code 24323 W FM 1097 RD MONTGOMERY, TX 77356	Amount of Contribution (\$) \$521.15
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 69/80 Rpt: 72/215
2 FILER NAME Mack, Wayne		3 Filer ID
4 Date 10/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TALLEY, DELMA 6 Contributor address; City; State; Zip Code 24323 W FM 1097 RD MONTGOMERY, TX 77356	7 Amount of Contribution (\$) \$175.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TALLEY, DELMA Contributor address; City; State; Zip Code 24323 W FM 1097 RD MONTGOMERY, TX 77356	Amount of Contribution (\$) \$235.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TAYLOR Contributor address; City; State; Zip Code 3382 DESERT INN DR. MONTGOMERY, TX 77356	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TAYLOR, JAMES Contributor address; City; State; Zip Code 8602 SUNNY RIDGE DR HOUSTON, TX 77095	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TEAGUE, JANET Contributor address; City; State; Zip Code 3097 N FM 1486 RD MONTGOMERY, TX 77356	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 70/80 Rpt: 73/215
2 FILER NAME Mack, Wayne		3 Filer ID
4 Date 10/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TENGLER, CHRIS 6 Contributor address; City; State; Zip Code 20430 BRIGHTON WOOD LN SPRING, TX 77379	7 Amount of Contribution (\$) \$1,995.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TEXAS BUSY BEE DESIGNS Contributor address; City; State; Zip Code 655 STONEWALL JACKSON DR CONROE, TX 77302	Amount of Contribution (\$) \$215.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) THE BAYS FIRM Contributor address; City; State; Zip Code 1503 HAILEY CONROE, TX 77301	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) THE BLAIR LAW FIRM, P.C. Contributor address; City; State; Zip Code 7 GROGAN'S PARK DR, BLDG 3 THE WOODLANDS, TX 77380	Amount of Contribution (\$) \$110.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) THE MEETING PLACE BBQ MONTGOMERY Contributor address; City; State; Zip Code 22016 EVA ST MONTGOMERY, TX 77356	Amount of Contribution (\$) \$120.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 71/80 Rpt: 74/215
2 FILER NAME Mack, Wayne		3 Filer ID
4 Date 09/11/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) THE PROFESSIONAL SURVEYING LLC 6 Contributor address; City; State; Zip Code 3032 N FRAZIER ST CONROE, TX 77303-1636	7 Amount of Contribution (\$) \$45,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) THOMAS, CONNIE Contributor address; City; State; Zip Code 1166 S PINE LAKE RD MONTGOMERY, TX 77316	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) THOMAS, KYLEIGH Contributor address; City; State; Zip Code 13280 ROY HARRIS LOOP CONROE, TX 77306	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) THOMAS, SHANNON Contributor address; City; State; Zip Code 9748 GREENRIDGE VIEW DR WILLIS, TX 77318	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) THOMAS, SHANNON Contributor address; City; State; Zip Code 9748 GREENRIDGE VIEW DR WILLIS, TX 77318	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 72/80 Rpt: 75/215
2 FILER NAME Mack, Wayne		3 Filer ID
4 Date 08/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) THOMAS, SHANNON 6 Contributor address; City; State; Zip Code 9748 GREENRIDGE VIEW DR WILLIS, TX 77318	7 Amount of Contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) THOMAS, SHANNON Contributor address; City; State; Zip Code 9748 GREENRIDGE VIEW DR WILLIS, TX 77318	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TOPSTAR CONSTRUCTION Contributor address; City; State; Zip Code PO BOX 480 CONROE, TX 77305	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TRINITY APPARATUS LLC Contributor address; City; State; Zip Code 14547 LAKE BUSINESS DR, STE 303 CONROE, TX 77304	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) UDELL Jr., C. ROBERT Contributor address; City; State; Zip Code 15 E BAY RD THE WOODLANDS, TX 77380-2997	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 73/80 Rpt: 76/215
2 FILER NAME Mack, Wayne		3 Filer ID
4 Date 07/01/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) UNDERDOWN, MARIE <hr/> 6 Contributor address; City; State; Zip Code 2511 SAND SHORE DR CONROE, TX 77304	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) UNDERDOWN, MARIE <hr/> Contributor address; City; State; Zip Code 2511 SAND SHORE DRIVE CONROE, TX 77304	Amount of Contribution (\$) \$104.48
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) UNITED FIRE FIGHTERS OF THE WOODLANDS PAC <hr/> Contributor address; City; State; Zip Code PO BOX 130388 THE WOODLANDS, TX 77393	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VERNON, BETTY <hr/> Contributor address; City; State; Zip Code 28219 DENN LN MONTGOMERY, TX 77356	Amount of Contribution (\$) \$26.35
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VIOLET, LISA <hr/> Contributor address; City; State; Zip Code 2407 RENDALE CT SPRING, TX 77388	Amount of Contribution (\$) \$125.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 74/80 Rpt: 77/215
2 FILER NAME Mack, Wayne		3 Filer ID
4 Date 09/19/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WAGGONER, GEORGE <hr/> 6 Contributor address; City; State; Zip Code 4590 LONGWOOD DR CONROE, TX 77304	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WALSH, DON <hr/> Contributor address; City; State; Zip Code 3915 W DAVIS ST SUITE 130-230 CONROE, TX 77304	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WALSH, DON <hr/> Contributor address; City; State; Zip Code 1570 ANCIENT OAK LN CONROE, TX 77301	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WATFORD, CAROL <hr/> Contributor address; City; State; Zip Code 2 VILLEROY WAY SPRING, TX 77382	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WATFORD, CAROL <hr/> Contributor address; City; State; Zip Code 2 VILLEROY WAY SPRING, TX 77382	Amount of Contribution (\$) \$521.15
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 43/48 Rpt:	2 FILER NAME Mack, Wayne	3 Filer ID
4 Date 10/17/2025	5 Payee name SQUARE, INC.	
6 Amount (\$) \$1.90	7 Payee address; City; State; Zip Code 1455 MARKET ST., STE 600 SAN FRANCISCO, CA 94103-1332	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD MERCHANT FEES
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/05/2025	Candidate/Officeholder name Payee name SQUARE, INC.	
Amount (\$) \$218.05	Office sought Payee address; City; State; Zip Code 1455 MARKET ST., STE 600 SAN FRANCISCO, CA 94103-1332	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD MERCHANT FEES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/09/2025	Candidate/Officeholder name Payee name SQUARE, INC.	
Amount (\$) \$322.45	Office sought Payee address; City; State; Zip Code 1455 MARKET ST., STE 600 SAN FRANCISCO, CA 94103-1332	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD MERCHANT FEES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate/Officeholder name Office sought Office held		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 44/48 Rpt:		2 FILER NAME Mack, Wayne		3 Filer ID
4 Date 10/30/2025		5 Payee name TEXAS LIONS CAMP		
6 Amount (\$) \$500.00		7 Payee address; City; State; Zip Code PO BOX 290247 KERRVILLE, TX 78029		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense HONORARIUM	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name Office sought Office held		
Date 09/23/2025		Payee name THE WOODLANDS REPUBLICAN WOMEN		
Amount (\$) \$500.00		Payee address; City; State; Zip Code PO BOX 7294 THE WOODLANDS, TX 77387		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense EVENT SPONSORSHIP	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name Office sought Office held		
Date 10/13/2025		Payee name WAY BETTER SOUND + VISUALS		
Amount (\$) \$4,051.70		Payee address; City; State; Zip Code 14593 AUSTIN MCCOMB RD MONTGOMERY, TX 77316		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense EQUIPMENT RENTAL	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name Office sought Office held		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 45/48 Rpt:	2 FILER NAME Mack, Wayne	3 Filer ID
4 Date 11/21/2025	5 Payee name WAY BETTER SOUND + VISUALS	
6 Amount (\$) \$8,107.50	7 Payee address; City; State; Zip Code 14593 AUSTIN MCCOMB RD MONTGOMERY, TX 77316	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense EQUIPMENT RENTAL
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/09/2025	Payee name WETHINGTON, JONNIE	
Amount (\$) \$426.53	Payee address; City; State; Zip Code PO BOX 2234 CONROE, TX 77305	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SPEAKER FEE
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/07/2025	Payee name WILLIS SENIOR CENTER	
Amount (\$) \$100.00	Payee address; City; State; Zip Code 600 GERALD ST #301 WILLIS, TX 77378	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SENIOR LUNCHEON
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 46/48 Rpt:	2 FILER NAME Mack, Wayne	3 Filer ID
4 Date 07/15/2025	5 Payee name WILLIS SENIOR CENTER	
6 Amount (\$) \$100.00	7 Payee address; City; State; Zip Code 600 GERALD ST #301 WILLIS, TX 77378	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SENIOR LUNCHEON
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/19/2025	Payee name WILLIS SENIOR CENTER	
Amount (\$) \$100.00	Payee address; City; State; Zip Code 600 GERALD ST #301 WILLIS, TX 77378	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SENIOR LUNCHEON
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/24/2025	Payee name WILLIS SENIOR CENTER	
Amount (\$) \$100.00	Payee address; City; State; Zip Code 600 GERALD ST #301 WILLIS, TX 77378	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SENIOR LUNCHEON
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 47/48 Rpt:		2 FILER NAME Mack, Wayne		3 Filer ID	
4 Date 10/27/2025		5 Payee name WILLIS SENIOR CENTER			
6 Amount (\$) \$100.00		7 Payee address; City; State; Zip Code 600 GERALD ST #301 WILLIS, TX 77378			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SENIOR LUNCHEON	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 11/18/2025		Payee name WILLIS SENIOR CENTER			
Amount (\$) \$100.00		Payee address; City; State; Zip Code 600 GERALD ST #301 WILLIS, TX 77378			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SENIOR LUNCHEON	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 12/17/2025		Payee name WILLIS SENIOR CENTER			
Amount (\$) \$100.00		Payee address; City; State; Zip Code 600 GERALD ST #301 WILLIS, TX 77378			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SENIOR LUNCHEON	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 48/48 Rpt:	2 FILER NAME Mack, Wayne	3 Filer ID
4 Date 12/05/2025	5 Payee name WILSON, ELISSA	
6 Amount (\$) \$3,000.00	7 Payee address; City; State; Zip Code PO BOX 2234 CONROE, TX 77305	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense EVENT COORDINATOR
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/29/2025	Payee name WILSON, KIM	
Amount (\$) \$6,000.00	Payee address; City; State; Zip Code 655 STONEWALL JACKSON DR CONROE, TX 77302	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense EVENT COORDINATOR
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 1/81 Rpt:		2 FILER NAME Mack, Wayne		3 Filer ID	
4 CREDIT CARD ISSUER		Name of financial institution American Express		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 2,736.91	
6 PAYMENT		(a) Amount Charged \$125.44	(b) Date of Charge 07/02/2025	(c) Date(s) Credit Card Issuer Paid 07/03/2025	
7 PAYEE		(a) Payee name AMAZON		(b) Payee address; City, State, Zip Code PO BOX 81226 SEATTLE, WA 98108	
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description EVENT SUPPLIES	
		(c) <input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT		(a) Amount Charged \$233.88	(b) Date of Charge 07/02/2025	(c) Date(s) Credit Card Issuer Paid 07/03/2025	
PAYEE		(a) Payee name AMAZON		(b) Payee address; City, State, Zip Code PO BOX 81226 SEATTLE, WA 98108	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description EVENT SUPPLIES	
		(c) <input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT		(a) Amount Charged \$86.48	(b) Date of Charge 09/19/2025	(c) Date(s) Credit Card Issuer Paid 10/06/2025	
PAYEE		(a) Payee name AMAZON		(b) Payee address; City, State, Zip Code PO BOX 81226 SEATTLE, WA 98108	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description EVENT SUPPLIES	
		(c) <input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 2/81 Rpt:		2 FILER NAME Mack, Wayne		3 Filer ID	
4 CREDIT CARD ISSUER		Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 2,736.91	
6 PAYMENT		(a) Amount Charged \$169.87	(b) Date of Charge 09/19/2025	(c) Date(s) Credit Card Issuer Paid 10/06/2025	
7 PAYEE		(a) Payee name AMAZON		(b) Payee address; City, State, Zip Code PO BOX 81226 SEATTLE, WA 98108	
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description EVENT SUPPLIES	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT		(a) Amount Charged \$227.10	(b) Date of Charge 09/22/2025	(c) Date(s) Credit Card Issuer Paid 10/06/2025	
PAYEE		(a) Payee name AMAZON		(b) Payee address; City, State, Zip Code PO BOX 81226 SEATTLE, WA 98108	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description EVENT SUPPLIES	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT		(a) Amount Charged \$42.21	(b) Date of Charge 09/23/2025	(c) Date(s) Credit Card Issuer Paid 10/06/2025	
PAYEE		(a) Payee name AMAZON		(b) Payee address; City, State, Zip Code PO BOX 81226 SEATTLE, WA 98108	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description EVENT SUPPLIES	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 3/81 Rpt:		2 FILER NAME Mack, Wayne		3 Filer ID	
4 CREDIT CARD ISSUER		Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 2,736.91	
6 PAYMENT		(a) Amount Charged \$64.94	(b) Date of Charge 10/03/2025	(c) Date(s) Credit Card Issuer Paid 10/06/2025	
7 PAYEE		(a) Payee name AMAZON		(b) Payee address; City, State, Zip Code PO BOX 81226 SEATTLE, WA 98108	
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description EVENT SUPPLIES	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT		(a) Amount Charged \$119.08	(b) Date of Charge 10/04/2025	(c) Date(s) Credit Card Issuer Paid 10/06/2025	
PAYEE		(a) Payee name AMAZON		(b) Payee address; City, State, Zip Code PO BOX 81226 SEATTLE, WA 98108	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description EVENT SUPPLIES	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT		(a) Amount Charged \$238.52	(b) Date of Charge 11/25/2025	(c) Date(s) Credit Card Issuer Paid 12/19/2025	
PAYEE		(a) Payee name AMAZON		(b) Payee address; City, State, Zip Code PO BOX 81226 SEATTLE, WA 98108	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description EVENT SUPPLIES	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 4/81 Rpt:	2 FILER NAME Mack, Wayne		3 Filer ID
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 2,736.91
6 PAYMENT	(a) Amount Charged \$14.51	(b) Date of Charge 11/30/2025	(c) Date(s) Credit Card Issuer Paid 12/19/2025
7 PAYEE	(a) Payee name AMAZON		(b) Payee address; City, State, Zip Code PO BOX 81226 SEATTLE, WA 98108
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description EVENT SUPPLIES
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$730.59	(b) Date of Charge 12/01/2025	(c) Date(s) Credit Card Issuer Paid 12/19/2025
PAYEE	(a) Payee name AMAZON		(b) Payee address; City, State, Zip Code PO BOX 81226 SEATTLE, WA 98108
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description EVENT SUPPLIES
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$1,576.16	(b) Date of Charge 07/01/2025	(c) Date(s) Credit Card Issuer Paid 07/16/2025
PAYEE	(a) Payee name APRICITY FOUNDATION		(b) Payee address; City, State, Zip Code 2257 N LOOP 336 W STE 140 CONROE, TX 77304
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description DONATION
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 5/81 Rpt:	2 FILER NAME Mack, Wayne		3 Filer ID
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 2,736.91
6 PAYMENT	(a) Amount Charged \$30.00	(b) Date of Charge 07/01/2025	(c) Date(s) Credit Card Issuer Paid 07/16/2025
7 PAYEE	(a) Payee name BX3 INTERACTIVE		(b) Payee address; City, State, Zip Code 17505 N 79TH AVE STE 208D GLENDALE, AZ 85308
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description WEBSITE SERVICES
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$30.00	(b) Date of Charge 08/01/2025	(c) Date(s) Credit Card Issuer Paid 08/27/2025
PAYEE	(a) Payee name BX3 INTERACTIVE		(b) Payee address; City, State, Zip Code 17505 N 79TH AVE STE 208D GLENDALE, AZ 85308
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description WEBSITE SERVICES
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$30.00	(b) Date of Charge 09/01/2025	(c) Date(s) Credit Card Issuer Paid 09/19/2025
PAYEE	(a) Payee name BX3 INTERACTIVE		(b) Payee address; City, State, Zip Code 17505 N 79TH AVE STE 208D GLENDALE, AZ 85308
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description WEBSITE SERVICES
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 6/81 Rpt:	2 FILER NAME Mack, Wayne		3 Filer ID
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 2,736.91
6 PAYMENT	(a) Amount Charged \$30.00	(b) Date of Charge 10/01/2025	(c) Date(s) Credit Card Issuer Paid 10/06/2025
7 PAYEE	(a) Payee name BX3 INTERACTIVE		(b) Payee address; City, State, Zip Code 17505 N 79TH AVE STE 208D GLENDALE, AZ 85308
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description WEBSITE SERVICES
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$30.00	(b) Date of Charge 11/01/2025	(c) Date(s) Credit Card Issuer Paid 11/16/2025
PAYEE	(a) Payee name BX3 INTERACTIVE		(b) Payee address; City, State, Zip Code 17505 N 79TH AVE STE 208D GLENDALE, AZ 85308
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description WEBSITE SERVICES
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$50.00	(b) Date of Charge 11/03/2025	(c) Date(s) Credit Card Issuer Paid 11/16/2025
PAYEE	(a) Payee name BX3 INTERACTIVE		(b) Payee address; City, State, Zip Code 17505 N 79TH AVE STE 208D GLENDALE, AZ 85308
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description WEBSITE SERVICES
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 7/81 Rpt:	2 FILER NAME Mack, Wayne		3 Filer ID
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 2,736.91
6 PAYMENT	(a) Amount Charged \$30.00	(b) Date of Charge 12/01/2025	(c) Date(s) Credit Card Issuer Paid 12/19/2025
7 PAYEE	(a) Payee name BX3 INTERACTIVE		(b) Payee address; City, State, Zip Code 17505 N 79TH AVE STE 208D GLENDALE, AZ 85308
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description WEBSITE SERVICES
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$3,600.00	(b) Date of Charge 12/01/2025	(c) Date(s) Credit Card Issuer Paid 12/19/2025
PAYEE	(a) Payee name BX3 INTERACTIVE		(b) Payee address; City, State, Zip Code 17505 N 79TH AVE STE 208D GLENDALE, AZ 85308
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description WEBSITE SERVICES
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$1,000.00	(b) Date of Charge 08/26/2025	(c) Date(s) Credit Card Issuer Paid 09/01/2025
PAYEE	(a) Payee name CASSIDY JOINED FOR HOPE		(b) Payee address; City, State, Zip Code 7 SWITCHBUD PL STE 192-526 THE WOODLANDS, TX 77380
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description DONATION
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 8/81 Rpt:		2 FILER NAME Mack, Wayne		3 Filer ID	
4 CREDIT CARD ISSUER		Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 2,736.91	
6 PAYMENT		(a) Amount Charged \$649.49	(b) Date of Charge 07/25/2025	(c) Date(s) Credit Card Issuer Paid 07/29/2025	
7 PAYEE		(a) Payee name CC PLUS		(b) Payee address; City, State, Zip Code 4205 W DAVIS ST CONROE, TX 77304	
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description EVENT SUPPLIES	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT		(a) Amount Charged \$2,669.36	(b) Date of Charge 07/02/2025	(c) Date(s) Credit Card Issuer Paid 07/03/2025	
PAYEE		(a) Payee name COLOR TECH DIRECT		(b) Payee address; City, State, Zip Code 809 CABLE ST CONROE, TX 77301	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description PRINTING	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT		(a) Amount Charged \$456.90	(b) Date of Charge 12/12/2025	(c) Date(s) Credit Card Issuer Paid 12/19/2025	
PAYEE		(a) Payee name COLOR TECH DIRECT		(b) Payee address; City, State, Zip Code 809 CABLE ST CONROE, TX 77301	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description PRINTING	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 9/81 Rpt:		2 FILER NAME Mack, Wayne		3 Filer ID	
4 CREDIT CARD ISSUER		Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 2,736.91	
6 PAYMENT		(a) Amount Charged \$61.00	(b) Date of Charge 07/02/2025	(c) Date(s) Credit Card Issuer Paid 07/03/2025	
7 PAYEE		(a) Payee name CONROE NOON LIONS CLUB		(b) Payee address; City, State, Zip Code 1712 WILSON RD CONROE, TX 77301	
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description CLUB DUES	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT		(a) Amount Charged \$61.00	(b) Date of Charge 07/25/2025	(c) Date(s) Credit Card Issuer Paid 07/29/2025	
PAYEE		(a) Payee name CONROE NOON LIONS CLUB		(b) Payee address; City, State, Zip Code 1712 WILSON RD CONROE, TX 77301	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description CLUB DUES	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT		(a) Amount Charged \$61.00	(b) Date of Charge 08/25/2025	(c) Date(s) Credit Card Issuer Paid 09/01/2025	
PAYEE		(a) Payee name CONROE NOON LIONS CLUB		(b) Payee address; City, State, Zip Code 1712 WILSON RD CONROE, TX 77301	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description CLUB DUES	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 10/81 Rpt:		2 FILER NAME Mack, Wayne		3 Filer ID	
4 CREDIT CARD ISSUER		Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 2,736.91	
6 PAYMENT		(a) Amount Charged \$22.00	(b) Date of Charge 08/28/2025	(c) Date(s) Credit Card Issuer Paid 09/01/2025	
7 PAYEE		(a) Payee name CONROE NOON LIONS CLUB		(b) Payee address; City, State, Zip Code 1712 WILSON RD CONROE, TX 77301	
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description CLUB DUES	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name Office sought Office held			
PAYMENT		(a) Amount Charged \$61.00	(b) Date of Charge 09/25/2025	(c) Date(s) Credit Card Issuer Paid 10/06/2025	
PAYEE		(a) Payee name CONROE NOON LIONS CLUB		(b) Payee address; City, State, Zip Code 1712 WILSON RD CONROE, TX 77301	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description CLUB DUES	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name Office sought Office held			
PAYMENT		(a) Amount Charged \$1,500.00	(b) Date of Charge 09/28/2025	(c) Date(s) Credit Card Issuer Paid 10/06/2025	
PAYEE		(a) Payee name CONROE NOON LIONS CLUB		(b) Payee address; City, State, Zip Code 1712 WILSON RD CONROE, TX 77301	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description DONATION	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name Office sought Office held			

