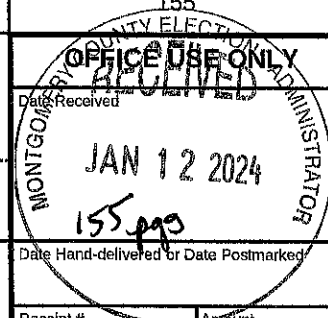


CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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: 155 |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR | FIRST Wayne | MI |
| | NICKNAME | LAST Mack | SUFFIX |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; PO Box 2234 Conroe, TX 77305 | | ZIP CODE |
| | Date Received | | |
| | Date Hand-delivered or Date Postmarked | | |
| | Receipt # | Amount | |
| | | | Date Processed |
| | | | Date Imaged |
| 5 CAMPAIGN TREASURER NAME | MS / MRS / MR | FIRST GREGORY | MI W |
| | NICKNAME | LAST SMITH | SUFFIX |
| 6 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); 43 HIWON DR | | APT / SUITE #; CITY; STATE; ZIP CODE CONROE, TX 77304 |
| | | | |
| 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 |
| | | 07/01/2023 | THROUGH |
| | | 12/31/2023 | |
| 10 ELECTION | ELECTION DATE | | ELECTION TYPE |
| | Month | Day | Year |
| | | <input type="checkbox"/> Primary | <input type="checkbox"/> Runoff |
| | | <input type="checkbox"/> General | <input type="checkbox"/> Special |
| 11 OFFICE | OFFICE HELD (if any) | | 12 OFFICE SOUGHT (if known) |
| | | | |



GO TO PAGE 2

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

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

2 of 155

| | |
|-----------------------------------|--------------------|
| 13 C / OH NAME Mack, Wayne | 14 Filer ID |
|-----------------------------------|--------------------|

| | | | | | | | | | | |
|--|--|--|----------------------------------|--------------------------|-----------------------------------|--|--|---|--|--|
| 15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages | This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures. | | | | | | | | | |
| <table border="1" style="width:100%"> <tr> <td style="width:20%">COMMITTEE TYPE</td> <td>COMMITTEE NAME</td> </tr> <tr> <td><input type="checkbox"/> GENERAL</td> <td>COMMITTEE ADDRESS</td> </tr> <tr> <td><input type="checkbox"/> SPECIFIC</td> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td>COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table> | COMMITTEE TYPE | COMMITTEE NAME | <input type="checkbox"/> GENERAL | COMMITTEE ADDRESS | <input type="checkbox"/> SPECIFIC | COMMITTEE CAMPAIGN TREASURER NAME | | COMMITTEE CAMPAIGN TREASURER ADDRESS | | |
| | COMMITTEE TYPE | COMMITTEE NAME | | | | | | | | |
| | <input type="checkbox"/> GENERAL | COMMITTEE ADDRESS | | | | | | | | |
| | <input type="checkbox"/> SPECIFIC | COMMITTEE CAMPAIGN TREASURER NAME | | | | | | | | |
| | COMMITTEE CAMPAIGN TREASURER ADDRESS | | | | | | | | | |

| | | |
|--------------------------------|---|---------------|
| 16 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ 1,902.00 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 150,544.31 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | \$ 0.00 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 152,230.55 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 114,382.51 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 6,936.00 |

17 AFFIDAVIT

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

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Wayne Mack, this the 12th day of January, 2024, to certify which, witness my hand and seal of office.