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 11/81 Rpt:		2 FILER NAME Mack, Wayne		3 Filer ID	
4 CREDIT CARD ISSUER		Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 2,736.91	
6 PAYMENT		(a) Amount Charged \$61.00	(b) Date of Charge 10/25/2025	(c) Date(s) Credit Card Issuer Paid 10/27/2025	
7 PAYEE		(a) Payee name CONROE NOON LIONS CLUB		(b) Payee address; City, State, Zip Code 1712 WILSON RD CONROE, TX 77301	
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description CLUB DUES	
		(c) <input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT		(a) Amount Charged \$61.00	(b) Date of Charge 11/25/2025	(c) Date(s) Credit Card Issuer Paid 12/19/2025	
PAYEE		(a) Payee name CONROE NOON LIONS CLUB		(b) Payee address; City, State, Zip Code 1712 WILSON RD CONROE, TX 77301	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description CLUB DUES	
		(c) <input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT		(a) Amount Charged \$225.00	(b) Date of Charge 12/04/2025	(c) Date(s) Credit Card Issuer Paid 12/19/2025	
PAYEE		(a) Payee name CONROE NOON LIONS CLUB		(b) Payee address; City, State, Zip Code 1712 WILSON RD CONROE, TX 77301	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description DONATION	
		(c) <input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 12/81 Rpt:	2 FILER NAME Mack, Wayne		3 Filer ID
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 2,736.91
6 PAYMENT	(a) Amount Charged \$61.00	(b) Date of Charge 12/25/2025	(c) Date(s) Credit Card Issuer Paid 12/29/2025
7 PAYEE	(a) Payee name CONROE NOON LIONS CLUB		(b) Payee address; City, State, Zip Code 1712 WILSON RD CONROE, TX 77301
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description CLUB DUES
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$79.74	(b) Date of Charge 07/02/2025	(c) Date(s) Credit Card Issuer Paid 07/03/2025
PAYEE	(a) Payee name CONSTANT CONTACT		(b) Payee address; City, State, Zip Code 3675 PRECISION DR LOVELAND, CO 80538
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description CAMPAIGN EMAIL PROGRAM
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$79.74	(b) Date of Charge 07/26/2025	(c) Date(s) Credit Card Issuer Paid 07/29/2025
PAYEE	(a) Payee name CONSTANT CONTACT		(b) Payee address; City, State, Zip Code 3675 PRECISION DR LOVELAND, CO 80538
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description CAMPAIGN EMAIL PROGRAM
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 13/81 Rpt:		2 FILER NAME Mack, Wayne		3 Filer ID	
4 CREDIT CARD ISSUER		Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 2,736.91	
6 PAYMENT		(a) Amount Charged \$79.74	(b) Date of Charge 08/26/2025	(c) Date(s) Credit Card Issuer Paid 09/01/2025	
7 PAYEE		(a) Payee name CONSTANT CONTACT		(b) Payee address; City, State, Zip Code 3675 PRECISION DR LOVELAND, CO 80538	
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description CAMPAIGN EMAIL PROGRAM	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT		(a) Amount Charged \$79.74	(b) Date of Charge 09/26/2025	(c) Date(s) Credit Card Issuer Paid 10/06/2025	
PAYEE		(a) Payee name CONSTANT CONTACT		(b) Payee address; City, State, Zip Code 3675 PRECISION DR LOVELAND, CO 80538	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description CAMPAIGN EMAIL PROGRAM	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT		(a) Amount Charged \$97.01	(b) Date of Charge 10/26/2025	(c) Date(s) Credit Card Issuer Paid 10/27/2025	
PAYEE		(a) Payee name CONSTANT CONTACT		(b) Payee address; City, State, Zip Code 3675 PRECISION DR LOVELAND, CO 80538	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description CAMPAIGN EMAIL PROGRAM	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 14/81 Rpt:	2 FILER NAME Mack, Wayne		3 Filer ID
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 2,736.91
6 PAYMENT	(a) Amount Charged \$853.73	(b) Date of Charge 10/31/2025	(c) Date(s) Credit Card Issuer Paid 11/16/2025
7 PAYEE	(a) Payee name CONSTANT CONTACT		(b) Payee address; City, State, Zip Code 3675 PRECISION DR LOVELAND, CO 80538
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description CAMPAIGN EMAIL PROGRAM
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$97.01	(b) Date of Charge 11/26/2025	(c) Date(s) Credit Card Issuer Paid 12/19/2025
PAYEE	(a) Payee name CONSTANT CONTACT		(b) Payee address; City, State, Zip Code 3675 PRECISION DR LOVELAND, CO 80538
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description CAMPAIGN EMAIL PROGRAM
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$97.01	(b) Date of Charge 12/26/2025	(c) Date(s) Credit Card Issuer Paid 12/29/2025
PAYEE	(a) Payee name CONSTANT CONTACT		(b) Payee address; City, State, Zip Code 3675 PRECISION DR LOVELAND, CO 80538
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description CAMPAIGN EMAIL PROGRAM
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 15/81 Rpt:		2 FILER NAME Mack, Wayne		3 Filer ID	
4 CREDIT CARD ISSUER		Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 2,736.91	
6 PAYMENT		(a) Amount Charged \$275.28	(b) Date of Charge 12/13/2025	(c) Date(s) Credit Card Issuer Paid 12/19/2025	
7 PAYEE		(a) Payee name EL BOSQUE		(b) Payee address; City, State, Zip Code 821 EVA ST MONTGOMERY, TX 77316	
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description MEETING FOOD/BEVERAGES	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT		(a) Amount Charged \$500.00	(b) Date of Charge 11/28/2025	(c) Date(s) Credit Card Issuer Paid 12/19/2025	
PAYEE		(a) Payee name ENGLE, SCOTT J.		(b) Payee address; City, State, Zip Code 17276 LINDA LN. CONROE, TX 77306-8346	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Consulting Expense		(b) Description VIDEOGRAPHER	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT		(a) Amount Charged \$500.00	(b) Date of Charge 12/15/2025	(c) Date(s) Credit Card Issuer Paid 12/19/2025	
PAYEE		(a) Payee name ENGLE, SCOTT J.		(b) Payee address; City, State, Zip Code 17276 LINDA LN. CONROE, TX 77306-8346	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Consulting Expense		(b) Description VIDEOGRAPHER	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 16/81 Rpt:		2 FILER NAME Mack, Wayne		3 Filer ID
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 2,736.91
6 PAYMENT	(a) Amount Charged \$268.61	(b) Date of Charge 10/04/2025	(c) Date(s) Credit Card Issuer Paid 10/06/2025	
7 PAYEE	(a) Payee name EVENTBRITE		(b) Payee address; City, State, Zip Code 155 5TH ST 7 SAN FRANCISCO, TX 94103-2919	
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description EVENT TICKETS	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
PAYMENT	(a) Amount Charged \$150.00	(b) Date of Charge 11/10/2025	(c) Date(s) Credit Card Issuer Paid 11/16/2025	
PAYEE	(a) Payee name EVENTBRITE		(b) Payee address; City, State, Zip Code 155 5TH ST 7 SAN FRANCISCO, TX 94103-2919	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description EVENT TICKETS	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
PAYMENT	(a) Amount Charged \$3,053.45	(b) Date of Charge 12/05/2025	(c) Date(s) Credit Card Issuer Paid 12/19/2025	
PAYEE	(a) Payee name EVENTSPLUS		(b) Payee address; City, State, Zip Code 8809 FAWN TRAIL CONROE, TX 77385	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description EVENT SUPPLIES	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 17/81 Rpt:	2 FILER NAME Mack, Wayne		3 Filer ID
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 2,736.91
6 PAYMENT	(a) Amount Charged \$200.00	(b) Date of Charge 08/01/2025	(c) Date(s) Credit Card Issuer Paid 08/27/2025
7 PAYEE	(a) Payee name FACEBOOK		(b) Payee address; City, State, Zip Code 1601 WILLOW RD BLDG 10 MENLO PARK, CA 94025
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description ONLINE ADVERTISING
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$80.78	(b) Date of Charge 08/31/2025	(c) Date(s) Credit Card Issuer Paid 09/19/2025
PAYEE	(a) Payee name FACEBOOK		(b) Payee address; City, State, Zip Code 1601 WILLOW RD BLDG 10 MENLO PARK, CA 94025
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description ONLINE ADVERTISING
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$305.43	(b) Date of Charge 09/30/2025	(c) Date(s) Credit Card Issuer Paid 10/06/2025
PAYEE	(a) Payee name FACEBOOK		(b) Payee address; City, State, Zip Code 1601 WILLOW RD BLDG 10 MENLO PARK, CA 94025
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description ONLINE ADVERTISING
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 18/81 Rpt:	2 FILER NAME Mack, Wayne		3 Filer ID
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 2,736.91
6 PAYMENT	(a) Amount Charged \$163.73	(b) Date of Charge 10/31/2025	(c) Date(s) Credit Card Issuer Paid 10/27/2025
7 PAYEE	(a) Payee name FACEBOOK		(b) Payee address; City, State, Zip Code 1601 WILLOW RD BLDG 10 MENLO PARK, CA 94025
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description ONLINE ADVERTISING
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$13.04	(b) Date of Charge 11/30/2025	(c) Date(s) Credit Card Issuer Paid 12/19/2025
PAYEE	(a) Payee name FACEBOOK		(b) Payee address; City, State, Zip Code 1601 WILLOW RD BLDG 10 MENLO PARK, CA 94025
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description ONLINE ADVERTISING
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$750.00	(b) Date of Charge 12/27/2025	(c) Date(s) Credit Card Issuer Paid 12/29/2025
PAYEE	(a) Payee name FACEBOOK		(b) Payee address; City, State, Zip Code 1601 WILLOW RD BLDG 10 MENLO PARK, CA 94025
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description ONLINE ADVERTISING
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 19/81 Rpt:		2 FILER NAME Mack, Wayne		3 Filer ID	
4 CREDIT CARD ISSUER		Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 2,736.91	
6 PAYMENT		(a) Amount Charged \$82.82	(b) Date of Charge 12/31/2025	(c) Date(s) Credit Card Issuer Paid	
7 PAYEE		(a) Payee name FACEBOOK		(b) Payee address; City, State, Zip Code 1601 WILLOW RD BLDG 10 MENLO PARK, CA 94025	
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description ONLINE ADVERTISING	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT		(a) Amount Charged \$100.00	(b) Date of Charge 10/23/2025	(c) Date(s) Credit Card Issuer Paid 10/27/2025	
PAYEE		(a) Payee name GREATER EAST		(b) Payee address; City, State, Zip Code 21575 US-59 #10 NEW CANEY, TX 77357	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description MEMBERSHIP-GREATER EAST MONTGOMERY CO. CHAMBER	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT		(a) Amount Charged \$15.00	(b) Date of Charge 12/10/2025	(c) Date(s) Credit Card Issuer Paid 12/19/2025	
PAYEE		(a) Payee name GREATER EAST		(b) Payee address; City, State, Zip Code 21575 US-59 #10 NEW CANEY, TX 77357	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description LUNCHEON TICKET-GREATER EAST MONTGOMERY CO. CHAMBER	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 20/81 Rpt:		2 FILER NAME Mack, Wayne		3 Filer ID	
4 CREDIT CARD ISSUER		Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 2,736.91	
6 PAYMENT		(a) Amount Charged \$239.41	(b) Date of Charge 10/16/2025	(c) Date(s) Credit Card Issuer Paid 10/19/2025	
7 PAYEE		(a) Payee name HEB		(b) Payee address; City, State, Zip Code 3875 W DAVIS ST CONROE, TX 77304	
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense		(b) Description STAFF APPRECIATION GIFTS	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT		(a) Amount Charged \$67.98	(b) Date of Charge 12/12/2025	(c) Date(s) Credit Card Issuer Paid 12/19/2025	
PAYEE		(a) Payee name HEB		(b) Payee address; City, State, Zip Code 3875 W DAVIS ST CONROE, TX 77304	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description EVENT SUPPLIES	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT		(a) Amount Charged \$332.22	(b) Date of Charge 10/09/2025	(c) Date(s) Credit Card Issuer Paid 10/19/2025	
PAYEE		(a) Payee name HYATT REGENCY CONROE		(b) Payee address; City, State, Zip Code 1001 GRAND CENTRAL PKWY CONROE, TX 77304	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description EVENT SPEAKER HOTEL	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 21/81 Rpt:	2 FILER NAME Mack, Wayne		3 Filer ID
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 2,736.91
6 PAYMENT	(a) Amount Charged \$5.00	(b) Date of Charge 10/09/2025	(c) Date(s) Credit Card Issuer Paid 10/19/2025
7 PAYEE	(a) Payee name HYATT REGENCY CONROE		(b) Payee address; City, State, Zip Code 1001 GRAND CENTRAL PKWY CONROE, TX 77304
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel in District		(b) Description PARKING
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$1,000.00	(b) Date of Charge 09/16/2025	(c) Date(s) Credit Card Issuer Paid 09/19/2025
PAYEE	(a) Payee name INSPIRATION RANCH		(b) Payee address; City, State, Zip Code 33029 WRIGHT RD MAGNOLIA, TX 77355
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description DONATION
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$178.00	(b) Date of Charge 07/02/2025	(c) Date(s) Credit Card Issuer Paid 07/03/2025
PAYEE	(a) Payee name ISTORAGE		(b) Payee address; City, State, Zip Code 4300 W DAVIS ST CONROE, TX 77304
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description CAMPAIGN STORAGE
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 22/81 Rpt:		2 FILER NAME Mack, Wayne		3 Filer ID	
4 CREDIT CARD ISSUER		Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 2,736.91	
6 PAYMENT		(a) Amount Charged \$178.00	(b) Date of Charge 07/27/2025	(c) Date(s) Credit Card Issuer Paid 08/27/2025	
7 PAYEE		(a) Payee name ISTORAGE		(b) Payee address; City, State, Zip Code 4300 W DAVIS ST CONROE, TX 77304	
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description CAMPAIGN STORAGE	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT		(a) Amount Charged \$178.00	(b) Date of Charge 08/27/2025	(c) Date(s) Credit Card Issuer Paid 09/01/2025	
PAYEE		(a) Payee name ISTORAGE		(b) Payee address; City, State, Zip Code 4300 W DAVIS ST CONROE, TX 77304	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description CAMPAIGN STORAGE	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT		(a) Amount Charged \$178.00	(b) Date of Charge 09/27/2025	(c) Date(s) Credit Card Issuer Paid 10/06/2025	
PAYEE		(a) Payee name ISTORAGE		(b) Payee address; City, State, Zip Code 4300 W DAVIS ST CONROE, TX 77304	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description CAMPAIGN STORAGE	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 23/81 Rpt:	2 FILER NAME Mack, Wayne		3 Filer ID
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 2,736.91
6 PAYMENT	(a) Amount Charged \$178.00	(b) Date of Charge 10/26/2025	(c) Date(s) Credit Card Issuer Paid 10/27/2025
7 PAYEE	(a) Payee name ISTORAGE		(b) Payee address; City, State, Zip Code 4300 W DAVIS ST CONROE, TX 77304
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description CAMPAIGN STORAGE
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$178.00	(b) Date of Charge 11/27/2025	(c) Date(s) Credit Card Issuer Paid 12/19/2025
PAYEE	(a) Payee name ISTORAGE		(b) Payee address; City, State, Zip Code 4300 W DAVIS ST CONROE, TX 77304
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description CAMPAIGN STORAGE
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$178.00	(b) Date of Charge 12/27/2025	(c) Date(s) Credit Card Issuer Paid 12/29/2025
PAYEE	(a) Payee name ISTORAGE		(b) Payee address; City, State, Zip Code 4300 W DAVIS ST CONROE, TX 77304
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description CAMPAIGN STORAGE
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 24/81 Rpt:	2 FILER NAME Mack, Wayne		3 Filer ID
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 2,736.91
6 PAYMENT	(a) Amount Charged \$40.58	(b) Date of Charge 08/27/2025	(c) Date(s) Credit Card Issuer Paid 09/01/2025
7 PAYEE	(a) Payee name JC PENNEY		(b) Payee address; City, State, Zip Code 3165 INTERSTATE 45 N CONROE, TX 77304
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description CAMPAIGN SHIRTS
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$81.17	(b) Date of Charge 08/27/2025	(c) Date(s) Credit Card Issuer Paid 09/01/2025
PAYEE	(a) Payee name JC PENNEY		(b) Payee address; City, State, Zip Code 3165 INTERSTATE 45 N CONROE, TX 77304
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description CAMPAIGN SHIRTS
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$288.66	(b) Date of Charge 09/24/2025	(c) Date(s) Credit Card Issuer Paid 10/06/2025
PAYEE	(a) Payee name KUNTRY KATFISH		(b) Payee address; City, State, Zip Code 5901 W DAVIS ST CONROE, TX 77304
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description MEETING FOOD/BEVERAGES
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 25/81 Rpt:		2 FILER NAME Mack, Wayne		3 Filer ID	
4 CREDIT CARD ISSUER		Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 2,736.91	
6 PAYMENT		(a) Amount Charged \$168.75	(b) Date of Charge 09/29/2025	(c) Date(s) Credit Card Issuer Paid 10/06/2025	
7 PAYEE		(a) Payee name KUNTRY KATFISH		(b) Payee address; City, State, Zip Code 5901 W DAVIS ST CONROE, TX 77304	
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description MEETING FOOD/BEVERAGES	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT		(a) Amount Charged \$504.00	(b) Date of Charge 11/21/2025	(c) Date(s) Credit Card Issuer Paid 11/25/2025	
PAYEE		(a) Payee name LAKE CONROE REPUBLICAN		(b) Payee address; City, State, Zip Code 514 PARADISE LN MONTGOMERY, TX 77356	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description EVENT SPONSORSHIP-LAKE CONROE REPUBLICAN WOMEN	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT		(a) Amount Charged \$100.00	(b) Date of Charge 07/17/2025	(c) Date(s) Credit Card Issuer Paid 07/20/2025	
PAYEE		(a) Payee name LEADERSHIP MONTGOMERY		(b) Payee address; City, State, Zip Code 2001 TIMBERLOCH PL STE 500 THE WOODLANDS, TX 77380	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description EVENT SPONSORSHIP	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 26/81 Rpt:	2 FILER NAME Mack, Wayne		3 Filer ID
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 2,736.91
6 PAYMENT	(a) Amount Charged \$510.65	(b) Date of Charge 07/17/2025	(c) Date(s) Credit Card Issuer Paid 07/20/2025
7 PAYEE	(a) Payee name LEADERSHIP MONTGOMERY		(b) Payee address; City, State, Zip Code 2001 TIMBERLOCH PL STE 500 THE WOODLANDS, TX 77380
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description EVENT SPONSORSHIP
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$500.00	(b) Date of Charge 09/28/2025	(c) Date(s) Credit Card Issuer Paid 10/06/2025
PAYEE	(a) Payee name LOVE HEALS YOUTH		(b) Payee address; City, State, Zip Code 212 CONROE DR CONROE, TX 77301
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description DONATION
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$455.61	(b) Date of Charge 11/26/2025	(c) Date(s) Credit Card Issuer Paid 12/19/2025
PAYEE	(a) Payee name LOVE HEALS YOUTH		(b) Payee address; City, State, Zip Code 212 CONROE DR CONROE, TX 77301
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description DONATION
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 27/81 Rpt:		2 FILER NAME Mack, Wayne		3 Filer ID	
4 CREDIT CARD ISSUER		Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 2,736.91	
6 PAYMENT		(a) Amount Charged \$1,695.50	(b) Date of Charge 12/31/2025	(c) Date(s) Credit Card Issuer Paid	
7 PAYEE		(a) Payee name MCCOY'S BUILDING SUPPLY		(b) Payee address; City, State, Zip Code 20341 EVA ST MONTGOMERY, TX 77356	
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description SIGN SUPPLIES	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT		(a) Amount Charged \$309.27	(b) Date of Charge 10/16/2025	(c) Date(s) Credit Card Issuer Paid 10/19/2025	
PAYEE		(a) Payee name MEALS ON WHEELS		(b) Payee address; City, State, Zip Code 111 S 2ND ST CONROE, TX 77301	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description DONATION	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT		(a) Amount Charged \$154.79	(b) Date of Charge 10/18/2025	(c) Date(s) Credit Card Issuer Paid 10/19/2025	
PAYEE		(a) Payee name MEALS ON WHEELS		(b) Payee address; City, State, Zip Code 111 S 2ND ST CONROE, TX 77301	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description DONATION	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 28/81 Rpt:		2 FILER NAME Mack, Wayne		3 Filer ID	
4 CREDIT CARD ISSUER		Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 2,736.91	
6 PAYMENT		(a) Amount Charged \$771.28	(b) Date of Charge 10/16/2025	(c) Date(s) Credit Card Issuer Paid 10/19/2025	
7 PAYEE		(a) Payee name MELONHEAD PHOTOGRAPHY		(b) Payee address; City, State, Zip Code 608 METCALF ST CONROE, TX 77301	
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Consulting Expense		(b) Description PHOTOGRAPHY	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT		(a) Amount Charged \$900.00	(b) Date of Charge 08/25/2025	(c) Date(s) Credit Card Issuer Paid 09/01/2025	
PAYEE		(a) Payee name MEYERS MEDIA		(b) Payee address; City, State, Zip Code 2245 S SABINO DR UNIT 101 GILBERT, AZ 85295	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Consulting Expense		(b) Description MEDIA PRODUCTION	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT		(a) Amount Charged \$2,667.70	(b) Date of Charge 11/01/2025	(c) Date(s) Credit Card Issuer Paid 11/16/2025	
PAYEE		(a) Payee name MIGHTY OAKS FOUNDATION		(b) Payee address; City, State, Zip Code 478 MCCAULEB RD MONTGOMERY, TX 77316	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description DONATION	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 75/80 Rpt: 78/215
2 FILER NAME Mack, Wayne		3 Filer ID
4 Date 09/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WATKINS, CHIP 6 Contributor address; City; State; Zip Code 1100 I 45 S CONROE, TX 77304	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WATKINS, CHIP Contributor address; City; State; Zip Code 18313 PICKERING RD CONROE, TX 77302	Amount of Contribution (\$) \$395.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WATSON, LAURA Contributor address; City; State; Zip Code 204 W LEWIS ST CONROE, TX 77301	Amount of Contribution (\$) \$110.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WEEMS, AURELIA Contributor address; City; State; Zip Code 1510 I 45 N CONROE, TX 77301	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WEEMS, AURELIA Contributor address; City; State; Zip Code 1510 I-45 NORTH CONROE, TX 77301	Amount of Contribution (\$) \$90.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 76/80 Rpt: 79/215
2 FILER NAME Mack, Wayne		3 Filer ID
4 Date 10/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WEIGHAT, JACKIE 6 Contributor address; City; State; Zip Code PO BOX 7104 CONROE, TX 77306	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WELBES, TIMOTHY J. Contributor address; City; State; Zip Code 23 MEADOWFAIR THE WOODLANDS, TX 77381	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WELCH, MICHAEL Contributor address; City; State; Zip Code 3521 PEAL MILL LN CONROE, TX 77301	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WELCH, ROBERT Contributor address; City; State; Zip Code 7823 NIKIS CROSSING CONROE, TX 77304	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WHITE, KYLE Contributor address; City; State; Zip Code 7422 PONDEROSA DR MAGNOLIA, TX 77354	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 77/80 Rpt: 80/215
2 FILER NAME Mack, Wayne		3 Filer ID
4 Date 09/04/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WHITE, MEGAN 6 Contributor address; City; State; Zip Code 7422 PONDEROSA DR MAGNOLIA, TX 77354	7 Amount of Contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WILLIAMS, HERSCHEL D Contributor address; City; State; Zip Code 3106 CHIPPERS CROSSING MONTGOMERY, TX 77356	Amount of Contribution (\$) \$52.40
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WILLIAMSON, JOHN Contributor address; City; State; Zip Code 11515 FM 1097 RD W WILLIS, TX 77318	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WILSON, KIMBERLY Contributor address; City; State; Zip Code 655 STONEWALL JACKSON DR CONROE, TX 77302	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WILSON, KIMBERLY Contributor address; City; State; Zip Code 655 STONEWALL JACKSON DR CONROE, TX 77302	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
Sch: 78/80 Rpt: 81/215

2 FILER NAME
Mack, Wayne

3 Filer ID

4 Date
09/02/2025

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

7 Amount of Contribution (\$) \$500.00

6 Contributor address; City; State; Zip Code
505 W DAVIS ST
CONROE, TX 77301

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
12/04/2025

Full name of contributor ☐ out-of-state PAC (ID#: _____)
WINDELL, MARK

Amount of Contribution (\$) \$2,604.48

Contributor address; City; State; Zip Code
14717 DIAMONDHEAD
MONTGOMERY, TX 77356

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
10/09/2025

Full name of contributor ☐ out-of-state PAC (ID#: _____)
WISEBAKER, MATT

Amount of Contribution (\$) \$350.00

Contributor address; City; State; Zip Code
21090 BLUE GOOSE DR
MONTGOMERY, TX 77316

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
08/03/2025

Full name of contributor ☐ out-of-state PAC (ID#: _____)
WOODALL, DOROTHY

Amount of Contribution (\$) \$35.00

Contributor address; City; State; Zip Code
65 FAIRFIELD DR
MONTGOMERY, TX 77356

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
10/09/2025

Full name of contributor ☐ out-of-state PAC (ID#: _____)
WOODS, ELIZABETH

Amount of Contribution (\$) \$75.00

Contributor address; City; State; Zip Code
131 OAK LN
MONTGOMERY, TX 77316

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 79/80 Rpt: 82/215
2 FILER NAME Mack, Wayne		3 Filer ID
4 Date 10/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WOODS, ELIZABETH 6 Contributor address; City; State; Zip Code 700 METCALF CONROE, TX 77301	7 Amount of Contribution (\$) \$75.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WOODS, MBA, JOHN Contributor address; City; State; Zip Code 131 CHERRY OAK LANE MONTGOMERY, TX 77316-6423	Amount of Contribution (\$) \$260.73
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) YANCEY, BOBBY T. Contributor address; City; State; Zip Code PO BOX 1409 CONROE, TX 77305	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) YANCEY, BOBBY T. Contributor address; City; State; Zip Code PO BOX 1409 CONROE, TX 77305	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) YATES, JARED Contributor address; City; State; Zip Code 40510 SPRINGFIELD LN MAGNOLIA, TX 77354	Amount of Contribution (\$) \$260.73
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 80/80 Rpt: 83/215
2 FILER NAME Mack, Wayne		3 Filer ID
4 Date 07/25/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) YOLICK LAW FIRM, PC 6 Contributor address; City; State; Zip Code 104 W DAVIS ST CONROE, TX 77301-2804	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) YOLICK, ERIC Contributor address; City; State; Zip Code 104 WEST DAVIS STREET CONROE, TX 77301	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ZARATE, CHRISTIAN Contributor address; City; State; Zip Code 5814 ANDERSHIRE DR CONROE, TX 77304	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 1/1 Rpt: 84/215	
2 FILER NAME Mack, Wayne		3 Filer ID	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 10/09/2025	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ALL STAR CATERING	8 Amount of contribution (\$) \$150.00	9 In-kind contribution description SILENT AUCTION ITEMS
7 Contributor address; City; State; Zip Code 1201 N. DANVILLE WILLIS, TX 77378		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/48 Rpt: 85/215	2 FILER NAME Mack, Wayne	3 Filer ID
4 Date 08/28/2025	5 Payee name AMERICAN EXPRESS	
6 Amount (\$) \$2,183.82	7 Payee address; City; State; Zip Code PO BOX 2234 CONROE, TX 77305-2234	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PAYMENT OF CREDIT CARD BILL FOR CREDIT CARD EXPENDITURES
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/07/2025	Payee name AMERICAN EXPRESS	
Amount (\$) \$3,396.92	Payee address; City; State; Zip Code PO BOX 2234 CONROE, TX 77305-2234	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PAYMENT OF CREDIT CARD BILL FOR CREDIT CARD EXPENDITURES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/30/2025	Payee name AMERICAN EXPRESS	
Amount (\$) \$1,218.31	Payee address; City; State; Zip Code PO BOX 2234 CONROE, TX 77305-2234	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PAYMENT OF CREDIT CARD BILL FOR CREDIT CARD EXPENDITURES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/48 Rpt: 86/215		2 FILER NAME Mack, Wayne		3 Filer ID	
4 Date 12/22/2025		5 Payee name AMERICAN EXPRESS			
6 Amount (\$) \$15,084.64		7 Payee address; City; State; Zip Code PO BOX 2234 CONROE, TX 77305-2234			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Credit Card Payment		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PAYMENT OF CREDIT CARD BILL FOR CREDIT CARD EXPENDITURES	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 10/08/2025		Payee name AMERICAN EXPRESS			
Amount (\$) \$5,403.36		Payee address; City; State; Zip Code PO BOX 2234 CONROE, TX 77305-2234			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Credit Card Payment		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PAYMENT OF CREDIT CARD BILL FOR CREDIT CARD EXPENDITURES	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 07/22/2025		Payee name AMERICAN EXPRESS			
Amount (\$) \$641.01		Payee address; City; State; Zip Code PO BOX 2234 CONROE, TX 77305-2234			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Credit Card Payment		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PAYMENT OF CREDIT CARD BILL FOR CREDIT CARD EXPENDITURES	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/48 Rpt: 87/215	2 FILER NAME Mack, Wayne	3 Filer ID
4 Date 09/02/2025	5 Payee name AMERICAN EXPRESS	
6 Amount (\$) \$2,835.73	7 Payee address; City; State; Zip Code PO BOX 2234 CONROE, TX 77305-2234	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PAYMENT OF CREDIT CARD BILL FOR CREDIT CARD EXPENDITURES
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/28/2025	Payee name AMERICAN EXPRESS	
Amount (\$) \$2,788.02	Payee address; City; State; Zip Code PO BOX 2234 CONROE, TX 77305-2234	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PAYMENT OF CREDIT CARD BILL FOR CREDIT CARD EXPENDITURES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/17/2025	Payee name AMERICAN EXPRESS	
Amount (\$) \$2,330.21	Payee address; City; State; Zip Code PO BOX 2234 CONROE, TX 77305-2234	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PAYMENT OF CREDIT CARD BILL FOR CREDIT CARD EXPENDITURES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/48 Rpt: 88/215		2 FILER NAME Mack, Wayne		3 Filer ID	
4 Date 11/26/2025		5 Payee name AMERICAN EXPRESS			
6 Amount (\$) \$1,108.87		7 Payee address; City; State; Zip Code PO BOX 2234 CONROE, TX 77305-2234			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Credit Card Payment		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PAYMENT OF CREDIT CARD BILL FOR CREDIT CARD EXPENDITURES	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 12/22/2025		Payee name AMERICAN EXPRESS			
Amount (\$) \$2,354.43		Payee address; City; State; Zip Code PO BOX 2234 CONROE, TX 77305-2234			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Credit Card Payment		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PAYMENT OF CREDIT CARD BILL FOR CREDIT CARD EXPENDITURES	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 10/20/2025		Payee name AMERICAN EXPRESS			
Amount (\$) \$3,266.11		Payee address; City; State; Zip Code PO BOX 2234 CONROE, TX 77305-2234			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Credit Card Payment		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PAYMENT OF CREDIT CARD BILL FOR CREDIT CARD EXPENDITURES	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/48 Rpt: 89/215	2 FILER NAME Mack, Wayne	3 Filer ID
4 Date 11/17/2025	5 Payee name AMERICAN EXPRESS	
6 Amount (\$) \$4,601.41	7 Payee address; City; State; Zip Code PO BOX 2234 CONROE, TX 77305-2234	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PAYMENT OF CREDIT CARD BILL FOR CREDIT CARD EXPENDITURES
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/22/2025	Candidate/Officeholder name Payee name AMERICAN EXPRESS	
Amount (\$) \$2,978.36	Office sought Payee address; City; State; Zip Code PO BOX 2234 CONROE, TX 77305-2234	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PAYMENT OF CREDIT CARD BILL FOR CREDIT CARD EXPENDITURES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/30/2025	Candidate/Officeholder name Payee name AMERICAN EXPRESS	
Amount (\$) \$1,036.01	Office sought Payee address; City; State; Zip Code PO BOX 2234 CONROE, TX 77305-2234	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PAYMENT OF CREDIT CARD BILL FOR CREDIT CARD EXPENDITURES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate/Officeholder name Office sought Office held		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 6/48 Rpt: 90/215	2 FILER NAME Mack, Wayne	3 Filer ID
4 Date 07/01/2025	5 Payee name ANEDOT, INC.	
6 Amount (\$) \$4.30	7 Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770 NEW ORLEANS, LA 70112-8954	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD MERCHANT FEES
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/07/2025	Candidate/Officeholder name ANEDOT, INC.	Office sought Office held
Amount (\$) \$45.40	Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770 NEW ORLEANS, LA 70112-8954	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD MERCHANT FEES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/09/2025	Candidate/Officeholder name ANEDOT, INC.	Office sought Office held
Amount (\$) \$20.30	Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770 NEW ORLEANS, LA 70112-8954	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD MERCHANT FEES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate/Officeholder name Office sought Office held		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 7/48 Rpt: 91/215	2 FILER NAME Mack, Wayne	3 Filer ID
4 Date 07/11/2025	5 Payee name ANEDOT, INC.	
6 Amount (\$) \$5.10	7 Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770 NEW ORLEANS, LA 70112-8954	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD MERCHANT FEES
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/15/2025	Payee name ANEDOT, INC.	
Amount (\$) \$100.30	Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770 NEW ORLEANS, LA 70112-8954	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD MERCHANT FEES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/17/2025	Payee name ANEDOT, INC.	
Amount (\$) \$40.30	Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770 NEW ORLEANS, LA 70112-8954	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD MERCHANT FEES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 8/48 Rpt: 92/215		2 FILER NAME Mack, Wayne		3 Filer ID	
4 Date 07/21/2025		5 Payee name ANEDOT, INC.			
6 Amount (\$) \$40.30		7 Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770 NEW ORLEANS, LA 70112-8954			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Accounting/Banking		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD MERCHANT FEES	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 07/22/2025		Payee name ANEDOT, INC.			
Amount (\$) \$100.30		Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770 NEW ORLEANS, LA 70112-8954			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Accounting/Banking		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD MERCHANT FEES	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 07/23/2025		Payee name ANEDOT, INC.			
Amount (\$) \$48.80		Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770 NEW ORLEANS, LA 70112-8954			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Accounting/Banking		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD MERCHANT FEES	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 9/48 Rpt: 93/215	2 FILER NAME Mack, Wayne	3 Filer ID
4 Date 07/25/2025	5 Payee name ANEDOT, INC.	
6 Amount (\$) \$29.70	7 Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770 NEW ORLEANS, LA 70112-8954	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD MERCHANT FEES
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/28/2025	Payee name ANEDOT, INC.	
Amount (\$) \$40.30	Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770 NEW ORLEANS, LA 70112-8954	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD MERCHANT FEES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/29/2025	Payee name ANEDOT, INC.	
Amount (\$) \$43.70	Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770 NEW ORLEANS, LA 70112-8954	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD MERCHANT FEES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 10/48 Rpt:	2 FILER NAME Mack, Wayne	3 Filer ID
4 Date 07/31/2025	5 Payee name ANEDOT, INC.	
6 Amount (\$) \$85.70	7 Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770 NEW ORLEANS, LA 70112-8954	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD MERCHANT FEES
9 Complete ONLY if direct expenditure to benefit C/OH		
Date 08/05/2025	Candidate/Officeholder name	Office sought
Amount (\$) \$6.40	Payee name ANEDOT, INC.	Office held
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD MERCHANT FEES
Complete ONLY if direct expenditure to benefit C/OH		
Date 08/06/2025	Candidate/Officeholder name	Office sought
Amount (\$) \$6.80	Payee name ANEDOT, INC.	Office held
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD MERCHANT FEES
Complete ONLY if direct expenditure to benefit C/OH		
Date 08/06/2025	Candidate/Officeholder name	Office sought
Amount (\$) \$6.80	Payee name ANEDOT, INC.	Office held
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD MERCHANT FEES
Complete ONLY if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 11/48 Rpt:		2 FILER NAME Mack, Wayne		3 Filer ID	
4 Date 08/15/2025		5 Payee name ANEDOT, INC.			
6 Amount (\$) \$55.70		7 Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770 NEW ORLEANS, LA 70112-8954			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Accounting/Banking		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD MERCHANT FEES	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 08/18/2025		Payee name ANEDOT, INC.			
Amount (\$) \$16.80		Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770 NEW ORLEANS, LA 70112-8954			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Accounting/Banking		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD MERCHANT FEES	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 08/20/2025		Payee name ANEDOT, INC.			
Amount (\$) \$118.00		Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770 NEW ORLEANS, LA 70112-8954			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Accounting/Banking		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD MERCHANT FEES	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 12/48 Rpt:	2 FILER NAME Mack, Wayne	3 Filer ID
4 Date 08/22/2025	5 Payee name ANEDOT, INC.	
6 Amount (\$) \$240.90	7 Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770 NEW ORLEANS, LA 70112-8954	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD MERCHANT FEES
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/26/2025	Payee name ANEDOT, INC.	
Amount (\$) \$123.20	Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770 NEW ORLEANS, LA 70112-8954	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD MERCHANT FEES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/28/2025	Payee name ANEDOT, INC.	
Amount (\$) \$22.00	Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770 NEW ORLEANS, LA 70112-8954	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD MERCHANT FEES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 13/48 Rpt:		2 FILER NAME Mack, Wayne		3 Filer ID	
4 Date 09/02/2025		5 Payee name ANEDOT, INC.			
6 Amount (\$) \$50.80		7 Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770 NEW ORLEANS, LA 70112-8954			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Accounting/Banking		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD MERCHANT FEES	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 09/03/2025		Payee name ANEDOT, INC.			
Amount (\$) \$124.90		Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770 NEW ORLEANS, LA 70112-8954			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Accounting/Banking		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD MERCHANT FEES	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 09/05/2025		Payee name ANEDOT, INC.			
Amount (\$) \$151.90		Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770 NEW ORLEANS, LA 70112-8954			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Accounting/Banking		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD MERCHANT FEES	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 14/48 Rpt:		2 FILER NAME Mack, Wayne		3 Filer ID	
4 Date 09/09/2025		5 Payee name ANEDOT, INC.			
6 Amount (\$) \$6.40		7 Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770 NEW ORLEANS, LA 70112-8954			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Accounting/Banking		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD MERCHANT FEES	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 09/11/2025		Payee name ANEDOT, INC.			
Amount (\$) \$40.30		Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770 NEW ORLEANS, LA 70112-8954			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Accounting/Banking		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD MERCHANT FEES	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 09/15/2025		Payee name ANEDOT, INC.			
Amount (\$) \$5.10		Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770 NEW ORLEANS, LA 70112-8954			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Accounting/Banking		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD MERCHANT FEES	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 15/48 Rpt:	2 FILER NAME Mack, Wayne	3 Filer ID
4 Date 09/16/2025	5 Payee name ANEDOT, INC.	
6 Amount (\$) \$3.40	7 Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770 NEW ORLEANS, LA 70112-8954	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD MERCHANT FEES
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/19/2025	Candidate/Officeholder name ANEDOT, INC.	
Amount (\$) \$47.10	Office sought 1340 POYDRAS ST, STE 1770 NEW ORLEANS, LA 70112-8954	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD MERCHANT FEES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/23/2025	Candidate/Officeholder name ANEDOT, INC.	
Amount (\$) \$224.70	Office sought 1340 POYDRAS ST, STE 1770 NEW ORLEANS, LA 70112-8954	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD MERCHANT FEES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate/Officeholder name		
Office sought		
Office held		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 16/48 Rpt:		2 FILER NAME Mack, Wayne		3 Filer ID	
4 Date 09/25/2025		5 Payee name ANEDOT, INC.			
6 Amount (\$) \$6.80		7 Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770 NEW ORLEANS, LA 70112-8954			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Accounting/Banking		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD MERCHANT FEES	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 09/29/2025		Payee name ANEDOT, INC.			
Amount (\$) \$157.10		Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770 NEW ORLEANS, LA 70112-8954			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Accounting/Banking		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD MERCHANT FEES	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 09/30/2025		Payee name ANEDOT, INC.			
Amount (\$) \$42.00		Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770 NEW ORLEANS, LA 70112-8954			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Accounting/Banking		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD MERCHANT FEES	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 17/48 Rpt:		2 FILER NAME Mack, Wayne		3 Filer ID	
4 Date 10/03/2025		5 Payee name ANEDOT, INC.			
6 Amount (\$) \$10.30		7 Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770 NEW ORLEANS, LA 70112-8954			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Accounting/Banking		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD MERCHANT FEES	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 10/07/2025		Payee name ANEDOT, INC.			
Amount (\$) \$63.50		Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770 NEW ORLEANS, LA 70112-8954			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Accounting/Banking		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD MERCHANT FEES	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 10/08/2025		Payee name ANEDOT, INC.			
Amount (\$) \$21.00		Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770 NEW ORLEANS, LA 70112-8954			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Accounting/Banking		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD MERCHANT FEES	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 18/48 Rpt:	2 FILER NAME Mack, Wayne	3 Filer ID
4 Date 10/10/2025	5 Payee name ANEDOT, INC.	
6 Amount (\$) \$67.50	7 Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770 NEW ORLEANS, LA 70112-8954	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD MERCHANT FEES
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/14/2025	Payee name ANEDOT, INC.	
Amount (\$) \$2.60	Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770 NEW ORLEANS, LA 70112-8954	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD MERCHANT FEES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/24/2025	Payee name ANEDOT, INC.	
Amount (\$) \$0.52	Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770 NEW ORLEANS, LA 70112-8954	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD MERCHANT FEES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 19/48 Rpt:		2 FILER NAME Mack, Wayne		3 Filer ID	
4 Date 11/05/2025		5 Payee name ANEDOT, INC.			
6 Amount (\$) \$5.00		7 Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770 NEW ORLEANS, LA 70112-8954			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Accounting/Banking		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD MERCHANT FEES	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 11/06/2025		Payee name ANEDOT, INC.			
Amount (\$) \$25.63		Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770 NEW ORLEANS, LA 70112-8954			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Accounting/Banking		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD MERCHANT FEES	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 11/10/2025		Payee name ANEDOT, INC.			
Amount (\$) \$4.48		Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770 NEW ORLEANS, LA 70112-8954			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Accounting/Banking		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD MERCHANT FEES	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 20/48 Rpt:		2 FILER NAME Mack, Wayne		3 Filer ID	
4 Date 11/12/2025		5 Payee name ANEDOT, INC.			
6 Amount (\$) \$41.98		7 Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770 NEW ORLEANS, LA 70112-8954			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Accounting/Banking		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD MERCHANT FEES	
9 Complete ONLY if direct expenditure to benefit C/OH					
Date 11/14/2025		Candidate/Officeholder name Payee name ANEDOT, INC.			
Amount (\$) \$41.98		Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770 NEW ORLEANS, LA 70112-8954			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Accounting/Banking		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD MERCHANT FEES	
Complete ONLY if direct expenditure to benefit C/OH					
Date 11/17/2025		Candidate/Officeholder name Payee name ANEDOT, INC.			
Amount (\$) \$113.13		Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770 NEW ORLEANS, LA 70112-8954			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Accounting/Banking		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD MERCHANT FEES	
Complete ONLY if direct expenditure to benefit C/OH					