Signature of officer administering

Darla Brooks
 Printed name of officer administering

VR manager
 Title of officer administering oath

SUBTOTALS - C/OH

| | | |
|-------------------------------------|---|------------------------|
| 18 FILER NAME Mack, Wayne | | 19 Filer ID |
| 20 SCHEDULE SUBTOTALS | | SUBTOTAL AMOUNT |
| NAME OF SCHEDULE | | |
| 1. | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 147,003.31 |
| 2. | <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ 3,541.00 |
| 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 | \$ 113,752.11 |
| 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 | \$ 38,478.44 |
| 9. | <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS | \$ |
| 10. | <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ |
| 11. | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ |
| 12. | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 1/48 Rpt: 4/155 |
| 2 FILER NAME Mack, Wayne | | 3 Filer ID |
| 4 Date 09/12/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) YANCEY, TODD 6 Contributor address; City; State; Zip Code PO BOX 1409 CONROE, TX 77305 | 7 Amount of Contribution (\$) \$2,500.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 08/10/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ADAMS, JAY AND KRISTI Contributor address; City; State; Zip Code 11816 WINDWOOD WAY WILLIS, TX 77318 | Amount of Contribution (\$) \$2,500.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 10/19/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) AGRESTI, CHRISTINE Contributor address; City; State; Zip Code 14229 SAWTOOTH FOREST TRL CONROE, TX 77384 | Amount of Contribution (\$) \$700.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 10/03/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) AGRESTI, JAMES Contributor address; City; State; Zip Code 14229 SAWTOOTH FOREST TRL CONROE, TX 77384 | Amount of Contribution (\$) \$105.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 10/19/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ALMOND, PATRICIA Contributor address; City; State; Zip Code 1944W RIVERWALK DR PORTER, TX 77365 | Amount of Contribution (\$) \$85.00 |
| 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: 2/48 Rpt: 5/155 |
| 2 FILER NAME Mack, Wayne | | 3 Filer ID |
| 4 Date 07/25/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ALMOND, TRISH <hr/> 6 Contributor address; City; State; Zip Code 19442 RIVERWALK DR PORTER, TX 77365 | 7 Amount of Contribution (\$) \$105.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 08/07/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ANGLIN, LUKE <hr/> Contributor address; City; State; Zip Code 6451 HIGHWAY 105 W STE A CONROE, TX 77304 | Amount of Contribution (\$) \$500.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 10/19/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ARMSTRONG, GILLES <hr/> Contributor address; City; State; Zip Code 103 DEER CHASE DR CONROE, TX 77384 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 09/08/2023 | 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 (\$) \$500.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 07/27/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BAKER, KRISTI <hr/> Contributor address; City; State; Zip Code 10911 CLUBHOUSE CIR MAGNOLIA, TX 77354 | Amount of Contribution (\$) \$70.00 |
| 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: 3/48 Rpt: 6/155 |
| 2 FILER NAME Mack, Wayne | | 3 Filer ID |
| 4 Date 09/12/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BARR, JEREMY | 7 Amount of Contribution (\$) \$500.00 |
| 6 Contributor address; City; State; Zip Code 1801 RUSSELL ST NASHVILLE, TN 37206 | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 10/19/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BARSH, CARMEN | Amount of Contribution (\$) \$500.00 |
| Contributor address; City; State; Zip Code 17437 SUNSET RANCH DR MONTGOMERY, TX 77316 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 10/19/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BATES, AVA | Amount of Contribution (\$) \$130.00 |
| Contributor address; City; State; Zip Code 148A FM 1097 NEW WAVERLY, TX 77358 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 09/16/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BATES, CHRISTOPHER | Amount of Contribution (\$) \$35.00 |
| Contributor address; City; State; Zip Code 475 BEAUMONT AVE PORT ARTHUR, TX 77640 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 08/09/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BAYS, J RANDAL | Amount of Contribution (\$) \$500.00 |
| Contributor address; City; State; Zip Code 1503 HAILEY 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: 4/48 Rpt: 7/155 |
| 2 FILER NAME Mack, Wayne | | 3 Filer ID |
| 4 Date 09/04/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BELTON, REBECA 6 Contributor address; City; State; Zip Code 801 TEAS RD CONROE, TX 77303 | 7 Amount of Contribution (\$) \$35.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 10/04/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BELTON, REBECA Contributor address; City; State; Zip Code 801 TEAS RD CONROE, TX 77303 | Amount of Contribution (\$) \$70.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 09/12/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BENNETT, MARY JO Contributor address; City; State; Zip Code 216 VIRGINIA LN CONROE, TX 77304 | Amount of Contribution (\$) \$110.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 08/19/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BLAIR, DANIELLE Contributor address; City; State; Zip Code 10023 MARY LN BEACH CITY, TX 77523 | Amount of Contribution (\$) \$70.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 07/23/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BLALOCK, BOB Contributor address; City; State; Zip Code 38 CAMDEN HILLS DR MONTGOMERY, TX 77356 | Amount of Contribution (\$) \$70.00 |
| 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: 5/48 Rpt: 8/155 |
| 2 FILER NAME Mack, Wayne | | 3 Filer ID |
| 4 Date 07/25/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BLANEY, STACEY <hr/> 6 Contributor address; City; State; Zip Code 6119 CANYON CREEK LN CONROE, TX 77304 | 7 Amount of Contribution (\$) \$70.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 09/21/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BLANTON, KATHERINE <hr/> Contributor address; City; State; Zip Code 1300 SILVERDALE DR APT 3504 CONROE, TX 77301 | Amount of Contribution (\$) \$105.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 08/09/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BOND, TAY <hr/> Contributor address; City; State; Zip Code 200 W DAVIS ST CONROE, TX 77301 | Amount of Contribution (\$) \$1,000.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 07/31/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BOOTH, JENNIFER <hr/> Contributor address; City; State; Zip Code 14510 EDWARDS RD MONTGOMERY, TX 77316 | Amount of Contribution (\$) \$500.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 10/19/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BORDEN, CHRISTOPHER <hr/> Contributor address; City; State; Zip Code 13608 FALCON CT 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: 6/48 Rpt: 9/155 |
| 2 FILER NAME Mack, Wayne | | 3 Filer ID |
| 4 Date 10/19/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BOURG, KAREN <hr/> 6 Contributor address; City; State; Zip Code 307 MALLOW WOODS PL WILLIS, TX 77318 | 7 Amount of Contribution (\$) \$20.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 08/30/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BOWERS, MARY <hr/> Contributor address; City; State; Zip Code 1809 HART RD CONROE, TX 77304 | Amount of Contribution (\$) \$135.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 08/08/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BOYD, JAMES <hr/> Contributor address; City; State; Zip Code 523 RUEL LN MAGNOLIA, TX 77355 | Amount of Contribution (\$) \$110.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 09/12/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BRANNON, MICHAEL AND CINDY <hr/> Contributor address; City; State; Zip Code 1555 HIGHWAY 36 N BRENHAM, TX 77833 | Amount of Contribution (\$) \$1,000.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 10/19/2023 | 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 (\$) \$25.00 |
| 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: 7/48 Rpt: 10/155 |
| 2 FILER NAME Mack, Wayne | | 3 Filer ID |
| 4 Date 08/09/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BRENNAN, PAT 6 Contributor address; City; State; Zip Code 7279 GRAND LAKE DR WILLIS, TX 77318 | 7 Amount of Contribution (\$) \$100.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 09/12/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BROUSSARD, COLEEN Contributor address; City; State; Zip Code PO BOX 120 CHAPPELL HILL, TX 77426 | Amount of Contribution (\$) \$500.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 10/16/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BROWN, PATRICIA Contributor address; City; State; Zip Code 841 FOUR NOTCH RD HUNTSVILLE, TX 77340 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 08/09/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BUCKALEW, DENNIE Contributor address; City; State; Zip Code PO BOX 2627 CONROE, TX 77305 | Amount of Contribution (\$) \$500.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 08/09/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BUCKALEW, DONNIE Contributor address; City; State; Zip Code PO BOX 2627 CONROE, TX 77305 | 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: 8/48 Rpt: 11/155 |
| 2 FILER NAME Mack, Wayne | | 3 Filer ID |
| 4 Date 10/25/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BUSH, DON 6 Contributor address; City; State; Zip Code 13250 FM 830 WILLIS, TX 77318 | 7 Amount of Contribution (\$) \$50.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 10/19/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BUTLER, CARRIE Contributor address; City; State; Zip Code 204 DAWNS EDGE DR MONTGOMERY, TX 77356 | Amount of Contribution (\$) \$340.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 08/17/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CAMPBELL, RONNIE Contributor address; City; State; Zip Code 11733 TEXAS HIGHWAY 75 WILLIS, TX 77378 | Amount of Contribution (\$) \$110.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 10/19/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CANTON, RACHSHEL Contributor address; City; State; Zip Code 230 STATE HIGHWAY 103 E SAN AUGUSTINE, TX 75972 | Amount of Contribution (\$) \$40.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 10/23/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CANTRELL, LINDA Contributor address; City; State; Zip Code 1104 WILSON RD CONROE, TX 77301 | 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: 9/48 Rpt: 12/155 |