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 21/48 Rpt:		2 FILER NAME Mack, Wayne		3 Filer ID	
4 Date 11/18/2025		5 Payee name ANEDOT, INC.			
6 Amount (\$) \$4.48		7 Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770 NEW ORLEANS, LA 70112-8954			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Accounting/Banking		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD MERCHANT FEES	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 11/24/2025		Payee name ANEDOT, INC.			
Amount (\$) \$50.94		Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770 NEW ORLEANS, LA 70112-8954			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Accounting/Banking		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD MERCHANT FEES	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 11/26/2025		Payee name ANEDOT, INC.			
Amount (\$) \$45.82		Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770 NEW ORLEANS, LA 70112-8954			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Accounting/Banking		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD MERCHANT FEES	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 22/48 Rpt:	2 FILER NAME Mack, Wayne	3 Filer ID
4 Date 12/01/2025	5 Payee name ANEDOT, INC.	
6 Amount (\$) \$21.15	7 Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770 NEW ORLEANS, LA 70112-8954	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD MERCHANT FEES
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/04/2025	Candidate/Officeholder name ANEDOT, INC.	Office sought Office held
Amount (\$) \$201.76	Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770 NEW ORLEANS, LA 70112-8954	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD MERCHANT FEES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/08/2025	Candidate/Officeholder name ANEDOT, INC.	Office sought Office held
Amount (\$) \$253.76	Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770 NEW ORLEANS, LA 70112-8954	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD MERCHANT FEES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 23/48 Rpt:	2 FILER NAME Mack, Wayne	3 Filer ID
4 Date 12/09/2025	5 Payee name ANEDOT, INC.	
6 Amount (\$) \$21.15	7 Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770 NEW ORLEANS, LA 70112-8954	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD MERCHANT FEES
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/10/2025	Payee name ANEDOT, INC.	
Amount (\$) \$204.37	Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770 NEW ORLEANS, LA 70112-8954	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD MERCHANT FEES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/12/2025	Payee name ANEDOT, INC.	
Amount (\$) \$11.88	Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770 NEW ORLEANS, LA 70112-8954	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD MERCHANT FEES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 24/48 Rpt:		2 FILER NAME Mack, Wayne		3 Filer ID	
4 Date 12/16/2025		5 Payee name ANEDOT, INC.			
6 Amount (\$) \$104.48		7 Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770 NEW ORLEANS, LA 70112-8954			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Accounting/Banking		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD MERCHANT FEES	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 12/18/2025		Payee name ANEDOT, INC.			
Amount (\$) \$63.13		Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770 NEW ORLEANS, LA 70112-8954			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Accounting/Banking		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD MERCHANT FEES	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 12/22/2025		Payee name ANEDOT, INC.			
Amount (\$) \$10.73		Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770 NEW ORLEANS, LA 70112-8954			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Accounting/Banking		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD MERCHANT FEES	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 25/48 Rpt:	2 FILER NAME Mack, Wayne	3 Filer ID
4 Date 12/24/2025	5 Payee name ANEDOT, INC.	
6 Amount (\$) \$122.82	7 Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770 NEW ORLEANS, LA 70112-8954	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD MERCHANT FEES
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/30/2025	Payee name ANEDOT, INC.	
Amount (\$) \$8.96	Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770 NEW ORLEANS, LA 70112-8954	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD MERCHANT FEES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/16/2025	Payee name AXIOM STRATEGIES	
Amount (\$) \$295.00	Payee address; City; State; Zip Code 800 W 47TH ST STE 200 KANSAS CITY, MO 64112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense NAME TAGS
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 26/48 Rpt:		2 FILER NAME Mack, Wayne		3 Filer ID	
4 Date 12/16/2025		5 Payee name AXIOM STRATEGIES			
6 Amount (\$) \$300.00		7 Payee address; City; State; Zip Code 800 W 47TH ST STE 200 KANSAS CITY, MO 64112			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Consulting Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PALMCARD DESIGN	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 12/16/2025		Payee name AXIOM STRATEGIES			
Amount (\$) \$300.00		Payee address; City; State; Zip Code 800 W 47TH ST STE 200 KANSAS CITY, MO 64112			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Consulting Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense LOGO STUDY	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 12/02/2025		Payee name AXIOM STRATEGIES			
Amount (\$) \$2,381.00		Payee address; City; State; Zip Code 800 W 47TH ST STE 200 KANSAS CITY, MO 64112			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense T-SHIRTS	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 27/48 Rpt:		2 FILER NAME Mack, Wayne		3 Filer ID	
4 Date 12/02/2025		5 Payee name AXIOM STRATEGIES			
6 Amount (\$) \$300.00		7 Payee address; City; State; Zip Code 800 W 47TH ST STE 200 KANSAS CITY, MO 64112			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense YARD SIGNS	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 10/21/2025		Payee name AXIOM STRATEGIES			
Amount (\$) \$8,000.00		Payee address; City; State; Zip Code 800 W 47TH ST STE 200 KANSAS CITY, MO 64112			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Consulting Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CAMPAIGN SERVICES	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 12/10/2025		Payee name C.C. PLUS II INC			
Amount (\$) \$5,816.24		Payee address; City; State; Zip Code 4205 W DAVIS ST CONROE, TX 77304			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense AUCTION ITEMS	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 28/48 Rpt:	2 FILER NAME Mack, Wayne	3 Filer ID
4 Date 10/08/2025	5 Payee name CADE, TIM	
6 Amount (\$) \$200.00	7 Payee address; City; State; Zip Code 510 TX 75 WILLIS, TX 77378	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense EVENT SECURITY
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/04/2025	Payee name CADE, TIM	
Amount (\$) \$200.00	Payee address; City; State; Zip Code 510 TX 75 WILLIS, TX 77378	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense EVENT SECURITY
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/04/2025	Payee name CASTRO, VANESSA	
Amount (\$) \$500.00	Payee address; City; State; Zip Code PO BOX 2234 CONROE, TX 77305	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense EVENT CLEAN UP
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 29/48 Rpt:	2 FILER NAME Mack, Wayne	3 Filer ID
4 Date 10/08/2025	5 Payee name CAVITT, JAMES	
6 Amount (\$) \$200.00	7 Payee address; City; State; Zip Code 115 BUSINESS PARK DR WILLIS, TX 77378	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense EVENT SECURITY
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/05/2025	Candidate/Officeholder name CAVITT, JAMES	
Amount (\$) \$200.00	Office sought Office held	
PAYEE ADDRESS	Payee name CAVITT, JAMES	
Amount (\$) \$200.00	Payee address; City; State; Zip Code 115 BUSINESS PARK DR WILLIS, TX 77378	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense EVENT SECURITY
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/09/2025	Candidate/Officeholder name COLORTECH DIRECT	
Amount (\$) \$4,433.79	Office sought Office held	
PAYEE ADDRESS	Payee name COLORTECH DIRECT	
Amount (\$) \$4,433.79	Payee address; City; State; Zip Code 809 CABLE ST CONROE, TX 77301	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense EVENT PRINTING
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 30/48 Rpt:	2 FILER NAME Mack, Wayne	3 Filer ID
4 Date 10/20/2025	5 Payee name COLORTECH DIRECT	
6 Amount (\$) \$159.64	7 Payee address; City; State; Zip Code 809 CABLE ST CONROE, TX 77301	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense THANK YOU NOTE PRINTING
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/17/2025	Payee name COLORTECH DIRECT	
Amount (\$) \$1,170.83	Payee address; City; State; Zip Code 809 CABLE ST CONROE, TX 77301	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense INVITATIONS
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/13/2025	Payee name DIAMONDS IN THE ROUGH	
Amount (\$) \$6,820.00	Payee address; City; State; Zip Code 9391 GROGANS MILL RD STE B4 THE WOODLANDS, TX 77380	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PRAYER BREAKFAST AUCTION ITEMS
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 31/48 Rpt:	2 FILER NAME Mack, Wayne	3 Filer ID
4 Date 10/06/2025	5 Payee name EAST MONTGOMERY COUNTY FAIR ASSOCIATION	
6 Amount (\$) \$1,494.44	7 Payee address; City; State; Zip Code 21675A MCCLESKEY RD NEW CANEY, TX 77357	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense EVENT SPONSORSHIP	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 12/09/2025	Payee name EAST MONTGOMERY COUNTY FAIR ASSOCIATION	
Amount (\$) \$925.00	Payee address; City; State; Zip Code 21675A MCCLESKEY RD NEW CANEY, TX 77357	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense EVENT SPONSORSHIP	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 10/07/2025	Payee name EAST MONTGOMERY COUNTY REPUBLICAN WOMEN PAC	
Amount (\$) \$500.00	Payee address; City; State; Zip Code PO BOX 2292 NEW CANEY, TX 77357	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense EVENT SPONSORSHIP	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 32/48 Rpt:	2 FILER NAME Mack, Wayne	3 Filer ID
4 Date 10/27/2025	5 Payee name EAST MONTGOMERY COUNTY REPUBLICAN WOMEN PAC	
6 Amount (\$) \$25.00	7 Payee address; City; State; Zip Code PO BOX 2292 NEW CANEY, TX 77357	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MEMBERSHIP
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/10/2025	Candidate/Officeholder name FAMILY PROMISE OF MONTGOMERY COUNTY	
Amount (\$) \$500.00	Office sought PO BOX 692 CONROE, TX 77305	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense EVENT SPONSORSHIP
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/08/2025	Candidate/Officeholder name GONZALES, BRANDIE	
Amount (\$) \$425.07	Office sought 11 ABBEY RD HUNTSVILLE, TX 77340	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense REIMBURSEMENT-EVENT SUPPLIES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 33/48 Rpt:	2 FILER NAME Mack, Wayne	3 Filer ID
4 Date 10/14/2025	5 Payee name GONZALES, BRANDIE	
6 Amount (\$) \$99.29	7 Payee address; City; State; Zip Code 11 ABBEY RD HUNTSVILLE, TX 77340	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense REIMBURSEMENT-EVENT SUPPLIES
9 Complete ONLY if direct expenditure to benefit C/OH		
Date 10/29/2025	Candidate/Officeholder name GONZALES, BRANDIE	
Amount (\$) \$6,000.00	Office sought Office held	
Purpose of Expenditure	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense EVENT COORDINATOR
Complete ONLY if direct expenditure to benefit C/OH		
Date 09/17/2025	Candidate/Officeholder name GONZALES, BRANDIE	
Amount (\$) \$581.79	Office sought Office held	
Purpose of Expenditure	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense REIMBURSEMENT-EVENT SUPPLIES
Complete ONLY if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 34/48 Rpt:	2 FILER NAME Mack, Wayne	3 Filer ID
4 Date 09/09/2025	5 Payee name GREG OLIVER AGENCY	
6 Amount (\$) \$3,250.00	7 Payee address; City; State; Zip Code 278 SEABOARD LN STE 10 FRANKLIN, TN 37067	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SPEAKER FEE
9 Complete ONLY if direct expenditure to benefit C/OH		
Date 12/08/2025	Candidate/Officeholder name Payee name JOE'S PIZZA	
Amount (\$) \$268.98	Office sought Payee address; City; State; Zip Code 1604 N FRAZIER ST CONROE, TX 77301	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MEETING FOOD/BEVERAGES
Complete ONLY if direct expenditure to benefit C/OH		
Date 11/12/2025	Candidate/Officeholder name Payee name LONE STAR CONVENTION CENTER	
Amount (\$) \$2,000.00	Office sought Payee address; City; State; Zip Code 9055 AIRPORT RD CONROE, TX 77303	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense EVENT RENTAL
Complete ONLY if direct expenditure to benefit C/OH		
Candidate/Officeholder name Office sought Office held		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 35/48 Rpt:	2 FILER NAME Mack, Wayne	3 Filer ID
4 Date 08/28/2025	5 Payee name LONE STAR LEGENDS BUYERS GROUP	
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code 2500 LONE STAR PKWY MONTGOMERY, TX 77356	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense EVENT SPONSORSHIP
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/15/2025	Candidate/Officeholder name Office sought Office held	
Payee name LONE STAR LEGENDS BUYERS GROUP		
Amount (\$) \$1,500.00	Payee address; City; State; Zip Code 2500 LONE STAR PKWY MONTGOMERY, TX 77356	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense AUCTION ITEMS
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/30/2025	Candidate/Officeholder name Office sought Office held	
Payee name MONTGOMERY COUNTY CHAPLAIN RESPONSE TEAM		
Amount (\$) \$500.00	Payee address; City; State; Zip Code 3915 WEST DAVIS ST, STE 130-128 CONROE, TX 77304	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DONATION
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 36/48 Rpt:	2 FILER NAME Mack, Wayne	3 Filer ID
4 Date 07/23/2025	5 Payee name MONTGOMERY COUNTY COMMUNITY FOUNDATION	
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code 2001 TIMBERLOCH PL STE 500 THE WOODLANDS, TX 77380	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense EVENT SPONSORSHIP
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/06/2025	Payee name MONTGOMERY COUNTY REPUBLICAN PARTY OF TX	
Amount (\$) \$1,250.00	Payee address; City; State; Zip Code 18001 HIGHWAY 105 W STE 101 MONTGOMERY, TX 77356	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense BALLOT FILING FEE
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/19/2025	Payee name MONTGOMERY COUNTY REPUBLICAN WOMEN PAC	
Amount (\$) \$350.00	Payee address; City; State; Zip Code PO BOX 1766 CONROE, TX 77305	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense EVENT SPONSORSHIP
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 37/48 Rpt:	2 FILER NAME Mack, Wayne	3 Filer ID
4 Date 10/23/2025	5 Payee name MONTGOMERY COUNTY REPUBLICAN WOMEN PAC	
6 Amount (\$) \$25.00	7 Payee address; City; State; Zip Code PO BOX 1766 CONROE, TX 77305	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MEMBERSHIP
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/13/2025	Payee name MONTGOMERY FFA BOOSTER CLUB	
Amount (\$) \$500.00	Payee address; City; State; Zip Code PO BOX 932 MONTGOMERY, TX 77356	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense EVENT SPONSORSHIP
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/01/2025	Payee name MONTGOMERY FFA BOOSTER CLUB	
Amount (\$) \$900.00	Payee address; City; State; Zip Code PO BOX 932 MONTGOMERY, TX 77356	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense EVENT SPONSORSHIP
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 38/48 Rpt:	2 FILER NAME Mack, Wayne	3 Filer ID
4 Date 07/02/2025	5 Payee name NEW DANVILLE	
6 Amount (\$) \$250.00	7 Payee address; City; State; Zip Code 10951 SHEPARD HILL RD WILLIS, TX 77318	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense EVENT SPONSORSHIP
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/29/2025	Payee name NORTH SHORE REPUBLICAN WOMEN	
Amount (\$) \$500.00	Payee address; City; State; Zip Code PO BOX 1993 MONTGOMERY, TX 77356	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense EVENT SPONSORSHIP
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/10/2025	Payee name PULSE DECISIONS SCIENCE	
Amount (\$) \$14,923.00	Payee address; City; State; Zip Code 416 W 15TH ST STE 300A EDMOND, OK 73013-3673	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Polling Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SURVEY
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 39/48 Rpt:		2 FILER NAME Mack, Wayne		3 Filer ID	
4 Date 10/08/2025		5 Payee name REITZEL, CALEB			
6 Amount (\$) \$200.00		7 Payee address; City; State; Zip Code PO BOX 2234 CONROE, TX 77305			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense EVENT SECURITY	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 12/04/2025		Payee name REITZEL, CALEB			
Amount (\$) \$200.00		Payee address; City; State; Zip Code PO BOX 2234 CONROE, TX 77305			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense EVENT SECURITY	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 07/29/2025		Payee name RINGO, MISSY			
Amount (\$) \$64.91		Payee address; City; State; Zip Code 595 HAMPTON HALL LN CONROE, TX 77302			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense REIMBURSEMENT-EVENT SUPPLIES	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 40/48 Rpt:	2 FILER NAME Mack, Wayne	3 Filer ID
4 Date 11/17/2025	5 Payee name RINGO, MISSY	
6 Amount (\$) \$213.57	7 Payee address; City; State; Zip Code 595 HAMPTON HALL LN CONROE, TX 77302	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense REIMBURSEMENT-EVENT SUPPLIES
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/04/2025	Payee name ROSS, VINCE	
Amount (\$) \$750.00	Payee address; City; State; Zip Code PO BOX 2234 CONROE, TX 77305	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense EVENT AUCTIONEER
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/20/2025	Payee name SACRED HEART CATHOLIC SCHOOL	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 615 MCDADE ST CONROE, TX 77301	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense EVENT SPONSORSHIP
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 41/48 Rpt:	2 FILER NAME Mack, Wayne	3 Filer ID
4 Date 08/27/2025	5 Payee name SAM'S CLUB	
6 Amount (\$) \$338.90	7 Payee address; City; State; Zip Code 2000 WESTVIEW BLVD CONROE, TX 77301	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense GOAL PROGRAM-FOOD
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/28/2025	Payee name SAM'S CLUB	
Amount (\$) \$338.92	Payee address; City; State; Zip Code 2000 WESTVIEW BLVD CONROE, TX 77301	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense GOAL PROGRAM-FOOD
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/12/2025	Payee name SIGNS, ETC	
Amount (\$) \$7,572.09	Payee address; City; State; Zip Code 3605 N LOOP 336 W CONROE, TX 77304	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ELECTION SIGNS
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 42/48 Rpt:	2 FILER NAME Mack, Wayne	3 Filer ID
4 Date 10/08/2025	5 Payee name SPECTRUM	
6 Amount (\$) \$22,268.41	7 Payee address; City; State; Zip Code 9055 AIRPORT RD CONROE, TX 77303	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PRAYER BREAKFAST/FOOD
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/08/2025	Candidate/Officeholder name Payee name SQUARE, INC.	Office sought Office held
Amount (\$) \$1.12	Payee address; City; State; Zip Code 1455 MARKET ST., STE 600 SAN FRANCISCO, CA 94103-1332	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD MERCHANT FEES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/10/2025	Candidate/Officeholder name Payee name SQUARE, INC.	Office sought Office held
Amount (\$) \$599.44	Payee address; City; State; Zip Code 1455 MARKET ST., STE 600 SAN FRANCISCO, CA 94103-1332	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD MERCHANT FEES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 20/80 Rpt: 23/215
2 FILER NAME Mack, Wayne		3 Filer ID
4 Date 10/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EAST MONTGOMERY REPUBLICAN WOMEN 6 Contributor address; City; State; Zip Code PO BOX 2292 NEW CANEY, TX 77357	7 Amount of Contribution (\$) \$75.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EICKENHORST, WILLIAM Contributor address; City; State; Zip Code 1011 OAKSHIRE LN CONROE, TX 77384	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EISSLER, CRAIG Contributor address; City; State; Zip Code 34 GLENTRACE CIR SPRING, TX 77382	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ELLISON, BILL Contributor address; City; State; Zip Code 2161 SUMMIT MIST DR CONROE, TX 77304	Amount of Contribution (\$) \$160.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ELLISON, WILLIAM Contributor address; City; State; Zip Code 2161 SUMMIT MIST DR CONROE, TX 77304	Amount of Contribution (\$) \$7,900.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 21/80 Rpt: 24/215
2 FILER NAME Mack, Wayne		3 Filer ID
4 Date 10/07/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EVANS, KARA <hr/> 6 Contributor address; City; State; Zip Code 20 KENSINGTON CT CONROE, TX 77304	7 Amount of Contribution (\$) <div style="text-align: right;">\$35.00</div>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EVERETT, SANDY <hr/> Contributor address; City; State; Zip Code 1163 OAK LN MONTGOMERY, TX 77316	Amount of Contribution (\$) <div style="text-align: right;">\$205.00</div>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FINLEY, DAVID <hr/> Contributor address; City; State; Zip Code 14491 LARAMIE TRAIL MONTGOMERY, TX 77316	Amount of Contribution (\$) <div style="text-align: right;">\$1,000.00</div>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FISHER, GAYLE <hr/> Contributor address; City; State; Zip Code 34 STARGAZER THE WOODLANDS, TX 77381	Amount of Contribution (\$) <div style="text-align: right;">\$50.00</div>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FISHER, GAYLE <hr/> Contributor address; City; State; Zip Code 34 STARGAZER PL THE WOODLANDS, TX 77381	Amount of Contribution (\$) <div style="text-align: right;">\$260.73</div>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 22/80 Rpt: 25/215
2 FILER NAME Mack, Wayne		3 Filer ID
4 Date 12/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FISHER, GAYLE 6 Contributor address; City; State; Zip Code 34 STARGAZER PL SPRING, TX 77381	7 Amount of Contribution (\$) \$260.73
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FOLEY, LIZ Contributor address; City; State; Zip Code 2495 SAWDUST RD 2314 THE WOODLANDS, TX 77380	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FORTNER, MICHAEL Contributor address; City; State; Zip Code 33 STOCKBRIDGE LANDING CT SPRING, TX 77382	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FORTNER, MICHAEL Contributor address; City; State; Zip Code 33 STOCKBRIDGE LANDING CT SPRING, TX 77382	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FRANK, STEPHEN Contributor address; City; State; Zip Code 11013 SHADOW VIEW DRIVE CONROE, TX 77304	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 23/80 Rpt: 26/215
2 FILER NAME Mack, Wayne		3 Filer ID
4 Date 12/16/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FRANKE, BRUCE 6 Contributor address; City; State; Zip Code PO BOX 557 WILLIS, TX 77378	7 Amount of Contribution (\$) \$521.15
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FRANKENFIELD, LAURIE Contributor address; City; State; Zip Code 2035 BROOKMONT DR CONROE, TX 77301	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FREEL, JANICE Contributor address; City; State; Zip Code 12324 NEW RIVER TRL CONROE, TX 77384	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FREEL, JANICE Contributor address; City; State; Zip Code 12324 NEW RIVER TRL CONROE, TX 77384	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FREYER, ROB Contributor address; City; State; Zip Code 170 HILLTOP LN. C, TX 77331	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 24/80 Rpt: 27/215
2 FILER NAME Mack, Wayne		3 Filer ID
4 Date 09/25/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GABLE, RYAN M. <hr/> 6 Contributor address; City; State; Zip Code PO BOX 130966 SPRING, TX 77393-0966	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GABRIELSE, MICHAEL <hr/> Contributor address; City; State; Zip Code 1960 HONEY LAUREL DR CONROE, TX 77304	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GALVAN, HENRY <hr/> Contributor address; City; State; Zip Code 1928 HONEY LAUREL DR CONROE, TX 77304	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GALVAN, PEGGY <hr/> Contributor address; City; State; Zip Code 1928 HONEY LAUREL DR CONROE, TX 77304	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GARCIA, JR <hr/> Contributor address; City; State; Zip Code 1751 OAK RIDGE RD WILLIS, TX 77378	Amount of Contribution (\$) \$104.48
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 25/80 Rpt: 28/215
2 FILER NAME Mack, Wayne		3 Filer ID
4 Date 10/07/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code GENTRY, JIM PO BOX 2177 CONROE, TX 77305	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GIBBONS, REGINA Contributor address; City; State; Zip Code 127 VERDANCIA PARK CT WILLIS, TX 77318	Amount of Contribution (\$) \$70.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GILMORE, LISA Contributor address; City; State; Zip Code 46 EDGEMIRE PLACE THE WOODLANDS, TX 77381	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GILMORE, LISA Contributor address; City; State; Zip Code 46 EDGEMIRE PL SPRING, TX 77381	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GONZALEZ, JOEL Contributor address; City; State; Zip Code 416 STEPHEN F AUSTIN DR CONROE, TX 77302	Amount of Contribution (\$) \$110.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 26/80 Rpt: 29/215
2 FILER NAME Mack, Wayne		3 Filer ID
4 Date 10/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GOULAIT, MARC 6 Contributor address; City; State; Zip Code 2431N MOUNT MARIAH RD MONTGMERY, TX 77356	7 Amount of Contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 07/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GREEN, DAVID Contributor address; City; State; Zip Code 2505 AMY LEE DR CONROE, TX 77304	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GREGORCYK, AMY Contributor address; City; State; Zip Code 380 STERNWAY COURT MONTGOMERY, TX 77316	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GREGORCYK, AMY Contributor address; City; State; Zip Code 380 STERNWAY COURT MONTGOMERY, TX 77316	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GREGORY, STEPHANIE KOSUT Contributor address; City; State; Zip Code 620 LONGMIRE RD CONROE, TX 77304	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 27/80 Rpt: 30/215
2 FILER NAME Mack, Wayne		3 Filer ID
4 Date 08/18/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GRIFFIN, B.D. 6 Contributor address; City; State; Zip Code 140 WADE POINTE DR. MONTGOMERY, TX 77316-1517	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GRIFFIN, JOHN Contributor address; City; State; Zip Code 23859 CORLEY RD RICHARDS, TX 77873-2447	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GROHS, BIRGITTA Contributor address; City; State; Zip Code 2931 WHITMAN DR MONTGOMERY, TX 77356	Amount of Contribution (\$) \$110.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GROHS, BIRGITTA Contributor address; City; State; Zip Code 2931 WHITMAN DR MONTGOMERY, TX 77356	Amount of Contribution (\$) \$104.48
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GUAJARDO, IRENE Contributor address; City; State; Zip Code 812 W DALLAS STE 90 CONROE, TX 77301	Amount of Contribution (\$) \$110.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 28/80 Rpt: 31/215
2 FILER NAME Mack, Wayne		3 Filer ID
4 Date 12/22/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GURLEY, CHRISTINE 6 Contributor address; City; State; Zip Code 49 FAIRFIELD DRIVE MONTGOMERY, TX 77356	7 Amount of Contribution (\$) \$104.48
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GUY, KATHIE Contributor address; City; State; Zip Code 14 PANORAMA DR CONROE, TX 77304	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HAARHOFF, MICAH Contributor address; City; State; Zip Code 12235 HWY 105 E CONROE, TX 77306	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HAARHOFF, MICAH Contributor address; City; State; Zip Code 13620 COLLIER PARK LN WILLIS, TX 77378	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HALITI, JOE Contributor address; City; State; Zip Code 1604 N FRAZIER CONROE, TX 77301	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 29/80 Rpt: 32/215
2 FILER NAME Mack, Wayne		3 Filer ID
4 Date 10/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HALITI, NICK <hr/> 6 Contributor address; City; State; Zip Code 1604 N FRAZIER CONROE, TX 77301	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HARD HATS ENTERPRISES, LLC <hr/> Contributor address; City; State; Zip Code PO BOX 682 CONROE, TX 77305	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HARD HATS ENTERPRISES, LLC <hr/> Contributor address; City; State; Zip Code PO BOX 682 CONROE, TX 77305	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HARRISON, BILL <hr/> Contributor address; City; State; Zip Code 502 W MONTGOMERY #146 WILLIS, TX 77378	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HARRISON, BILL <hr/> Contributor address; City; State; Zip Code 502 W MONTGOMERY #146 WILLIS, TX 77378	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 30/80 Rpt: 33/215
2 FILER NAME Mack, Wayne		3 Filer ID
4 Date 09/13/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HAWKINS, DEWAYNE 6 Contributor address; City; State; Zip Code 211 BROCKS LN MONTGOMERY, TX 77356	7 Amount of Contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HAYDEN, KENNETH Contributor address; City; State; Zip Code PO BOX 529 SPLENDORA, TX 77372	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HEATH, DAVID Contributor address; City; State; Zip Code 2400 ELLIS PARK LN CONROE, TX 77304	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HEDRICK, ASHTON Contributor address; City; State; Zip Code PO BOX 51 MAGNOLIA, TX 77355	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HEISER, CINDY Contributor address; City; State; Zip Code 87 OLMSTEAD ROW SPRING, TX 77380	Amount of Contribution (\$) \$110.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 31/80 Rpt: 34/215
2 FILER NAME Mack, Wayne		3 Filer ID
4 Date 09/04/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HESS, CONNELL	7 Amount of Contribution (\$) \$500.00
6 Contributor address; City; State; Zip Code 506 HONEA EGYPT RD 309 MAGNOLIA, TX 77354		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HESS, KIMBERLEY	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code 25610 MCDONALD RD THE WOODLANDS, TX 77380		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HINSON, CYNTHIA	Amount of Contribution (\$) \$208.65
Contributor address; City; State; Zip Code 1301 LAMESA DR CONROE, TX 77384		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOEGEMEYER, AUDRA	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 11061 SHADOW VIEW DR CONROE, TX 77304		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOEGEMEYER, KYLE	Amount of Contribution (\$) \$110.00
Contributor address; City; State; Zip Code 11061 SHADOW VIEW DR CONROE, TX 77304		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 32/80 Rpt: 35/215
2 FILER NAME Mack, Wayne		3 Filer ID
4 Date 08/04/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOFFMAN, KAREN 6 Contributor address; City; State; Zip Code 31 S DOWNY WILLOW CIR SPRING, TX 77382	7 Amount of Contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOFFMAN, KAREN Contributor address; City; State; Zip Code 31 S DOWNY WILLOW CIR SPRING, TX 77382	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOPE & HEALING FOR WARRIORS Contributor address; City; State; Zip Code 3097 N FM 1486 RD MONTGOMERY, TX 77356	Amount of Contribution (\$) \$90.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOSTETLER, JIM Contributor address; City; State; Zip Code 32 LAKE BLF MONTGOMERY, TX 77356	Amount of Contribution (\$) \$260.73
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HUDSON, ANGELINA Contributor address; City; State; Zip Code 9401 SOUTHWEST FWY 1234 HOUSTON, TX 77074	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 33/80 Rpt: 36/215
2 FILER NAME Mack, Wayne		3 Filer ID
4 Date 07/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HUDSON, KEITH <hr/> 6 Contributor address; City; State; Zip Code 3138 SOUTHMORE BLVD HOUSTON, TX 77004	7 Amount of Contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HUFFINE, JENNIFER <hr/> Contributor address; City; State; Zip Code 30427 TYNHAM SPRINGS DR SPRING, TX 77386	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HUFFINE, MICHAEL <hr/> Contributor address; City; State; Zip Code 30427 TYNHAM SPRINGS DR SPRING, TX 77386	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HUGHES, MARIA E. <hr/> Contributor address; City; State; Zip Code 27993 BAYS CEMETARY RD. RICHARDS, TX 77873	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HUNTER, SHERRY <hr/> Contributor address; City; State; Zip Code 9814 LYNNROSE SPRINGS DR TOMBALL, TX 77375	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 34/80 Rpt: 37/215
2 FILER NAME Mack, Wayne		3 Filer ID
4 Date 10/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HUNTER, SHERRY 6 Contributor address; City; State; Zip Code 9814 LYNNROSE SPRINGS DR TOMBALL, TX 77375	7 Amount of Contribution (\$) \$75.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 07/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HUTSON, ECHO Contributor address; City; State; Zip Code 3500 WOODS ESTATES DR CONROE, TX 77304	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) IKARD, ROBERT Contributor address; City; State; Zip Code 7091 KINGSTON COVE LANE WILLIS, TX 77318	Amount of Contribution (\$) \$110.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) IKARD, ROBERT Contributor address; City; State; Zip Code 7091 KINGSTON COVE LN WILLIS, TX 77318	Amount of Contribution (\$) \$1,041.98
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) IRHABI, IRHABI Contributor address; City; State; Zip Code 30 WILDFLOWER TRACE PL SPRING, TX 77382	Amount of Contribution (\$) \$104.48
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 35/80 Rpt: 38/215
2 FILER NAME Mack, Wayne		3 Filer ID
4 Date 12/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) J. CRAIG DOYAL CAMPAIGN 6 Contributor address; City; State; Zip Code PO BOX 718 CONROE, TX 77305	7 Amount of Contribution (\$) \$2,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JEBANANTHAN, SAMUEL Contributor address; City; State; Zip Code 3810 NORTHSORE DRIVE MONTGOMERY, TX 77356	Amount of Contribution (\$) \$104.48
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JEBANANTHAN, SAMUEL Contributor address; City; State; Zip Code 381 NORTHSORE DR MONTGOMERY, TX 77356	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOE'S PIZZA & PASTA Contributor address; City; State; Zip Code 1604 N FRAZIER ST CONROE, TX 77301	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOHNSON, KARL Contributor address; City; State; Zip Code 13496 JBK MEMORIAL WILLIS, TX 77318	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 36/80 Rpt: 39/215
2 FILER NAME Mack, Wayne		3 Filer ID
4 Date 09/25/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOHNSON, KARL <hr/> 6 Contributor address; City; State; Zip Code 13496 JBK MEMORIAL WILLIS, TX 77318	7 Amount of Contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOHNSON, KARL <hr/> Contributor address; City; State; Zip Code 13496 JBK MEMORIAL WILLIS, TX 77318	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOHNSON, KARL <hr/> Contributor address; City; State; Zip Code 13496 JBK MEMORIAL WILLIS, TX 77318	Amount of Contribution (\$) \$1,041.98
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JONES, CHAD <hr/> Contributor address; City; State; Zip Code 13242 RIDGEWATER WAY CONROE, TX 77302	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOSHUA, MASON <hr/> Contributor address; City; State; Zip Code 26864 MORGAN CEMETERY RD CLEVELAND, TX 77328	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 37/80 Rpt: 40/215
2 FILER NAME Mack, Wayne		3 Filer ID
4 Date 10/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JP1 EMPLOYEES 6 Contributor address; City; State; Zip Code 13057 OAK MANOR CT WILLIS, TX 77318	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JUAREZ, JUAN Contributor address; City; State; Zip Code 19810 BENT PINE DR HUMBLE, TX 77346	Amount of Contribution (\$) \$180.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JUNEAU, HOLLY Contributor address; City; State; Zip Code 23184 SMITH RD PORTER, TX 77365	Amount of Contribution (\$) \$104.48
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JUNEAU, HOLLY Contributor address; City; State; Zip Code 23184 SMITH RD PORTER, TX 77365	Amount of Contribution (\$) \$125.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JUNEAU, HOLLY Contributor address; City; State; Zip Code 23184 SMITH RD PORTER, TX 77365	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
Sch: 38/80 Rpt: 41/215