| 2 FILER NAME Mack, Wayne | | 3 Filer ID |
| 4 Date 08/08/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CANTU, ANDREW 6 Contributor address; City; State; Zip Code 1815 HART RD CONROE, TX 77304 | 7 Amount of Contribution (\$) \$500.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 09/08/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CARLING, ERIN Contributor address; City; State; Zip Code 3269 EAST CHUNK DR CONROE, TX 77301 | Amount of Contribution (\$) \$500.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 08/23/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CARR, MARK AND LISA Contributor address; City; State; Zip Code 3999 INTERSTATE 45 N CONROE, TX 77304 | Amount of Contribution (\$) \$1,000.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 10/25/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CARWILE, HENRY AND SALLY Contributor address; City; State; Zip Code PO BOX 189 MONTGOMERY, TX 77356 | Amount of Contribution (\$) \$500.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 10/19/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CASEY, GREG Contributor address; City; State; Zip Code 19182 GRANDVIEW PT MONTGOMERY, TX 77356 | Amount of Contribution (\$) \$120.00 |
| 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: 10/48 Rpt: 13/155 |
| 2 FILER NAME Mack, Wayne | | 3 Filer ID |
| 4 Date 10/19/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CASEY, GREG <hr/> 6 Contributor address; City; State; Zip Code 19182 GRANDVIEW POINT MONTGOMERY, TX 77356 | 7 Amount of Contribution (\$) \$200.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 09/16/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CASSO, RON <hr/> Contributor address; City; State; Zip Code 12111 KAISO LN CONROE, TX 77304 | Amount of Contribution (\$) \$105.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 08/23/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CATES, LADORIS <hr/> Contributor address; City; State; Zip Code PO BOX 6 CONROE, TX 77305 | Amount of Contribution (\$) \$500.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 10/19/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CATES, LADORIS <hr/> Contributor address; City; State; Zip Code PO BOX 6 CONROE, TX 77305 | Amount of Contribution (\$) \$200.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 10/19/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CATES, LADORIS <hr/> Contributor address; City; State; Zip Code PO BOX 6 CONROE, TX 77305 | Amount of Contribution (\$) \$145.00 |
| 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: 11/48 Rpt: 14/155 |
| 2 FILER NAME Mack, Wayne | | 3 Filer ID |
| 4 Date 09/13/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHAMBERS, KENT <hr/> 6 Contributor address; City; State; Zip Code 8960 COUNTY LINE RD. WILLIS, TX 77378 | 7 Amount of Contribution (\$) \$70.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 10/19/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHAMBERS, MARISA <hr/> Contributor address; City; State; Zip Code 542 DIGGS RD WILLIS, TX 77378 | Amount of Contribution (\$) \$40.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 08/30/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CLEMONS, JACK AND CARYN <hr/> Contributor address; City; State; Zip Code 12725 GROVE EAST WILLIS, TX 77378 | Amount of Contribution (\$) \$70.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 08/29/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CONNER, MATTHEW <hr/> Contributor address; City; State; Zip Code 15006 CONCHO RIVER WAY CYPRESS, TX 77433 | Amount of Contribution (\$) \$500.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 09/14/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) COON, DUKE <hr/> 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) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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|--|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 12/48 Rpt: 15/155 |
| 2 FILER NAME Mack, Wayne | | 3 Filer ID |
| 4 Date 10/19/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CORLEY, JOE AND JUDY | 7 Amount of Contribution (\$) \$100.00 |
| | 6 Contributor address; City; State; Zip Code 23648 CORLEY RD RICHARDS, TX 77873 | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 08/27/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CROWSON, WINDY | Amount of Contribution (\$) \$70.00 |
| | Contributor address; City; State; Zip Code 22578 FM 2620 BEDIAS, TX 77831 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 10/19/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CROWSON, WINDY | Amount of Contribution (\$) \$300.00 |
| | Contributor address; City; State; Zip Code 22578 FM 2620 BEDIAS, TX 77831 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 08/16/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DARCY-PAWLAK, KAREN | Amount of Contribution (\$) \$35.00 |
| | Contributor address; City; State; Zip Code 577 EDGEWOOD DR MONTGOMERY, TX 77356 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 10/19/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAY, FOY | Amount of Contribution (\$) \$200.00 |
| | Contributor address; City; State; Zip Code 615 PINE VIEW CIR MONTGOMERY, TX 77356 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 13/48 Rpt: 16/155 |
| 2 FILER NAME Mack, Wayne | | 3 Filer ID |
| 4 Date 08/23/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DISHONGH, JOHNNIE 6 Contributor address; City; State; Zip Code 98 HILBIG RD CONROE, TX 77301 | 7 Amount of Contribution (\$) \$1,000.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 08/08/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DOOLEY, MARK Contributor address; City; State; Zip Code PO BOX 2368 CONROE, TX 77305 | Amount of Contribution (\$) \$1,000.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 10/19/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DORSETT, MARGARET Contributor address; City; State; Zip Code 1519 MEMORIAL DR CONROE, TX 77304 | Amount of Contribution (\$) \$75.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 07/01/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DUKES, SHIRLEY Contributor address; City; State; Zip Code 207 BYBEE DR CONROE, TX 77301 | Amount of Contribution (\$) \$35.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 09/10/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DUNCAN, BONNIE Contributor address; City; State; Zip Code 63 ROLLING HILLS DR E CONROE, TX 77304 | Amount of Contribution (\$) \$70.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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|--|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 14/48 Rpt: 17/155 |
| 2 FILER NAME Mack, Wayne | | 3 Filer ID |
| 4 Date 10/01/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DURANTE, REGINA <hr/> 6 Contributor address; City; State; Zip Code 18426 HOLLOW OAKS CIR PORTER, TX 77365 | 7 Amount of Contribution (\$) \$35.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 08/09/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EICKENHORST, WILLIE <hr/> 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 10/19/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ELLISON, BILL AND COLLEEN <hr/> Contributor address; City; State; Zip Code 2161 SUMMIT MIST DR CONROE, TX 77304 | Amount of Contribution (\$) \$4,160.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 10/19/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ELLISON, COLLEEN <hr/> Contributor address; City; State; Zip Code 2161 SUMMIT MIST DR CONROE, TX 77304 | Amount of Contribution (\$) \$2,500.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 08/08/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EULITT, H KALA <hr/> Contributor address; City; State; Zip Code 8416 KINGS VIEW CT MONTGOMERY, TX 77316 | Amount of Contribution (\$) \$1,000.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 15/48 Rpt: 18/155 |
| 2 FILER NAME Mack, Wayne | | 3 Filer ID |
| 4 Date 08/17/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EVANS, KARA 6 Contributor address; City; State; Zip Code 20 KENSINGTON CT CONROE, TX 77304 | 7 Amount of Contribution (\$) \$35.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 10/19/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EVERETT, SANDY Contributor address; City; State; Zip Code 1163 OAK LN MONTGOMERY, TX 77316 | Amount of Contribution (\$) \$595.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 10/20/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FACILITY CONCESSION SERVICES INC Contributor address; City; State; Zip Code 9055 AIRPORT RD CONROE, TX 77303 | Amount of Contribution (\$) \$303.31 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 10/19/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FENSKE, SHARON Contributor address; City; State; Zip Code 3006 LAKE ISLAND DR MONTGOMERY, TX 77356 | Amount of Contribution (\$) \$190.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 08/16/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FINLEY, DAVID 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) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 16/48 Rpt: 19/155 |
| 2 FILER NAME Mack, Wayne | | 3 Filer ID |
| 4 Date 08/08/2023 | 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 (\$) \$35.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 10/19/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FLEMING, DIANE Contributor address; City; State; Zip Code 1950 S PINE LAKE RD MONTGOMERY, TX 77316 | Amount of Contribution (\$) \$20.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 10/19/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FLEMING, DIANE Contributor address; City; State; Zip Code 1950 S PINE LAKE RD MONTGOMERY, TX 77316 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 07/27/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FLING, DEANNA Contributor address; City; State; Zip Code 12222 LAKE CONROE HILLS DR WILLIS, TX 77318 | Amount of Contribution (\$) \$110.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 08/15/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FOLEY, LIZ Contributor address; City; State; Zip Code 31203 BAKER LAKE DR SPRING, TX 77386 | Amount of Contribution (\$) \$35.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 17/48 Rpt: 20/155 |