2 FILER NAME

Mack, Wayne

3 Filer ID

4 Date
10/09/2025

5 Full name of contributor ☐ out-of-state PAC (ID#: _____)

JURRIES, DEBBIE

6 Contributor address; City; State; Zip Code

117 S OCOTILLO RIDGE

MONTGOMERY, TX 77316

7 Amount of Contribution (\$)

\$15.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
10/09/2025

Full name of contributor ☐ out-of-state PAC (ID#: _____)

JUST MOUNT IT CUSTOM TAXIDERMY & WILDLIFE ART

Contributor address; City; State; Zip Code

12815 JOHNSON RD

CONROE, TX 77302

Amount of Contribution (\$)

\$150.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
07/30/2025

Full name of contributor ☐ out-of-state PAC (ID#: _____)

KASPRZAK, LINDSEY

Contributor address; City; State; Zip Code

27 GRAND REGENCY CIR

SPRING, TX 77382

Amount of Contribution (\$)

\$1,000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
10/09/2025

Full name of contributor ☐ out-of-state PAC (ID#: _____)

KASPRZAK, LINDSEY

Contributor address; City; State; Zip Code

27 GRAND REGENCY CIR

THE WOODLANDS, TX 77382

Amount of Contribution (\$)

\$300.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
10/09/2025

Full name of contributor ☐ out-of-state PAC (ID#: _____)

KASPRZAK, LINDSEY

Contributor address; City; State; Zip Code

27 GRAND REGENCY CIR

SPRING, TX 77382

Amount of Contribution (\$)

\$500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 39/80 Rpt: 42/215
2 FILER NAME Mack, Wayne		3 Filer ID
4 Date 07/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KATE, ANN <hr/> 6 Contributor address; City; State; Zip Code 585 EDGEWOOD DR. MONTGOMERY, TX 77356-8423	7 Amount of Contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KATEN, ANDREA <hr/> Contributor address; City; State; Zip Code 13764 BETHEL RD MONTGOMERY, TX 77356	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KEOUGH, MARK <hr/> Contributor address; City; State; Zip Code 26 WOODMERE PL THE WOODLANDS, TX 77381	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KOCIAN (THAT IV GIRL), KELLY <hr/> Contributor address; City; State; Zip Code 502 W MONTGOMERY ST 660 WILLIS, TX 77378	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KOWALSKI, JAMES <hr/> Contributor address; City; State; Zip Code 8009 SHADOW PARK DR CONROE, TX 77304	Amount of Contribution (\$) \$425.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 40/80 Rpt: 43/215
2 FILER NAME Mack, Wayne		3 Filer ID
4 Date 09/11/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAKE CONROE AREA REPUBLICAN WOMEN 6 Contributor address; City; State; Zip Code PO BOX 737 MONTGOMERY, TX 77356	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAMB, ADAM Contributor address; City; State; Zip Code 30 WINDWARD CT SPRING, TX 77381	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAMB, ADAM Contributor address; City; State; Zip Code 30 WINDWARD CT THE WOODLANDS, TX 77381	Amount of Contribution (\$) \$2,600.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LANE, ROBIN Contributor address; City; State; Zip Code 9379 DEER HAVEN CIR WILLIS, TX 77378	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LARSON, JIM Contributor address; City; State; Zip Code 22 LAKE ESTATES DR MONTGOMERY, TX 77356	Amount of Contribution (\$) \$1,041.98
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 41/80 Rpt: 44/215
2 FILER NAME Mack, Wayne		3 Filer ID
4 Date 09/05/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAURA MARBURGER P.C. 6 Contributor address; City; State; Zip Code 307 N. SAN JACINTO ST. CONROE, TX 77301-2845	7 Amount of Contribution (\$) \$110.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAWRENCE, STEVEN Contributor address; City; State; Zip Code 12 MEADOWFAIR CT SPRING, TX 77381	Amount of Contribution (\$) \$104.48
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LEACH, RON Contributor address; City; State; Zip Code 11243 BLUE GRASS WAY CONROE, TX 77304	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LEACH, RON Contributor address; City; State; Zip Code 11243 BLUE GRASS WAY CONROE, TX 77304	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LHC DEVELOPMENT, LLC Contributor address; City; State; Zip Code PO BOX 2046 WILLIS, TX 77378	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 42/80 Rpt: 45/215
2 FILER NAME Mack, Wayne		3 Filer ID
4 Date 10/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LIBERTY BELLES REPUBLICAN WOMEN 6 Contributor address; City; State; Zip Code PO BOX 1081 CONROE, TX 77305	7 Amount of Contribution (\$) \$175.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LINDLEY, GREGORY S Contributor address; City; State; Zip Code 6602 WESTVIEW DRIVE HOUSTON, TX 77055	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LINEBARGER GOGGAN BLAIR & SAMPSON, LLP Contributor address; City; State; Zip Code PO BOX 17428 AUSTIN, TX 78760	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LINZER, JO Contributor address; City; State; Zip Code 322 NORTH MAIN STREET CONROE, TX 77301	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LOCKEY, DORIS Contributor address; City; State; Zip Code 308 HARBOR CIRCLE MONTGOMERY, TX 77356	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 43/80 Rpt: 46/215
2 FILER NAME Mack, Wayne		3 Filer ID
4 Date 08/19/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LOCKEY, WALLACE <hr/> 6 Contributor address; City; State; Zip Code 308 HARBOR CIRCLE MONTGOMERY, TX 77356	7 Amount of Contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LONON, KAREN <hr/> Contributor address; City; State; Zip Code 848 EAGLE POINTE MONTGOMERY, TX 77316	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LOPEZ, NOELIA <hr/> Contributor address; City; State; Zip Code 11 ABBEY HUNTSVILLE, TX 77340	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LOUBELL & CO <hr/> Contributor address; City; State; Zip Code 11515 FM 1097 RD W WILLIS, TX 77318	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LOVE, JUDITH <hr/> Contributor address; City; State; Zip Code 155 SUNNYVALE MONTGOMERY, TX 77356	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
Sch: 44/80 Rpt: 47/215

2 FILER NAME
Mack, Wayne

3 Filer ID

4 Date
10/09/2025

5 Full name of contributor ☐ out-of-state PAC (ID#: _____)

LOWERY, JEFFRY

7 Amount of Contribution (\$) \$120.00

6 Contributor address; City; State; Zip Code

4923 LAGOS AZUL CT

SPRING, TX 77389

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
09/25/2025

Full name of contributor ☐ out-of-state PAC (ID#: _____)

LUCAS, MICHAEL

Amount of Contribution (\$) \$100.00

Contributor address; City; State; Zip Code

12502 MARINA LOOP

WILLIS, TX 77318

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
08/14/2025

Full name of contributor ☐ out-of-state PAC (ID#: _____)

LYLES, OMAR

Amount of Contribution (\$) \$55.00

Contributor address; City; State; Zip Code

620 W 42ND ST

46E

NEW YORK, NY 10036-2055

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
12/02/2025

Full name of contributor ☐ out-of-state PAC (ID#: _____)

MACK, MINDY

Amount of Contribution (\$) \$10.73

Contributor address; City; State; Zip Code

PO BOX 2234

CONROE, TX 77305

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
12/02/2025

Full name of contributor ☐ out-of-state PAC (ID#: _____)

MACK, MINDY

Amount of Contribution (\$) \$10.73

Contributor address; City; State; Zip Code

PO BOX 2234

CONROE, TX 77305

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 45/80 Rpt: 48/215
2 FILER NAME Mack, Wayne		3 Filer ID
4 Date 10/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MACK, MINDY 6 Contributor address; City; State; Zip Code PO BOX 2234 CONROE, TX 77305	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MACK, MINDY Contributor address; City; State; Zip Code PO BOX 2234 CONROE, TX 77305	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MACK, MINDY Contributor address; City; State; Zip Code PO BOX 2234 CONROE, TX 77305	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MACK, MINDY Contributor address; City; State; Zip Code PO BOX 2234 CONROE, TX 77305	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MACK, WAYNE Contributor address; City; State; Zip Code P.O. BOX 2234 CONROE, TX 77305	Amount of Contribution (\$) \$5.52
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 46/80 Rpt: 49/215
2 FILER NAME Mack, Wayne		3 Filer ID
4 Date 11/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MACK, WAYNE 6 Contributor address; City; State; Zip Code P.O. BOX 2234 CONROE, TX 77305	7 Amount of Contribution (\$) \$5.52
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MACK, WAYNE Contributor address; City; State; Zip Code PO BOX 2234 CONROE, TX 77305	Amount of Contribution (\$) \$5.52
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MACK, WAYNE Contributor address; City; State; Zip Code P.O. BOX 2234 CONROE, TX 77305	Amount of Contribution (\$) \$5.52
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARES, NORI Contributor address; City; State; Zip Code 15442 HICKORY RIDGE LOOP MONTGOMERY, TX 77316	Amount of Contribution (\$) \$180.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARMACK, M M Contributor address; City; State; Zip Code P O BOX 1290 MONTGOMERY, TX 77356	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 47/80 Rpt: 50/215
2 FILER NAME Mack, Wayne		3 Filer ID
4 Date 10/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARSH, DAVE <hr/> 6 Contributor address; City; State; Zip Code 27131 KINGS MARCH CT KINGWOOD, TX 77339	7 Amount of Contribution (\$) \$240.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 07/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARTELON BAKER, TERESA <hr/> Contributor address; City; State; Zip Code PO BOX 1074 MONTGOMERY, TX 77356	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARTELON-BAKER, TERESA <hr/> Contributor address; City; State; Zip Code 16925 FM 149 MONTGOMERY, TX 77356	Amount of Contribution (\$) \$2,604.48
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARTELON-BAKER, TERESA <hr/> Contributor address; City; State; Zip Code PO BOX 1074 MONTGOMERY, TX 77356	Amount of Contribution (\$) \$140.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MASDEN, BILLY <hr/> Contributor address; City; State; Zip Code P O BOX 77 MAGNOLIA, TX 77355	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 48/80 Rpt: 51/215
2 FILER NAME Mack, Wayne		3 Filer ID
4 Date 08/26/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MAY, NICOLE 6 Contributor address; City; State; Zip Code 167 W BRISTOL OAK CR THE WOODLANDS, TX 77382	7 Amount of Contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MAY, NICOLE Contributor address; City; State; Zip Code 167 W BRISTOL OAK CR THE WOODLANDS, TX 77382	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MCGEE, CHRISTINA Contributor address; City; State; Zip Code 1231 BOWEN LOOP CLEVELAND, TX 77328	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MCGEE, CHRISTINA Contributor address; City; State; Zip Code 1231 BOWEN LOOP CLEVELAND, TX 77328	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MCKINNON, GAIL Contributor address; City; State; Zip Code 297 CLUB ISLAND WAY #TX7 MONTGOMERY, TX 77356	Amount of Contribution (\$) \$450.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 49/80 Rpt: 52/215
2 FILER NAME Mack, Wayne		3 Filer ID
4 Date 09/11/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MCLANAHAN, MARY 6 Contributor address; City; State; Zip Code 128 APRIL WATERS DR N MONTGOMERY, TX 77356-5886	7 Amount of Contribution (\$) \$10,500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MCLELLAN, GLORIA Contributor address; City; State; Zip Code 14 APRIL VLG MONTGOMERY, TX 77356	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MEADOR, MIKE Contributor address; City; State; Zip Code 3511 FALCON WAY CONROE, TX 77304	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MENDIOLA, JOE Contributor address; City; State; Zip Code 9686 ADCOCK ACRES CONROE, TX 77303	Amount of Contribution (\$) \$2,790.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MENSIO, KEN Contributor address; City; State; Zip Code 50 SOUTH SUMMER CLOUD DRIVE SPRING, TX 77381	Amount of Contribution (\$) \$104.48
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 50/80 Rpt: 53/215
2 FILER NAME Mack, Wayne		3 Filer ID
4 Date 10/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MENSIO, MICK 6 Contributor address; City; State; Zip Code 7 CANDLENUT PL SPRING, TX 77381	7 Amount of Contribution (\$) \$40.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MERCADO, JOHN Contributor address; City; State; Zip Code 7926 ADCOCK ACRES DR CONROE, TX 77303	Amount of Contribution (\$) \$900.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) METCALF, MEGAN Contributor address; City; State; Zip Code 195 LAKE VIEW CIR MONTGOMERY, TX 77356	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MIKESKA, NANCY Contributor address; City; State; Zip Code 2252 WILLOW DR CONROE, TX 77304	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MILLENSON, BARRY Contributor address; City; State; Zip Code 7 LANGHAM CT SHENANDOAH, TX 77381-2995	Amount of Contribution (\$) \$1,041.98
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 51/80 Rpt: 54/215
2 FILER NAME Mack, Wayne		3 Filer ID
4 Date 12/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MILLER, JOE <hr/> 6 Contributor address; City; State; Zip Code 115 TOWERING PINES THE WOODLANDS, TX 77381	7 Amount of Contribution (\$) \$521.15
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MILLESON, GARY <hr/> Contributor address; City; State; Zip Code 117 S OCOTILLO RDG MONTGOMERY, TX 77316	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MILLESON, GARY <hr/> Contributor address; City; State; Zip Code 117 S OCOTILLO RDG MONTGOMERY, TX 77316	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MILLESON, JANET <hr/> Contributor address; City; State; Zip Code 411 SHERMAN ST CONROE, TX 77301	Amount of Contribution (\$) \$105.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MILSTEAD, AMY <hr/> Contributor address; City; State; Zip Code PO BOX 7859 SPRING, TX 77387	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 29/81 Rpt:		2 FILER NAME Mack, Wayne		3 Filer ID	
4 CREDIT CARD ISSUER		Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 2,736.91	
6 PAYMENT		(a) Amount Charged \$315.00	(b) Date of Charge 10/24/2025	(c) Date(s) Credit Card Issuer Paid 10/27/2025	
7 PAYEE		(a) Payee name MONTGOMERY COUNTY FOOD		(b) Payee address; City, State, Zip Code 1 FOOD FOR LIFE WAY CONROE, TX 77385	
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description DONATION TO MONTGOMERY CO. FOOD BANK	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT		(a) Amount Charged \$514.93	(b) Date of Charge 09/20/2025	(c) Date(s) Credit Card Issuer Paid 10/06/2025	
PAYEE		(a) Payee name MONTGOMERY COUNTY		(b) Payee address; City, State, Zip Code 1401 AIRPORT RD CONROE, TX 77301	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description EVENT SPONSORSHIP FOR MONTGOMERY CO. WOMENS CENTER	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT		(a) Amount Charged \$84.40	(b) Date of Charge 10/02/2025	(c) Date(s) Credit Card Issuer Paid 10/06/2025	
PAYEE		(a) Payee name OFFICE DEPOT		(b) Payee address; City, State, Zip Code 1319 W DAVIS ST CONROE, TX 77304	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description OFFICE SUPPLIES	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 30/81 Rpt:		2 FILER NAME Mack, Wayne		3 Filer ID	
4 CREDIT CARD ISSUER		Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 2,736.91	
6 PAYMENT		(a) Amount Charged \$236.83	(b) Date of Charge 10/07/2025	(c) Date(s) Credit Card Issuer Paid 10/19/2025	
7 PAYEE		(a) Payee name OFFICE DEPOT		(b) Payee address; City, State, Zip Code 1319 W DAVIS ST CONROE, TX 77304	
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description OFFICE SUPPLIES	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT		(a) Amount Charged \$242.33	(b) Date of Charge 12/11/2025	(c) Date(s) Credit Card Issuer Paid 12/19/2025	
PAYEE		(a) Payee name OFFICE DEPOT		(b) Payee address; City, State, Zip Code 1319 W DAVIS ST CONROE, TX 77304	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description OFFICE SUPPLIES	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT		(a) Amount Charged \$375.00	(b) Date of Charge 09/08/2025	(c) Date(s) Credit Card Issuer Paid 09/19/2025	
PAYEE		(a) Payee name ONE LOUD VOICE		(b) Payee address; City, State, Zip Code PO BOX 130156 SPRING, TX 77393	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description DONATION	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 31/81 Rpt:	2 FILER NAME Mack, Wayne		3 Filer ID
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 2,736.91
6 PAYMENT	(a) Amount Charged \$100.00	(b) Date of Charge 10/08/2025	(c) Date(s) Credit Card Issuer Paid 10/19/2025
7 PAYEE	(a) Payee name ONE LOUD VOICE		(b) Payee address; City, State, Zip Code PO BOX 130156 SPRING, TX 77393
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description DONATION
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$1,515.50	(b) Date of Charge 10/24/2025	(c) Date(s) Credit Card Issuer Paid 10/27/2025
PAYEE	(a) Payee name PLUNCK PRODUCTIONS		(b) Payee address; City, State, Zip Code 146 BLUEBELL WOODS WAY WILLIS, TX 77318
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Consulting Expense		(b) Description VIDEOGRAPHER
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$2,354.43	(b) Date of Charge 12/19/2025	(c) Date(s) Credit Card Issuer Paid 12/21/2025
PAYEE	(a) Payee name PLUNCK PRODUCTIONS		(b) Payee address; City, State, Zip Code 146 BLUEBELL WOODS WAY WILLIS, TX 77318
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Consulting Expense		(b) Description VIDEOGRAPHER
(c) <input type="checkbox"/> Check if travel outside of Texns. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 32/81 Rpt:		2 FILER NAME Mack, Wayne		3 Filer ID	
4 CREDIT CARD ISSUER		Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 2,736.91	
6 PAYMENT		(a) Amount Charged \$377.26	(b) Date of Charge 10/09/2025	(c) Date(s) Credit Card Issuer Paid 10/19/2025	
7 PAYEE		(a) Payee name RANCHO GRANDE		(b) Payee address; City, State, Zip Code 2207 N FRAZIER ST CONROE, TX 77303	
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description MEETING FOOD/BEVERAGES	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT		(a) Amount Charged \$49.53	(b) Date of Charge 11/09/2025	(c) Date(s) Credit Card Issuer Paid 11/16/2025	
PAYEE		(a) Payee name RANCHO GRANDE		(b) Payee address; City, State, Zip Code 2207 N FRAZIER ST CONROE, TX 77303	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description MEETING FOOD/BEVERAGES	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT		(a) Amount Charged \$114.00	(b) Date of Charge 08/28/2025	(c) Date(s) Credit Card Issuer Paid 09/01/2025	
PAYEE		(a) Payee name RECEPTION HQ		(b) Payee address; City, State, Zip Code 2600 N CENTRAL AVE UNIT 904 PHOENIX, AZ 85004	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description SUBSCRIPTION	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 33/81 Rpt:	2 FILER NAME Mack, Wayne		3 Filer ID
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 2,736.91
6 PAYMENT	(a) Amount Charged \$64.00	(b) Date of Charge 09/28/2025	(c) Date(s) Credit Card Issuer Paid 10/06/2025
7 PAYEE	(a) Payee name RECEPTION HQ		(b) Payee address; City, State, Zip Code 2600 N CENTRAL AVE UNIT 904 PHOENIX, AZ 85004
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description SUBSCRIPTION
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$64.00	(b) Date of Charge 10/28/2025	(c) Date(s) Credit Card Issuer Paid 10/27/2025
PAYEE	(a) Payee name RECEPTION HQ		(b) Payee address; City, State, Zip Code 2600 N CENTRAL AVE UNIT 904 PHOENIX, AZ 85004
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description SUBSCRIPTION
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$80.00	(b) Date of Charge 11/28/2025	(c) Date(s) Credit Card Issuer Paid 12/19/2025
PAYEE	(a) Payee name RECEPTION HQ		(b) Payee address; City, State, Zip Code 2600 N CENTRAL AVE UNIT 904 PHOENIX, AZ 85004
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description SUBSCRIPTION
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 34/81 Rpt:	2 FILER NAME Mack, Wayne		3 Filer ID
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 2,736.91
6 PAYMENT	(a) Amount Charged \$80.00	(b) Date of Charge 12/28/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name RECEPTION HQ		(b) Payee address; City, State, Zip Code 2600 N CENTRAL AVE UNIT 904 PHOENIX, AZ 85004
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description SUBSCRIPTION
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$185.88	(b) Date of Charge 08/04/2025	(c) Date(s) Credit Card Issuer Paid 08/27/2025
PAYEE	(a) Payee name SAM'S CLUB		(b) Payee address; City, State, Zip Code 2000 WESTVIEW BLVD CONROE, TX 77301
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description GOAL PROGRAM-FOOD
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$159.39	(b) Date of Charge 09/18/2025	(c) Date(s) Credit Card Issuer Paid 10/06/2025
PAYEE	(a) Payee name SAM'S CLUB		(b) Payee address; City, State, Zip Code 2000 WESTVIEW BLVD CONROE, TX 77301
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description GOAL PROGRAM-FOOD
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 35/81 Rpt:	2 FILER NAME Mack, Wayne		3 Filer ID
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 2,736.91
6 PAYMENT	(a) Amount Charged \$110.00	(b) Date of Charge 10/22/2025	(c) Date(s) Credit Card Issuer Paid 10/19/2025
7 PAYEE	(a) Payee name SAM'S CLUB		(b) Payee address; City, State, Zip Code 2000 WESTVIEW BLVD CONROE, TX 77301
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description GOAL PROGRAM-FOOD
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$238.37	(b) Date of Charge 12/15/2025	(c) Date(s) Credit Card Issuer Paid 12/19/2025
PAYEE	(a) Payee name SAM'S CLUB		(b) Payee address; City, State, Zip Code 2000 WESTVIEW BLVD CONROE, TX 77301
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description GOAL PROGRAM-FOOD
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$515.00	(b) Date of Charge 07/07/2025	(c) Date(s) Credit Card Issuer Paid 07/16/2025
PAYEE	(a) Payee name SOMEBODY CARES AMERICA		(b) Payee address; City, State, Zip Code 5005 W 34TH ST #101A HOUSTON, TX 77092
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description DONATION
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 36/81 Rpt:	2 FILER NAME Mack, Wayne		3 Filer ID
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 2,736.91
6 PAYMENT	(a) Amount Charged \$350.00	(b) Date of Charge 10/10/2025	(c) Date(s) Credit Card Issuer Paid 10/19/2025
7 PAYEE	(a) Payee name SOUTHWEST MONTGOMERY		(b) Payee address; City, State, Zip Code 18423 FM 1488 STE C MAGNOLIA, TX 77354
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description MEMBERSHIP-SW MONTGOMERY COUNTY CHAMBER
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$24.00	(b) Date of Charge 10/20/2025	(c) Date(s) Credit Card Issuer Paid 10/19/2025
PAYEE	(a) Payee name SOUTHWEST MONTGOMERY		(b) Payee address; City, State, Zip Code 18423 FM 1488 STE C MAGNOLIA, TX 77354
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description LUNCHEON TICKET-SW MONTGOMERY COUNTY CHAMBER
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$24.00	(b) Date of Charge 11/13/2025	(c) Date(s) Credit Card Issuer Paid 11/16/2025
PAYEE	(a) Payee name SOUTHWEST MONTGOMERY		(b) Payee address; City, State, Zip Code 18423 FM 1488 STE C MAGNOLIA, TX 77354
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description LUNCHEON TICKET-SW MONTGOMERY COUNTY CHAMBER
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 37/81 Rpt:	2 FILER NAME Mack, Wayne		3 Filer ID
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 2,736.91
6 PAYMENT	(a) Amount Charged \$24.00	(b) Date of Charge 12/03/2025	(c) Date(s) Credit Card Issuer Paid 12/19/2025
7 PAYEE	(a) Payee name SOUTHWEST MONTGOMERY		(b) Payee address; City, State, Zip Code 18423 FM 1488 STE C MAGNOLIA, TX 77354
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description LUNCHEON TICKET-SW MONTGOMERY COUNTY CHAMBER
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$1,039.48	(b) Date of Charge 09/01/2025	(c) Date(s) Credit Card Issuer Paid 09/19/2025
PAYEE	(a) Payee name THE MONTGOMERY COUNTY		(b) Payee address; City, State, Zip Code PO BOX 130388 THE WOODLANDS, TX 77393
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description DONATION
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$250.00	(b) Date of Charge 07/21/2025	(c) Date(s) Credit Card Issuer Paid 07/29/2025
PAYEE	(a) Payee name THE WOODLANDS CHAMBER		(b) Payee address; City, State, Zip Code 9320 LAKESIDE BLVD #200 THE WOODLANDS, TX 77381
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description MEMBERSHIP
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 38/81 Rpt:	2 FILER NAME Mack, Wayne		3 Filer ID
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 2,736.91
6 PAYMENT	(a) Amount Charged \$150.00	(b) Date of Charge 09/30/2025	(c) Date(s) Credit Card Issuer Paid 10/06/2025
7 PAYEE	(a) Payee name THE WOODLANDS CHAMBER		(b) Payee address; City, State, Zip Code 9320 LAKESIDE BLVD #200 THE WOODLANDS, TX 77381
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description MEMBERSHIP
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$199.00	(b) Date of Charge 10/20/2025	(c) Date(s) Credit Card Issuer Paid 10/19/2025
PAYEE	(a) Payee name THE WOODLANDS CHAMBER		(b) Payee address; City, State, Zip Code 9320 LAKESIDE BLVD #200 THE WOODLANDS, TX 77381
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description MEMBERSHIP
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$234.00	(b) Date of Charge 08/18/2025	(c) Date(s) Credit Card Issuer Paid 08/27/2025
PAYEE	(a) Payee name UNITED STATES POSTAL		(b) Payee address; City, State, Zip Code 809 W DALLAS ST CONROE, TX 77301
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description POSTAGE STAMPS
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 39/81 Rpt:	2 FILER NAME Mack, Wayne		3 Filer ID
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 2,736.91
6 PAYMENT	(a) Amount Charged \$10.45	(b) Date of Charge 11/21/2025	(c) Date(s) Credit Card Issuer Paid 11/25/2025
7 PAYEE	(a) Payee name UNITED STATES POSTAL		(b) Payee address; City, State, Zip Code 809 W DALLAS ST CONROE, TX 77301
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description POSTAGE STAMPS
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$359.24	(b) Date of Charge 08/29/2025	(c) Date(s) Credit Card Issuer Paid 09/01/2025
PAYEE	(a) Payee name WORDPRESS		(b) Payee address; City, State, Zip Code 60 29TH ST #343 SAN FRANCISCO, CA 94110
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description SUBSCRIPTION
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$3,639.91	(b) Date of Charge 12/03/2025	(c) Date(s) Credit Card Issuer Paid 12/19/2025
PAYEE	(a) Payee name XYZ SIGNS		(b) Payee address; City, State, Zip Code 1021 ALDINE BENDER RD. HOUSTON, TX 77032
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description CAMPAIGN SIGNS
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 40/81 Rpt:	2 FILER NAME Mack, Wayne		3 Filer ID
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 2,736.91
6 PAYMENT	(a) Amount Charged \$1,000.00	(b) Date of Charge 08/12/2025	(c) Date(s) Credit Card Issuer Paid 08/27/2025
7 PAYEE	(a) Payee name YES TO YOUTH		(b) Payee address; City, State, Zip Code 105 WEST LEWIS ST CONROE, TX 77301
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description DONATION
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$125.44	(b) Date of Charge 07/02/2025	(c) Date(s) Credit Card Issuer Paid 07/03/2025
PAYEE	(a) Payee name AMAZON		(b) Payee address; City, State, Zip Code PO BOX 81226 SEATTLE, WA 98108
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description EVENT SUPPLIES
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$233.88	(b) Date of Charge 07/02/2025	(c) Date(s) Credit Card Issuer Paid 07/03/2025
PAYEE	(a) Payee name AMAZON		(b) Payee address; City, State, Zip Code PO BOX 81226 SEATTLE, WA 98108
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description EVENT SUPPLIES
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 41/81 Rpt:		2 FILER NAME Mack, Wayne		3 Filer ID	
4 CREDIT CARD ISSUER		Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 2,736.91	
6 PAYMENT		(a) Amount Charged \$86.48	(b) Date of Charge 09/19/2025	(c) Date(s) Credit Card Issuer Paid 10/06/2025	
7 PAYEE		(a) Payee name AMAZON		(b) Payee address; City, State, Zip Code PO BOX 81226 SEATTLE, WA 98108	
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description EVENT SUPPLIES	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT		(a) Amount Charged \$169.87	(b) Date of Charge 09/19/2025	(c) Date(s) Credit Card Issuer Paid 10/06/2025	
PAYEE		(a) Payee name AMAZON		(b) Payee address; City, State, Zip Code PO BOX 81226 SEATTLE, WA 98108	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description EVENT SUPPLIES	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT		(a) Amount Charged \$227.10	(b) Date of Charge 09/22/2025	(c) Date(s) Credit Card Issuer Paid 10/06/2025	
PAYEE		(a) Payee name AMAZON		(b) Payee address; City, State, Zip Code PO BOX 81226 SEATTLE, WA 98108	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description EVENT SUPPLIES	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 42/81 Rpt:	2 FILER NAME Mack, Wayne		3 Filer ID
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 2,736.91
6 PAYMENT	(a) Amount Charged \$42.21	(b) Date of Charge 09/23/2025	(c) Date(s) Credit Card Issuer Paid 10/06/2025
7 PAYEE	(a) Payee name AMAZON		(b) Payee address; City, State, Zip Code PO BOX 81226 SEATTLE, WA 98108
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description EVENT SUPPLIES
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$64.94	(b) Date of Charge 10/03/2025	(c) Date(s) Credit Card Issuer Paid 10/06/2025
PAYEE	(a) Payee name AMAZON		(b) Payee address; City, State, Zip Code PO BOX 81226 SEATTLE, WA 98108
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description EVENT SUPPLIES
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$119.08	(b) Date of Charge 10/04/2025	(c) Date(s) Credit Card Issuer Paid 10/06/2025
PAYEE	(a) Payee name AMAZON		(b) Payee address; City, State, Zip Code PO BOX 81226 SEATTLE, WA 98108
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description EVENT SUPPLIES
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 43/81 Rpt:	2 FILER NAME Mack, Wayne		3 Filer ID
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 2,736.91
6 PAYMENT	(a) Amount Charged \$238.52	(b) Date of Charge 11/25/2025	(c) Date(s) Credit Card Issuer Paid 12/19/2025
7 PAYEE	(a) Payee name AMAZON		(b) Payee address; City, State, Zip Code PO BOX 81226 SEATTLE, WA 98108