| 2 FILER NAME Mack, Wayne | | 3 Filer ID |
| 4 Date 08/08/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FORTNER, MIKE 6 Contributor address; City; State; Zip Code 33 STOCKBRIDGE LANDING CT SPRING, TX 77382 | 7 Amount of Contribution (\$) \$35.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 08/10/2023 | 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 09/07/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FRANKS, ELIZABETH Contributor address; City; State; Zip Code 4021 WINDSWEPT DR MONTGOMERY, TX 77356 | Amount of Contribution (\$) \$35.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 08/30/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GABLE, RYAN Contributor address; City; State; Zip Code PO BOX 130966 SPRING, TX 77393 | Amount of Contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 10/06/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GARCIA, JR Contributor address; City; State; Zip Code 1751 OAK RIDGE RD WILLIS, TX 77378 | Amount of Contribution (\$) \$35.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 18/48 Rpt: 21/155 |
| 2 FILER NAME Mack, Wayne | | 3 Filer ID |
| 4 Date 08/09/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GARNER, DAVID AND LINDA <hr/> 6 Contributor address; City; State; Zip Code PO BOX 1323 COLDSRING, TX 77331 | 7 Amount of Contribution (\$) \$110.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 10/19/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GONZALES, JASON <hr/> Contributor address; City; State; Zip Code 197 LONG RD LIVINGSTON, TX 77351 | Amount of Contribution (\$) \$75.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 08/23/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GRAYSON, TOM AND LINDA <hr/> Contributor address; City; State; Zip Code 32910 OAK CREEK DR MAGNOLIA, TX 77354 | Amount of Contribution (\$) \$70.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 08/14/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GREEN, DAVID <hr/> Contributor address; City; State; Zip Code 2505 AMY LEE DR CONROE, TX 77304 | Amount of Contribution (\$) \$70.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 08/13/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GREGORCYK, AMY <hr/> Contributor address; City; State; Zip Code 380 STERNWAY CT MONTGOMERY, TX 77316 | Amount of Contribution (\$) \$70.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 19/48 Rpt: 22/155 |
| 2 FILER NAME Mack, Wayne | | 3 Filer ID |
| 4 Date 10/19/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GREGORCYK, JEREMY | 7 Amount of Contribution (\$) \$150.00 |
| 6 Contributor address; City; State; Zip Code 380 STERN WAY CT MONTGOMERY, TX 77316 | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 10/06/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GREGORY, STEPHANIE KOSUT | Amount of Contribution (\$) \$500.00 |
| Contributor address; City; State; Zip Code 620 LONGMIRE RD CONROE, TX 77304 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 08/09/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GROHS, BIRGITTA | Amount of Contribution (\$) \$110.00 |
| Contributor address; City; State; Zip Code 2931 WHITMAN DR MONTGOMERY, TX 77356 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 10/19/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GROHS, BIRGITTA | Amount of Contribution (\$) \$60.00 |
| Contributor address; City; State; Zip Code 2931 WHITMAN DR MONTGOMERY, TX 77356 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 10/19/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GROHS, BIRGITTA | Amount of Contribution (\$) \$80.00 |
| Contributor address; City; State; Zip Code 2931 WHITMAN DR MONTGOMERY, TX 77356 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 20/48 Rpt: 23/155 |
| 2 FILER NAME Mack, Wayne | | 3 Filer ID |
| 4 Date 07/06/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GULLO, TONY | 7 Amount of Contribution (\$) \$500.00 |
| | 6 Contributor address; City; State; Zip Code 925 INTERSTATE 45 S CONROE, TX 77301 | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 10/19/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HAGEBUSCH, ERIC | Amount of Contribution (\$) \$135.00 |
| | Contributor address; City; State; Zip Code 31903 WILDWOOD PARK LN CONROE, TX 77385 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 08/23/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HAINES, MARTHA | Amount of Contribution (\$) \$35.00 |
| | Contributor address; City; State; Zip Code 1100 KIMBERLY LN CONROE, TX 77301 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 10/25/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HALITI, JOE | Amount of Contribution (\$) \$2,000.00 |
| | Contributor address; City; State; Zip Code 1604 N FRAZIER ST CONROE, TX 77301 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 08/25/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HALL, TIFFANY | Amount of Contribution (\$) \$1,000.00 |
| | Contributor address; City; State; Zip Code 14547 LAKE BUSINESS DR STE 303 CONROE, TX 77304 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 21/48 Rpt: 24/155 |