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description EVENT SUPPLIES
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$14.51	(b) Date of Charge 11/30/2025	(c) Date(s) Credit Card Issuer Paid 12/19/2025
PAYEE	(a) Payee name AMAZON		(b) Payee address; City, State, Zip Code PO BOX 81226 SEATTLE, WA 98108
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description EVENT SUPPLIES
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$730.59	(b) Date of Charge 12/01/2025	(c) Date(s) Credit Card Issuer Paid 12/19/2025
PAYEE	(a) Payee name AMAZON		(b) Payee address; City, State, Zip Code PO BOX 81226 SEATTLE, WA 98108
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description EVENT SUPPLIES
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 44/81 Rpt:		2 FILER NAME Mack, Wayne		3 Filer ID	
4 CREDIT CARD ISSUER		Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 2,736.91	
6 PAYMENT		(a) Amount Charged \$1,576.16	(b) Date of Charge 07/01/2025	(c) Date(s) Credit Card Issuer Paid 07/16/2025	
7 PAYEE		(a) Payee name APRICITY FOUNDATION		(b) Payee address; City, State, Zip Code 2257 N LOOP 336 W STE 140 CONROE, TX 77304	
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description DONATION	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT		(a) Amount Charged \$30.00	(b) Date of Charge 07/01/2025	(c) Date(s) Credit Card Issuer Paid 07/16/2025	
PAYEE		(a) Payee name BX3 INTERACTIVE		(b) Payee address; City, State, Zip Code 17505 N 79TH AVE STE 208D GLENDALE, AZ 85308	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description WEBSITE SERVICES	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT		(a) Amount Charged \$30.00	(b) Date of Charge 08/01/2025	(c) Date(s) Credit Card Issuer Paid 08/27/2025	
PAYEE		(a) Payee name BX3 INTERACTIVE		(b) Payee address; City, State, Zip Code 17505 N 79TH AVE STE 208D GLENDALE, AZ 85308	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description WEBSITE SERVICES	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 45/81 Rpt:	2 FILER NAME Mack, Wayne		3 Filer ID
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 2,736.91
6 PAYMENT	(a) Amount Charged \$30.00	(b) Date of Charge 09/01/2025	(c) Date(s) Credit Card Issuer Paid 09/19/2025
7 PAYEE	(a) Payee name BX3 INTERACTIVE		(b) Payee address; City, State, Zip Code 17505 N 79TH AVE STE 208D GLENDALE, AZ 85308
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description WEBSITE SERVICES
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$30.00	(b) Date of Charge 10/01/2025	(c) Date(s) Credit Card Issuer Paid 10/06/2025
PAYEE	(a) Payee name BX3 INTERACTIVE		(b) Payee address; City, State, Zip Code 17505 N 79TH AVE STE 208D GLENDALE, AZ 85308
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description WEBSITE SERVICES
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$30.00	(b) Date of Charge 11/01/2025	(c) Date(s) Credit Card Issuer Paid 11/16/2025
PAYEE	(a) Payee name BX3 INTERACTIVE		(b) Payee address; City, State, Zip Code 17505 N 79TH AVE STE 208D GLENDALE, AZ 85308
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description WEBSITE SERVICES
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 46/81 Rpt:	2 FILER NAME Mack, Wayne		3 Filer ID
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 2,736.91
6 PAYMENT	(a) Amount Charged \$50.00	(b) Date of Charge 11/03/2025	(c) Date(s) Credit Card Issuer Paid 11/16/2025
7 PAYEE	(a) Payee name BX3 INTERACTIVE		(b) Payee address; City, State, Zip Code 17505 N 79TH AVE STE 208D GLENDALE, AZ 85308
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description WEBSITE SERVICES
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$30.00	(b) Date of Charge 12/01/2025	(c) Date(s) Credit Card Issuer Paid 12/19/2025
PAYEE	(a) Payee name BX3 INTERACTIVE		(b) Payee address; City, State, Zip Code 17505 N 79TH AVE STE 208D GLENDALE, AZ 85308
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description WEBSITE SERVICES
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$3,600.00	(b) Date of Charge 12/01/2025	(c) Date(s) Credit Card Issuer Paid 12/19/2025
PAYEE	(a) Payee name BX3 INTERACTIVE		(b) Payee address; City, State, Zip Code 17505 N 79TH AVE STE 208D GLENDALE, AZ 85308
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description WEBSITE SERVICES
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 47/81 Rpt:	2 FILER NAME Mack, Wayne		3 Filer ID
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 2,736.91
6 PAYMENT	(a) Amount Charged \$1,000.00	(b) Date of Charge 08/26/2025	(c) Date(s) Credit Card Issuer Paid 09/01/2025
7 PAYEE	(a) Payee name CASSIDY JOINED FOR HOPE		(b) Payee address; City, State, Zip Code 7 SWITCHBUD PL STE 192-526 THE WOODLANDS, TX 77380
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description DONATION
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$649.49	(b) Date of Charge 07/25/2025	(c) Date(s) Credit Card Issuer Paid 07/29/2025
PAYEE	(a) Payee name CC PLUS		(b) Payee address; City, State, Zip Code 4205 W DAVIS ST CONROE, TX 77304
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description EVENT SUPPLIES
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$2,669.36	(b) Date of Charge 07/02/2025	(c) Date(s) Credit Card Issuer Paid 07/03/2025
PAYEE	(a) Payee name COLOR TECH DIRECT		(b) Payee address; City, State, Zip Code 809 CABLE ST CONROE, TX 77301
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description PRINTING
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 48/81 Rpt:	2 FILER NAME Mack, Wayne		3 Filer ID
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 2,736.91
6 PAYMENT	(a) Amount Charged \$456.90	(b) Date of Charge 12/12/2025	(c) Date(s) Credit Card Issuer Paid 12/19/2025
7 PAYEE	(a) Payee name COLOR TECH DIRECT		(b) Payee address; City, State, Zip Code 809 CABLE ST CONROE, TX 77301
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description PRINTING
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$61.00	(b) Date of Charge 07/02/2025	(c) Date(s) Credit Card Issuer Paid 07/03/2025
PAYEE	(a) Payee name CONROE NOON LIONS CLUB		(b) Payee address; City, State, Zip Code 1712 WILSON RD CONROE, TX 77301
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description CLUB DUES
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$61.00	(b) Date of Charge 07/25/2025	(c) Date(s) Credit Card Issuer Paid 07/29/2025
PAYEE	(a) Payee name CONROE NOON LIONS CLUB		(b) Payee address; City, State, Zip Code 1712 WILSON RD CONROE, TX 77301
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description CLUB DUES
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 49/81 Rpt:		2 FILER NAME Mack, Wayne		3 Filer ID	
4 CREDIT CARD ISSUER		Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 2,736.91	
6 PAYMENT		(a) Amount Charged \$61.00	(b) Date of Charge 08/25/2025	(c) Date(s) Credit Card Issuer Paid 09/01/2025	
7 PAYEE		(a) Payee name CONROE NOON LIONS CLUB		(b) Payee address; City, State, Zip Code 1712 WILSON RD CONROE, TX 77301	
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description CLUB DUES	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT		(a) Amount Charged \$22.00	(b) Date of Charge 08/28/2025	(c) Date(s) Credit Card Issuer Paid 09/01/2025	
PAYEE		(a) Payee name CONROE NOON LIONS CLUB		(b) Payee address; City, State, Zip Code 1712 WILSON RD CONROE, TX 77301	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description CLUB DUES	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT		(a) Amount Charged \$61.00	(b) Date of Charge 09/25/2025	(c) Date(s) Credit Card Issuer Paid 10/06/2025	
PAYEE		(a) Payee name CONROE NOON LIONS CLUB		(b) Payee address; City, State, Zip Code 1712 WILSON RD CONROE, TX 77301	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description CLUB DUES	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 50/81 Rpt:		2 FILER NAME Mack, Wayne		3 Filer ID	
4 CREDIT CARD ISSUER		Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 2,736.91	
6 PAYMENT		(a) Amount Charged \$1,500.00	(b) Date of Charge 09/28/2025	(c) Date(s) Credit Card Issuer Paid 10/06/2025	
7 PAYEE		(a) Payee name CONROE NOON LIONS CLUB		(b) Payee address; City, State, Zip Code 1712 WILSON RD CONROE, TX 77301	
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description DONATION	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT		(a) Amount Charged \$61.00	(b) Date of Charge 10/25/2025	(c) Date(s) Credit Card Issuer Paid 10/27/2025	
PAYEE		(a) Payee name CONROE NOON LIONS CLUB		(b) Payee address; City, State, Zip Code 1712 WILSON RD CONROE, TX 77301	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description CLUB DUES	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT		(a) Amount Charged \$61.00	(b) Date of Charge 11/25/2025	(c) Date(s) Credit Card Issuer Paid 12/19/2025	
PAYEE		(a) Payee name CONROE NOON LIONS CLUB		(b) Payee address; City, State, Zip Code 1712 WILSON RD CONROE, TX 77301	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description CLUB DUES	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 51/81 Rpt:	2 FILER NAME Mack, Wayne		3 Filer ID
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 2,736.91
6 PAYMENT	(a) Amount Charged \$225.00	(b) Date of Charge 12/04/2025	(c) Date(s) Credit Card Issuer Paid 12/19/2025
7 PAYEE	(a) Payee name CONROE NOON LIONS CLUB		(b) Payee address; City, State, Zip Code 1712 WILSON RD CONROE, TX 77301
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description DONATION
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$61.00	(b) Date of Charge 12/25/2025	(c) Date(s) Credit Card Issuer Paid 12/29/2025
PAYEE	(a) Payee name CONROE NOON LIONS CLUB		(b) Payee address; City, State, Zip Code 1712 WILSON RD CONROE, TX 77301
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description CLUB DUES
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$79.74	(b) Date of Charge 07/02/2025	(c) Date(s) Credit Card Issuer Paid 07/03/2025
PAYEE	(a) Payee name CONSTANT CONTACT		(b) Payee address; City, State, Zip Code 3675 PRECISION DR LOVELAND, CO 80538
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description CAMPAIGN EMAIL PROGRAM
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 52/81 Rpt:		2 FILER NAME Mack, Wayne		3 Filer ID	
4 CREDIT CARD ISSUER		Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 2,736.91	
6 PAYMENT		(a) Amount Charged \$79.74	(b) Date of Charge 07/26/2025	(c) Date(s) Credit Card Issuer Paid 07/29/2025	
7 PAYEE		(a) Payee name CONSTANT CONTACT		(b) Payee address; City, State, Zip Code 3675 PRECISION DR LOVELAND, CO 80538	
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description CAMPAIGN EMAIL PROGRAM	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT		(a) Amount Charged \$79.74	(b) Date of Charge 08/26/2025	(c) Date(s) Credit Card Issuer Paid 09/01/2025	
PAYEE		(a) Payee name CONSTANT CONTACT		(b) Payee address; City, State, Zip Code 3675 PRECISION DR LOVELAND, CO 80538	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description CAMPAIGN EMAIL PROGRAM	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT		(a) Amount Charged \$79.74	(b) Date of Charge 09/26/2025	(c) Date(s) Credit Card Issuer Paid 10/06/2025	
PAYEE		(a) Payee name CONSTANT CONTACT		(b) Payee address; City, State, Zip Code 3675 PRECISION DR LOVELAND, CO 80538	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description CAMPAIGN EMAIL PROGRAM	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 53/81 Rpt:	2 FILER NAME Mack, Wayne		3 Filer ID
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 2,736.91
6 PAYMENT	(a) Amount Charged \$97.01	(b) Date of Charge 10/26/2025	(c) Date(s) Credit Card Issuer Paid 10/27/2025
7 PAYEE	(a) Payee name CONSTANT CONTACT		(b) Payee address; City, State, Zip Code 3675 PRECISION DR LOVELAND, CO 80538
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description CAMPAIGN EMAIL PROGRAM
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$853.73	(b) Date of Charge 10/31/2025	(c) Date(s) Credit Card Issuer Paid 11/16/2025
PAYEE	(a) Payee name CONSTANT CONTACT		(b) Payee address; City, State, Zip Code 3675 PRECISION DR LOVELAND, CO 80538
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description CAMPAIGN EMAIL PROGRAM
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$97.01	(b) Date of Charge 11/26/2025	(c) Date(s) Credit Card Issuer Paid 12/19/2025
PAYEE	(a) Payee name CONSTANT CONTACT		(b) Payee address; City, State, Zip Code 3675 PRECISION DR LOVELAND, CO 80538
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description CAMPAIGN EMAIL PROGRAM
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 54/81 Rpt:		2 FILER NAME Mack, Wayne		3 Filer ID	
4 CREDIT CARD ISSUER		Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 2,736.91	
6 PAYMENT		(a) Amount Charged \$97.01	(b) Date of Charge 12/26/2025	(c) Date(s) Credit Card Issuer Paid 12/29/2025	
7 PAYEE		(a) Payee name CONSTANT CONTACT		(b) Payee address; City, State, Zip Code 3675 PRECISION DR LOVELAND, CO 80538	
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description CAMPAIGN EMAIL PROGRAM	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT		(a) Amount Charged \$275.28	(b) Date of Charge 12/13/2025	(c) Date(s) Credit Card Issuer Paid 12/19/2025	
PAYEE		(a) Payee name EL BOSQUE		(b) Payee address; City, State, Zip Code 821 EVA ST MONTGOMERY, TX 77316	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description MEETING FOOD/BEVERAGES	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT		(a) Amount Charged \$500.00	(b) Date of Charge 11/28/2025	(c) Date(s) Credit Card Issuer Paid 12/19/2025	
PAYEE		(a) Payee name ENGLE, SCOTT J.		(b) Payee address; City, State, Zip Code 17276 LINDA LN. CONROE, TX 77306-8346	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Consulting Expense		(b) Description VIDEOGRAPHER	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 55/81 Rpt:		2 FILER NAME Mack, Wayne		3 Filer ID	
4 CREDIT CARD ISSUER		Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 2,736.91	
6 PAYMENT		(a) Amount Charged \$500.00	(b) Date of Charge 12/15/2025	(c) Date(s) Credit Card Issuer Paid 12/19/2025	
7 PAYEE		(a) Payee name ENGLE, SCOTT J.		(b) Payee address; City, State, Zip Code 17276 LINDA LN. CONROE, TX 77306-8346	
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Consulting Expense		(b) Description VIDEOGRAPHER	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT		(a) Amount Charged \$268.61	(b) Date of Charge 10/04/2025	(c) Date(s) Credit Card Issuer Paid 10/06/2025	
PAYEE		(a) Payee name EVENTBRITE		(b) Payee address; City, State, Zip Code 155 5TH ST 7 SAN FRANCISCO, TX 94103-2919	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description EVENT TICKETS	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT		(a) Amount Charged \$150.00	(b) Date of Charge 11/10/2025	(c) Date(s) Credit Card Issuer Paid 11/16/2025	
PAYEE		(a) Payee name EVENTBRITE		(b) Payee address; City, State, Zip Code 155 5TH ST 7 SAN FRANCISCO, TX 94103-2919	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description EVENT TICKETS	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 56/81 Rpt:		2 FILER NAME Mack, Wayne		3 Filer ID	
4 CREDIT CARD ISSUER		Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 2,736.91	
6 PAYMENT		(a) Amount Charged \$3,053.45	(b) Date of Charge 12/05/2025	(c) Date(s) Credit Card Issuer Paid 12/19/2025	
7 PAYEE		(a) Payee name EVENTSPUS		(b) Payee address; City, State, Zip Code 8809 FAWN TRAIL CONROE, TX 77385	
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description EVENT SUPPLIES	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT		(a) Amount Charged \$200.00	(b) Date of Charge 08/01/2025	(c) Date(s) Credit Card Issuer Paid 08/27/2025	
PAYEE		(a) Payee name FACEBOOK		(b) Payee address; City, State, Zip Code 1601 WILLOW RD BLDG 10 MENLO PARK, CA 94025	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description ONLINE ADVERTISING	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT		(a) Amount Charged \$80.78	(b) Date of Charge 08/31/2025	(c) Date(s) Credit Card Issuer Paid 09/19/2025	
PAYEE		(a) Payee name FACEBOOK		(b) Payee address; City, State, Zip Code 1601 WILLOW RD BLDG 10 MENLO PARK, CA 94025	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description ONLINE ADVERTISING	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 57/81 Rpt:		2 FILER NAME Mack, Wayne		3 Filer ID	
4 CREDIT CARD ISSUER		Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 2,736.91	
6 PAYMENT		(a) Amount Charged \$305.43	(b) Date of Charge 09/30/2025	(c) Date(s) Credit Card Issuer Paid 10/06/2025	
7 PAYEE		(a) Payee name FACEBOOK		(b) Payee address; City, State, Zip Code 1601 WILLOW RD BLDG 10 MENLO PARK, CA 94025	
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description ONLINE ADVERTISING	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT		(a) Amount Charged \$163.73	(b) Date of Charge 10/31/2025	(c) Date(s) Credit Card Issuer Paid 10/27/2025	
PAYEE		(a) Payee name FACEBOOK		(b) Payee address; City, State, Zip Code 1601 WILLOW RD BLDG 10 MENLO PARK, CA 94025	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description ONLINE ADVERTISING	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT		(a) Amount Charged \$13.04	(b) Date of Charge 11/30/2025	(c) Date(s) Credit Card Issuer Paid 12/19/2025	
PAYEE		(a) Payee name FACEBOOK		(b) Payee address; City, State, Zip Code 1601 WILLOW RD BLDG 10 MENLO PARK, CA 94025	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description ONLINE ADVERTISING	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 58/81 Rpt:		2 FILER NAME Mack, Wayne		3 Filer ID	
4 CREDIT CARD ISSUER		Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 2,736.91	
6 PAYMENT		(a) Amount Charged \$750.00	(b) Date of Charge 12/27/2025	(c) Date(s) Credit Card Issuer Paid 12/29/2025	
7 PAYEE		(a) Payee name FACEBOOK		(b) Payee address; City, State, Zip Code 1601 WILLOW RD BLDG 10 MENLO PARK, CA 94025	
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description ONLINE ADVERTISING	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT		(a) Amount Charged \$82.82	(b) Date of Charge 12/31/2025	(c) Date(s) Credit Card Issuer Paid	
PAYEE		(a) Payee name FACEBOOK		(b) Payee address; City, State, Zip Code 1601 WILLOW RD BLDG 10 MENLO PARK, CA 94025	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description ONLINE ADVERTISING	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT		(a) Amount Charged \$300.00	(b) Date of Charge 10/23/2025	(c) Date(s) Credit Card Issuer Paid 10/27/2025	
PAYEE		(a) Payee name GREATER EAST		(b) Payee address; City, State, Zip Code 21575 US-59 #10 NEW CANEY, TX 77357	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description MEMBERSHIP-GREATER EAST MONTGOMERY CO. CHAMBER	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 59/81 Rpt:		2 FILER NAME Mack, Wayne		3 Filer ID	
4 CREDIT CARD ISSUER		Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 2,736.91	
6 PAYMENT		(a) Amount Charged \$100.00	(b) Date of Charge 10/23/2025	(c) Date(s) Credit Card Issuer Paid 10/27/2025	
7 PAYEE		(a) Payee name GREATER EAST		(b) Payee address; City, State, Zip Code 21575 US-59 #10 NEW CANEY, TX 77357	
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description MEMBERSHIP-GREATER EAST MONTGOMERY CO. CHAMBER	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT		(a) Amount Charged \$239.41	(b) Date of Charge 10/16/2025	(c) Date(s) Credit Card Issuer Paid 10/19/2025	
PAYEE		(a) Payee name HEB		(b) Payee address; City, State, Zip Code 3875 W DAVIS ST CONROE, TX 77304	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense		(b) Description STAFF APPRECIATION GIFTS	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT		(a) Amount Charged \$67.98	(b) Date of Charge 12/12/2025	(c) Date(s) Credit Card Issuer Paid 12/19/2025	
PAYEE		(a) Payee name HEB		(b) Payee address; City, State, Zip Code 3875 W DAVIS ST CONROE, TX 77304	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description EVENT SUPPLIES	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 60/81 Rpt:	2 FILER NAME Mack, Wayne		3 Filer ID
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 2,736.91
6 PAYMENT	(a) Amount Charged \$332.22	(b) Date of Charge 10/09/2025	(c) Date(s) Credit Card Issuer Paid 10/19/2025
7 PAYEE	(a) Payee name HYATT REGENCY CONROE		(b) Payee address; City, State, Zip Code 1001 GRAND CENTRAL PKWY CONROE, TX 77304
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description EVENT SPEAKER HOTEL
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$5.00	(b) Date of Charge 10/09/2025	(c) Date(s) Credit Card Issuer Paid 10/19/2025
PAYEE	(a) Payee name HYATT REGENCY CONROE		(b) Payee address; City, State, Zip Code 1001 GRAND CENTRAL PKWY CONROE, TX 77304
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description PARKING
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$1,000.00	(b) Date of Charge 09/16/2025	(c) Date(s) Credit Card Issuer Paid 09/19/2025
PAYEE	(a) Payee name INSPIRATION RANCH		(b) Payee address; City, State, Zip Code 33029 WRIGHT RD MAGNOLIA, TX 77355
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description DONATION
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 61/81 Rpt:		2 FILER NAME Mack, Wayne		3 Filer ID	
4 CREDIT CARD ISSUER		Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 2,736.91	
6 PAYMENT		(a) Amount Charged \$178.00	(b) Date of Charge 07/02/2025	(c) Date(s) Credit Card Issuer Paid 07/03/2025	
7 PAYEE		(a) Payee name ISTORAGE		(b) Payee address; City, State, Zip Code 4300 W DAVIS ST CONROE, TX 77304	
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description CAMPAIGN STORAGE	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT		(a) Amount Charged \$178.00	(b) Date of Charge 07/27/2025	(c) Date(s) Credit Card Issuer Paid 08/27/2025	
PAYEE		(a) Payee name ISTORAGE		(b) Payee address; City, State, Zip Code 4300 W DAVIS ST CONROE, TX 77304	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description CAMPAIGN STORAGE	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT		(a) Amount Charged \$178.00	(b) Date of Charge 08/27/2025	(c) Date(s) Credit Card Issuer Paid 09/01/2025	
PAYEE		(a) Payee name ISTORAGE		(b) Payee address; City, State, Zip Code 4300 W DAVIS ST CONROE, TX 77304	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description CAMPAIGN STORAGE	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 62/81 Rpt:		2 FILER NAME Mack, Wayne		3 Filer ID	
4 CREDIT CARD ISSUER		Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 2,736.91	
6 PAYMENT		(a) Amount Charged \$178.00	(b) Date of Charge 09/27/2025	(c) Date(s) Credit Card Issuer Paid 10/06/2025	
7 PAYEE		(a) Payee name ISTORAGE		(b) Payee address; City, State, Zip Code 4300 W DAVIS ST CONROE, TX 77304	
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description CAMPAIGN STORAGE	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT		(a) Amount Charged \$178.00	(b) Date of Charge 10/26/2025	(c) Date(s) Credit Card Issuer Paid 10/27/2025	
PAYEE		(a) Payee name ISTORAGE		(b) Payee address; City, State, Zip Code 4300 W DAVIS ST CONROE, TX 77304	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description CAMPAIGN STORAGE	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT		(a) Amount Charged \$178.00	(b) Date of Charge 11/27/2025	(c) Date(s) Credit Card Issuer Paid 12/19/2025	
PAYEE		(a) Payee name ISTORAGE		(b) Payee address; City, State, Zip Code 4300 W DAVIS ST CONROE, TX 77304	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description CAMPAIGN STORAGE	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 63/81 Rpt:	2 FILER NAME Mack, Wayne		3 Filer ID
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 2,736.91