| 2 FILER NAME Mack, Wayne | | 3 Filer ID |
| 4 Date 10/19/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HALL, TIFFANY | 7 Amount of Contribution (\$) \$900.00 |
| 6 Contributor address; City; State; Zip Code 2109 SAWDUST RD APT 31205 THE WOODLANDS, TX 77380 | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 10/24/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HAMBY, MONA | Amount of Contribution (\$) \$100.00 |
| Contributor address; City; State; Zip Code 1 HARTWICK CT CONROE, TX 77304 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 10/19/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HARRIS, EVA | Amount of Contribution (\$) \$80.00 |
| Contributor address; City; State; Zip Code 832 EAGLE POINTE MONTGOMERY, TX 77316 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 09/08/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HASARA, KEVIN | Amount of Contribution (\$) \$1,000.00 |
| Contributor address; City; State; Zip Code 14460 HASARA LN WILLIS, TX 77378 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 08/08/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HAWKINS, ALLEN | Amount of Contribution (\$) \$70.00 |
| Contributor address; City; State; Zip Code 211 BROCKS LN MONTGOMERY, TX 77356 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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|--|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 22/48 Rpt: 25/155 |
| 2 FILER NAME Mack, Wayne | | 3 Filer ID |
| 4 Date 10/19/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HEATH, ALISA <hr/> 6 Contributor address; City; State; Zip Code 2400 ELLIS PARK LN CONROE, TX 77304 | 7 Amount of Contribution (\$) \$45.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 07/29/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HEATH, DAVID AND ALISA <hr/> Contributor address; City; State; Zip Code 2400 ELLIS PARK LN CONROE, TX 77304 | Amount of Contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 10/21/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOEGEMEYER, KYLE <hr/> Contributor address; City; State; Zip Code 11061 SHADOW VIEW DR CONROE, TX 77304 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 08/09/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOSTETLER, JIM AND JODY <hr/> Contributor address; City; State; Zip Code 32 LAKE BLUFF MONTGOMERY, TX 77356 | Amount of Contribution (\$) \$110.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 10/19/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOUSTON APARTMENT ASSOCIATION PAC <hr/> Contributor address; City; State; Zip Code 4810 WESTWAY PARK BLVD HOUSTON, TX 77041 | Amount of Contribution (\$) \$500.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 23/48 Rpt: 26/155 |
| 2 FILER NAME Mack, Wayne | | 3 Filer ID |
| 4 Date 09/21/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HUBERT, SKEETER <hr/> 6 Contributor address; City; State; Zip Code 2523 PINE ACRES DR CONROE, TX 77384 | 7 Amount of Contribution (\$) \$35.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 08/29/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HUES, ALTON <hr/> Contributor address; City; State; Zip Code 27993 BAYS CEMETARY RD NEW WAVERLY, TX 77358 | Amount of Contribution (\$) \$1,000.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 09/23/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) INMAN, DALE <hr/> Contributor address; City; State; Zip Code 411 S RIVERSHIRE DR CONROE, TX 77304 | Amount of Contribution (\$) \$70.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 10/16/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) IRHABI, IMAM IRHABI <hr/> Contributor address; City; State; Zip Code 30 WILDFLOWER TRACE PL THE WOODLANDS, TX 77382 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 09/25/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JAVENS, ROGER <hr/> Contributor address; City; State; Zip Code 27703 BRAYDON CT SPRING, TX 77386 | Amount of Contribution (\$) \$70.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 24/48 Rpt: 27/155 |
| 2 FILER NAME Mack, Wayne | | 3 Filer ID |
| 4 Date 08/30/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JIM, GENTRY <hr/> 6 Contributor address; City; State; Zip Code PO BOX 2177 CONROE, TX 77305 | 7 Amount of Contribution (\$) \$500.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 10/18/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOHNSON, DEAN AND SUSAN <hr/> Contributor address; City; State; Zip Code 811 N MAIN ST CONROE, TX 77301 | Amount of Contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 10/19/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOHNSON, SUSAN <hr/> Contributor address; City; State; Zip Code 811 N MAIN ST CONROE, TX 77301 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 09/19/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOLLY, GREG <hr/> Contributor address; City; State; Zip Code 1731 REBECCA LN CONROE, TX 77301 | Amount of Contribution (\$) \$70.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 10/19/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JONES, CAROLYN AND D RANDALL <hr/> Contributor address; City; State; Zip Code 147 RIDGE LAKE LN MONTGOMERY, TX 77356 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 25/48 Rpt: 28/155 |