6 PAYMENT	(a) Amount Charged \$178.00	(b) Date of Charge 12/27/2025	(c) Date(s) Credit Card Issuer Paid 12/29/2025
7 PAYEE	(a) Payee name ISTORAGE		(b) Payee address; City, State, Zip Code 4300 W DAVIS ST CONROE, TX 77304
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description CAMPAIGN STORAGE
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$81.17	(b) Date of Charge 08/27/2025	(c) Date(s) Credit Card Issuer Paid 09/01/2025
PAYEE	(a) Payee name JC PENNEY		(b) Payee address; City, State, Zip Code 3165 INTERSTATE 45 N CONROE, TX 77304
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description CAMPAIGN SHIRTS
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$162.35	(b) Date of Charge 08/30/2025	(c) Date(s) Credit Card Issuer Paid 09/19/2025
PAYEE	(a) Payee name JC PENNEY		(b) Payee address; City, State, Zip Code 3165 INTERSTATE 45 N CONROE, TX 77304
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description CAMPAIGN SHIRTS
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 64/81 Rpt:		2 FILER NAME Mack, Wayne		3 Filer ID	
4 CREDIT CARD ISSUER		Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 2,736.91	
6 PAYMENT		(a) Amount Charged \$288.66	(b) Date of Charge 09/24/2025	(c) Date(s) Credit Card Issuer Paid 10/06/2025	
7 PAYEE		(a) Payee name KUNTRY KATFISH		(b) Payee address; City, State, Zip Code 5901 W DAVIS ST CONROE, TX 77304	
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description MEETING FOOD/BEVERAGES	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT		(a) Amount Charged \$168.75	(b) Date of Charge 09/29/2025	(c) Date(s) Credit Card Issuer Paid 10/06/2025	
PAYEE		(a) Payee name KUNTRY KATFISH		(b) Payee address; City, State, Zip Code 5901 W DAVIS ST CONROE, TX 77304	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description MEETING FOOD/BEVERAGES	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT		(a) Amount Charged \$504.00	(b) Date of Charge 11/21/2025	(c) Date(s) Credit Card Issuer Paid 11/25/2025	
PAYEE		(a) Payee name LAKE CONROE REPUBLICAN		(b) Payee address; City, State, Zip Code 514 PARADISE LN MONTGOMERY, TX 77356	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description EVENT SPONSORSHIP-LAKE CONROE REPUBLICAN WOMEN	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 65/81 Rpt:	2 FILER NAME Mack, Wayne		3 Filer ID
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 2,736.91
6 PAYMENT	(a) Amount Charged \$100.00	(b) Date of Charge 07/17/2025	(c) Date(s) Credit Card Issuer Paid 07/20/2025
7 PAYEE	(a) Payee name LEADERSHIP MONTGOMERY		(b) Payee address; City, State, Zip Code 2001 TIMBERLOCH PL STE 500 THE WOODLANDS, TX 77380
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description EVENT SPONSORSHIP
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$510.65	(b) Date of Charge 07/17/2025	(c) Date(s) Credit Card Issuer Paid 07/20/2025
PAYEE	(a) Payee name LEADERSHIP MONTGOMERY		(b) Payee address; City, State, Zip Code 2001 TIMBERLOCH PL STE 500 THE WOODLANDS, TX 77380
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description EVENT SPONSORSHIP
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$500.00	(b) Date of Charge 09/28/2025	(c) Date(s) Credit Card Issuer Paid 10/06/2025
PAYEE	(a) Payee name LOVE HEALS YOUTH		(b) Payee address; City, State, Zip Code 212 CONROE DR CONROE, TX 77301
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description DONATION
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 66/81 Rpt:		2 FILER NAME Mack, Wayne		3 Filer ID	
4 CREDIT CARD ISSUER		Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 2,736.91	
6 PAYMENT		(a) Amount Charged \$455.61	(b) Date of Charge 11/26/2025	(c) Date(s) Credit Card Issuer Paid 12/19/2025	
7 PAYEE		(a) Payee name LOVE HEALS YOUTH		(b) Payee address; City, State, Zip Code 212 CONROE DR CONROE, TX 77301	
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description DONATION	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT		(a) Amount Charged \$1,695.50	(b) Date of Charge 12/31/2025	(c) Date(s) Credit Card Issuer Paid	
PAYEE		(a) Payee name MCCOY'S BUILDING SUPPLY		(b) Payee address; City, State, Zip Code 20341 EVA ST MONTGOMERY, TX 77356	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description SIGN SUPPLIES	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT		(a) Amount Charged \$309.27	(b) Date of Charge 10/16/2025	(c) Date(s) Credit Card Issuer Paid 10/19/2025	
PAYEE		(a) Payee name MEALS ON WHEELS		(b) Payee address; City, State, Zip Code 111 S 2ND ST CONROE, TX 77301	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description DONATION	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 67/81 Rpt:		2 FILER NAME Mack, Wayne		3 Filer ID	
4 CREDIT CARD ISSUER		Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 2,736.91	
6 PAYMENT		(a) Amount Charged \$154.79	(b) Date of Charge 10/18/2025	(c) Date(s) Credit Card Issuer Paid 10/19/2025	
7 PAYEE		(a) Payee name MEALS ON WHEELS		(b) Payee address; City, State, Zip Code 111 S 2ND ST CONROE, TX 77301	
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description DONATION	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT		(a) Amount Charged \$771.28	(b) Date of Charge 10/16/2025	(c) Date(s) Credit Card Issuer Paid 10/19/2025	
PAYEE		(a) Payee name MELONHEAD PHOTOGRAPHY		(b) Payee address; City, State, Zip Code 608 METCALF ST CONROE, TX 77301	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Consulting Expense		(b) Description PHOTOGRAPHY	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT		(a) Amount Charged \$900.00	(b) Date of Charge 08/25/2025	(c) Date(s) Credit Card Issuer Paid 09/01/2025	
PAYEE		(a) Payee name MEYERS MEDIA		(b) Payee address; City, State, Zip Code 2245 S SABINO DR UNIT 101 GILBERT, AZ 85295	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Consulting Expense		(b) Description MEDIA PRODUCTION	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 68/81 Rpt:		2 FILER NAME Mack, Wayne		3 Filer ID	
4 CREDIT CARD ISSUER		Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 2,736.91	
6 PAYMENT		(a) Amount Charged \$2,667.70	(b) Date of Charge 11/01/2025	(c) Date(s) Credit Card Issuer Paid 11/16/2025	
7 PAYEE		(a) Payee name MIGHTY OAKS FOUNDATION		(b) Payee address; City, State, Zip Code 478 MCCAULEY RD MONTGOMERY, TX 77316	
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description DONATION	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT		(a) Amount Charged \$315.00	(b) Date of Charge 10/24/2025	(c) Date(s) Credit Card Issuer Paid 10/27/2025	
PAYEE		(a) Payee name MONTGOMERY COUNTY FOOD		(b) Payee address; City, State, Zip Code 1 FOOD FOR LIFE WAY CONROE, TX 77385	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description DONATION TO MONTGOMERY CO. FOOD BANK	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT		(a) Amount Charged \$514.93	(b) Date of Charge 09/20/2025	(c) Date(s) Credit Card Issuer Paid 10/06/2025	
PAYEE		(a) Payee name MONTGOMERY COUNTY		(b) Payee address; City, State, Zip Code 1401 AIRPORT RD CONROE, TX 77301	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description EVENT SPONSORSHIP	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 69/81 Rpt:		2 FILER NAME Mack, Wayne		3 Filer ID	
4 CREDIT CARD ISSUER		Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 2,736.91	
6 PAYMENT		(a) Amount Charged \$84.40	(b) Date of Charge 10/02/2025	(c) Date(s) Credit Card Issuer Paid 10/06/2025	
7 PAYEE		(a) Payee name OFFICE DEPOT		(b) Payee address; City, State, Zip Code 1319 W DAVIS ST CONROE, TX 77304	
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description OFFICE SUPPLIES	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT		(a) Amount Charged \$236.83	(b) Date of Charge 10/07/2025	(c) Date(s) Credit Card Issuer Paid 10/19/2025	
PAYEE		(a) Payee name OFFICE DEPOT		(b) Payee address; City, State, Zip Code 1319 W DAVIS ST CONROE, TX 77304	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description OFFICE SUPPLIES	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT		(a) Amount Charged \$242.33	(b) Date of Charge 12/11/2025	(c) Date(s) Credit Card Issuer Paid 12/19/2025	
PAYEE		(a) Payee name OFFICE DEPOT		(b) Payee address; City, State, Zip Code 1319 W DAVIS ST CONROE, TX 77304	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description OFFICE SUPPLIES	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 70/81 Rpt:		2 FILER NAME Mack, Wayne		3 Filer ID	
4 CREDIT CARD ISSUER		Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 2,736.91	
6 PAYMENT		(a) Amount Charged \$375.00	(b) Date of Charge 09/08/2025	(c) Date(s) Credit Card Issuer Paid 09/19/2025	
7 PAYEE		(a) Payee name ONE LOUD VOICE		(b) Payee address; City, State, Zip Code PO BOX 130156 SPRING, TX 77393	
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description DONATION	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT		(a) Amount Charged \$100.00	(b) Date of Charge 10/08/2025	(c) Date(s) Credit Card Issuer Paid 10/19/2025	
PAYEE		(a) Payee name ONE LOUD VOICE		(b) Payee address; City, State, Zip Code PO BOX 130156 SPRING, TX 77393	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description DONATION	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT		(a) Amount Charged \$1,515.50	(b) Date of Charge 10/24/2025	(c) Date(s) Credit Card Issuer Paid 10/27/2025	
PAYEE		(a) Payee name PLUNCK PRODUCTIONS		(b) Payee address; City, State, Zip Code 146 BLUEBELL WOODS WAY WILLIS, TX 77318	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Consulting Expense		(b) Description VIDEOGRAPHER	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 71/81 Rpt:		2 FILER NAME Mack, Wayne		3 Filer ID	
4 CREDIT CARD ISSUER		Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 2,736.91	
6 PAYMENT		(a) Amount Charged \$2,354.43	(b) Date of Charge 12/19/2025	(c) Date(s) Credit Card Issuer Paid 12/21/2025	
7 PAYEE		(a) Payee name PLUNCK PRODUCTIONS		(b) Payee address; City, State, Zip Code 146 BLUEBELL WOODS WAY WILLIS, TX 77318	
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Consulting Expense		(b) Description VIDEOGRAPHER	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT		(a) Amount Charged \$377.26	(b) Date of Charge 10/09/2025	(c) Date(s) Credit Card Issuer Paid 10/19/2025	
PAYEE		(a) Payee name RANCHO GRANDE		(b) Payee address; City, State, Zip Code 2207 N FRAZIER ST CONROE, TX 77303	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description MEETING FOOD/BEVERAGES	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT		(a) Amount Charged \$49.53	(b) Date of Charge 11/09/2025	(c) Date(s) Credit Card Issuer Paid 11/16/2025	
PAYEE		(a) Payee name RANCHO GRANDE		(b) Payee address; City, State, Zip Code 2207 N FRAZIER ST CONROE, TX 77303	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description MEETING FOOD/BEVERAGES	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 72/81 Rpt:		2 FILER NAME Mack, Wayne		3 Filer ID	
4 CREDIT CARD ISSUER		Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 2,736.91	
6 PAYMENT		(a) Amount Charged \$114.00	(b) Date of Charge 08/28/2025	(c) Date(s) Credit Card Issuer Paid 09/01/2025	
7 PAYEE		(a) Payee name RECEPTION HQ		(b) Payee address; City, State, Zip Code 2600 N CENTRAL AVE UNIT 904 PHOENIX, AZ 85004	
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description SUBSCRIPTION	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT		(a) Amount Charged \$64.00	(b) Date of Charge 09/28/2025	(c) Date(s) Credit Card Issuer Paid 10/06/2025	
PAYEE		(a) Payee name RECEPTION HQ		(b) Payee address; City, State, Zip Code 2600 N CENTRAL AVE UNIT 904 PHOENIX, AZ 85004	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description SUBSCRIPTION	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT		(a) Amount Charged \$64.00	(b) Date of Charge 10/28/2025	(c) Date(s) Credit Card Issuer Paid 10/27/2025	
PAYEE		(a) Payee name RECEPTION HQ		(b) Payee address; City, State, Zip Code 2600 N CENTRAL AVE UNIT 904 PHOENIX, AZ 85004	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description SUBSCRIPTION	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 73/81 Rpt:		2 FILER NAME Mack, Wayne		3 Filer ID	
4 CREDIT CARD ISSUER		Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 2,736.91	
6 PAYMENT		(a) Amount Charged \$80.00	(b) Date of Charge 11/28/2025	(c) Date(s) Credit Card Issuer Paid 12/19/2025	
7 PAYEE		(a) Payee name RECEPTION HQ		(b) Payee address; City, State, Zip Code 2600 N CENTRAL AVE UNIT 904 PHOENIX, AZ 85004	
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description SUBSCRIPTION	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT		(a) Amount Charged \$80.00	(b) Date of Charge 12/28/2025	(c) Date(s) Credit Card Issuer Paid	
PAYEE		(a) Payee name RECEPTION HQ		(b) Payee address; City, State, Zip Code 2600 N CENTRAL AVE UNIT 904 PHOENIX, AZ 85004	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description SUBSCRIPTION	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT		(a) Amount Charged \$185.88	(b) Date of Charge 08/04/2025	(c) Date(s) Credit Card Issuer Paid 08/27/2025	
PAYEE		(a) Payee name SAM'S CLUB		(b) Payee address; City, State, Zip Code 2000 WESTVIEW BLVD CONROE, TX 77301	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description GOAL PROGRAM-FOOD	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 74/81 Rpt:		2 FILER NAME Mack, Wayne		3 Filer ID	
4 CREDIT CARD ISSUER		Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 2,736.91	
6 PAYMENT		(a) Amount Charged \$159.39	(b) Date of Charge 09/18/2025	(c) Date(s) Credit Card Issuer Paid 10/06/2025	
7 PAYEE		(a) Payee name SAM'S CLUB		(b) Payee address; City, State, Zip Code 2000 WESTVIEW BLVD CONROE, TX 77301	
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description GOAL PROGRAM-FOOD	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT		(a) Amount Charged \$110.00	(b) Date of Charge 10/22/2025	(c) Date(s) Credit Card Issuer Paid 10/19/2025	
PAYEE		(a) Payee name SAM'S CLUB		(b) Payee address; City, State, Zip Code 2000 WESTVIEW BLVD CONROE, TX 77301	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description GOAL PROGRAM-FOOD	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT		(a) Amount Charged \$238.37	(b) Date of Charge 12/15/2025	(c) Date(s) Credit Card Issuer Paid 12/19/2025	
PAYEE		(a) Payee name SAM'S CLUB		(b) Payee address; City, State, Zip Code 2000 WESTVIEW BLVD CONROE, TX 77301	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description GOAL PROGRAM-FOOD	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 75/81 Rpt:	2 FILER NAME Mack, Wayne		3 Filer ID
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 2,736.91
6 PAYMENT	(a) Amount Charged \$515.00	(b) Date of Charge 07/07/2025	(c) Date(s) Credit Card Issuer Paid 07/16/2025
7 PAYEE	(a) Payee name SOMEBODY CARES AMERICA		(b) Payee address; City, State, Zip Code 5005 W 34TH ST #101A HOUSTON, TX 77092
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		(b) Description DONATION <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$350.00	(b) Date of Charge 10/10/2025	(c) Date(s) Credit Card Issuer Paid 10/19/2025
PAYEE	(a) Payee name SOUTHWEST MONTGOMERY		(b) Payee address; City, State, Zip Code 18423 FM 1488 STE C MAGNOLIA, TX 77354
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		(b) Description MEMBERSHIP-SW MONTGOMERY COUNTY CHAMBER <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$24.00	(b) Date of Charge 11/13/2025	(c) Date(s) Credit Card Issuer Paid 11/16/2025
PAYEE	(a) Payee name SOUTHWEST MONTGOMERY		(b) Payee address; City, State, Zip Code 18423 FM 1488 STE C MAGNOLIA, TX 77354
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Event Expense (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		(b) Description LUNCHEON TICKET-SW MONTGOMERY COUNTY CHAMBER <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 76/81 Rpt:		2 FILER NAME Mack, Wayne		3 Filer ID	
4 CREDIT CARD ISSUER		Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 2,736.91	
6 PAYMENT		(a) Amount Charged \$24.00	(b) Date of Charge 12/03/2025	(c) Date(s) Credit Card Issuer Paid 12/19/2025	
7 PAYEE		(a) Payee name SOUTHWEST MONTGOMERY		(b) Payee address; City, State, Zip Code 18423 FM 1488 STE C MAGNOLIA, TX 77354	
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description LUNCHEON TICKET-SW MONTGOMERY COUNTY CHAMBER	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT		(a) Amount Charged \$1,039.48	(b) Date of Charge 09/01/2025	(c) Date(s) Credit Card Issuer Paid 09/19/2025	
PAYEE		(a) Payee name THE MONTGOMERY COUNTY		(b) Payee address; City, State, Zip Code PO BOX 130388 THE WOODLANDS, TX 77393	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description DONATION	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT		(a) Amount Charged \$250.00	(b) Date of Charge 07/21/2025	(c) Date(s) Credit Card Issuer Paid 07/29/2025	
PAYEE		(a) Payee name THE WOODLANDS CHAMBER		(b) Payee address; City, State, Zip Code 9320 LAKESIDE BLVD #200 THE WOODLANDS, TX 77381	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description MEMBERSHIP	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 77/81 Rpt:		2 FILER NAME Mack, Wayne		3 Filer ID	
4 CREDIT CARD ISSUER		Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 2,736.91	
6 PAYMENT		(a) Amount Charged \$150.00	(b) Date of Charge 09/30/2025	(c) Date(s) Credit Card Issuer Paid 10/06/2025	
7 PAYEE		(a) Payee name THE WOODLANDS CHAMBER		(b) Payee address; City, State, Zip Code 9320 LAKESIDE BLVD #200 THE WOODLANDS, TX 77381	
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description MEMBERSHIP	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT		(a) Amount Charged \$199.00	(b) Date of Charge 10/20/2025	(c) Date(s) Credit Card Issuer Paid 10/19/2025	
PAYEE		(a) Payee name THE WOODLANDS CHAMBER		(b) Payee address; City, State, Zip Code 9320 LAKESIDE BLVD #200 THE WOODLANDS, TX 77381	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description MEMBERSHIP	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT		(a) Amount Charged \$234.00	(b) Date of Charge 08/18/2025	(c) Date(s) Credit Card Issuer Paid 08/27/2025	
PAYEE		(a) Payee name UNITED STATES POSTAL		(b) Payee address; City, State, Zip Code 809 W DALLAS ST CONROE, TX 77301	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description POSTAGE STAMPS	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 78/81 Rpt:		2 FILER NAME Mack, Wayne		3 Filer ID	
4 CREDIT CARD ISSUER		Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 2,736.91	
6 PAYMENT		(a) Amount Charged \$10.45	(b) Date of Charge 11/21/2025	(c) Date(s) Credit Card Issuer Paid 11/25/2025	
7 PAYEE		(a) Payee name UNITED STATES POSTAL		(b) Payee address; City, State, Zip Code 809 W DALLAS ST CONROE, TX 77301	
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description POSTAGE STAMPS	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT		(a) Amount Charged \$359.24	(b) Date of Charge 08/29/2025	(c) Date(s) Credit Card Issuer Paid 09/01/2025	
PAYEE		(a) Payee name WORDPRESS		(b) Payee address; City, State, Zip Code 60 29TH ST #343 SAN FRANCISCO, CA 94110	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description SUBSCRIPTION	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT		(a) Amount Charged \$3,639.91	(b) Date of Charge 12/03/2025	(c) Date(s) Credit Card Issuer Paid 12/19/2025	
PAYEE		(a) Payee name XYZ SIGNS		(b) Payee address; City, State, Zip Code 1021 ALDINE BENDER RD. HOUSTON, TX 77032	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description CAMPAIGN SIGNS	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 79/81 Rpt:		2 FILER NAME Mack, Wayne		3 Filer ID	
4 CREDIT CARD ISSUER		Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 2,736.91	
6 PAYMENT		(a) Amount Charged \$1,000.00	(b) Date of Charge 08/12/2025	(c) Date(s) Credit Card Issuer Paid 08/27/2025	
7 PAYEE		(a) Payee name YES TO YOUTH		(b) Payee address; City, State, Zip Code 105 WEST LEWIS ST CONROE, TX 77301	
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description DONATION	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT		(a) Amount Charged \$24.00	(b) Date of Charge 10/20/2025	(c) Date(s) Credit Card Issuer Paid 10/19/2025	
PAYEE		(a) Payee name SOUTHWEST MONTGOMERY		(b) Payee address; City, State, Zip Code 18423 FM 1488 STE C MAGNOLIA, TX 77354	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description LUNCHEON TICKET-SW MONTGOMERY COUNTY CHAMBER	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT		(a) Amount Charged \$300.00	(b) Date of Charge 10/23/2025	(c) Date(s) Credit Card Issuer Paid 10/27/2025	
PAYEE		(a) Payee name GREATER EAST		(b) Payee address; City, State, Zip Code 21575 US-59 #10 NEW CANEY, TX 77357	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description MEMBERSHIP-GREATER EAST MONTGOMERY CO. CHAMBER	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 80/81 Rpt:		2 FILER NAME Mack, Wayne		3 Filer ID	
4 CREDIT CARD ISSUER		Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 2,736.91	
6 PAYMENT		(a) Amount Charged \$535.38	(b) Date of Charge 11/21/2025	(c) Date(s) Credit Card Issuer Paid 11/25/2025	
7 PAYEE		(a) Payee name MAGNOLIA REPUBLICAN CLUB		(b) Payee address; City, State, Zip Code 18640 FM 1488, STE A294 MAGNOLIA, TX 77354	
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description EVENT SPONSORSHIP	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT		(a) Amount Charged \$40.58	(b) Date of Charge 08/27/2025	(c) Date(s) Credit Card Issuer Paid 09/01/2025	
PAYEE		(a) Payee name JC PENNEY		(b) Payee address; City, State, Zip Code 3165 INTERSTATE 45 N CONROE, TX 77304	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description CAMPAIGN SHIRTS	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT		(a) Amount Charged \$535.38	(b) Date of Charge 11/21/2025	(c) Date(s) Credit Card Issuer Paid 11/25/2025	
PAYEE		(a) Payee name MAGNOLIA REPUBLICAN CLUB		(b) Payee address; City, State, Zip Code 18640 FM 1488, STE A294 MAGNOLIA, TX 77354	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description EVENT SPONSORSHIP	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 81/81 Rpt:		2 FILER NAME Mack, Wayne		3 Filer ID	
4 CREDIT CARD ISSUER		Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 2,736.91	
6 PAYMENT		(a) Amount Charged \$162.35	(b) Date of Charge 08/30/2025	(c) Date(s) Credit Card Issuer Paid 09/19/2025	
7 PAYEE		(a) Payee name JC PENNEY		(b) Payee address; City, State, Zip Code 3165 INTERSTATE 45 N CONROE, TX 77304	
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description CAMPAIGN SHIRTS	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT		(a) Amount Charged \$15.00	(b) Date of Charge 12/10/2025	(c) Date(s) Credit Card Issuer Paid 12/19/2025	
PAYEE		(a) Payee name GREATER EAST		(b) Payee address; City, State, Zip Code 21575 US-59 #10 NEW CANEY, TX 77357	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description LUNCHEON TICKET-GREATER EAST MONTGOMERY CO. CHAMBER	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 1/1 Rpt: 214/215	2 FILER NAME Mack, Wayne	3 Filer ID
4 Date 11/28/2025	5 Payee name FACEBOOK	
6 Amount (\$) \$150.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 1601 WILLOW RD BLDG 10 MENLO PARK, CA 94025	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ONLINE ADVERTISING
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:
Sch: 1/1 Rpt: 215/215

2 FILER NAME
Mack, Wayne

3 Filer ID

4 Date
08/15/2025

5 Name of person from whom amount is received
COLOR TECH DIRECT

8 Amount (\$)
\$464.13

6 Address of person from whom amount is received; City; State; Zip Code
809 CABLE ST
CONROE, TX 77301

7 Purpose for which amount is received
REFUND ON POSTAGE

☐ Check if political contribution returned to filer