| 2 FILER NAME Mack, Wayne | | 3 Filer ID |
| 4 Date 08/15/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JONES, CHRIS <hr/> 6 Contributor address; City; State; Zip Code 22619 BANE BERRY RD MAGNOLIA, TX 77355 | 7 Amount of Contribution (\$) \$500.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 10/16/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JORDAN, CHARLES <hr/> Contributor address; City; State; Zip Code 12324 SAGITTARIUS DR E WILLIS, TX 77318 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 09/13/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JORDAN, MELISSA <hr/> Contributor address; City; State; Zip Code 8960 COUNTY LINE RD WILLIS, TX 77378 | Amount of Contribution (\$) \$105.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 10/19/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JORDAN, MELISSA <hr/> Contributor address; City; State; Zip Code 8960 COUNTY LINE RD WILLIS, TX 77378 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 10/19/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JUNEAU, HOLLY <hr/> Contributor address; City; State; Zip Code 23184 SMITH RD PORTER, TX 77365 | Amount of Contribution (\$) \$150.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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|---|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 26/48 Rpt: 29/155 |
| 2 FILER NAME Mack, Wayne | | 3 Filer ID |
| 4 Date 10/19/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JUNEAU, HOLLY | 7 Amount of Contribution (\$) \$250.00 |
| 6 Contributor address; City; State; Zip Code 23184 SMITH RD PORTER, TX 77365 | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 07/26/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KATE, ANN | Amount of Contribution (\$) \$35.00 |
| Contributor address; City; State; Zip Code 585 EDGEWOOD DR MONTGOMERY, TX 77356 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 10/20/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KELLUM, DANDY AND STEPHANIE | Amount of Contribution (\$) \$100.00 |
| Contributor address; City; State; Zip Code 32 KELLY LN NEW WAVERLY, TX 77358 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 10/19/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KIRSCH, HAYLEY | Amount of Contribution (\$) \$380.00 |
| Contributor address; City; State; Zip Code 200 W DAVIS ST CONROE, TX 77301 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 09/21/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KNEISLEY, KAM AND SHARON | Amount of Contribution (\$) \$1,000.00 |
| Contributor address; City; State; Zip Code 123 PARK WAY MONTGOMERY, TX 77356 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 27/48 Rpt: 30/155 |
| 2 FILER NAME Mack, Wayne | | 3 Filer ID |
| 4 Date 10/23/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LACOSTE, POLO AND SHARON | 7 Amount of Contribution (\$) \$100.00 |
| | 6 Contributor address; City; State; Zip Code 111 RHODES ST CONROE, TX 77301 | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 08/30/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAKE CONROE AREA REPUBLICAN WOMEN PAC | Amount of Contribution (\$) \$500.00 |
| | Contributor address; City; State; Zip Code PO BOX 737 MONTGOMERY, TX 77356 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 10/19/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LEWIS, JOHN | Amount of Contribution (\$) \$250.00 |
| | Contributor address; City; State; Zip Code 812 GRIMES ST NAVASOTA, TX 77868 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 10/19/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LIGON, BRETT | Amount of Contribution (\$) \$200.00 |
| | Contributor address; City; State; Zip Code PO BOX 558 PINEHURST, TX 77362 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 09/27/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LINEBERGER LAW FIRM | Amount of Contribution (\$) \$250.00 |
| | Contributor address; City; State; Zip Code 100 INTERSTATE 45 N STE 100A CONROE, TX 77304 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 28/48 Rpt: 31/155 |
| 2 FILER NAME Mack, Wayne | | 3 Filer ID |
| 4 Date 08/14/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LONON, KAREN <hr/> 6 Contributor address; City; State; Zip Code 848 EAGLE POINTE MONTGOMERY, TX 77316 | 7 Amount of Contribution (\$) \$500.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 08/19/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LUND, NATHAN <hr/> Contributor address; City; State; Zip Code 13281 LAZY LN WILLIS, TX 77318 | Amount of Contribution (\$) \$500.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 10/23/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LUND, NATHAN <hr/> Contributor address; City; State; Zip Code 13281 LAZY LN WILLIS, TX 77318 | Amount of Contribution (\$) \$395.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 10/31/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LUND, SAMUEL AND JAN <hr/> Contributor address; City; State; Zip Code 5689 OLD CASTLE WAY CONROE, TX 77304 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 10/07/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MACK, MINDY <hr/> Contributor address; City; State; Zip Code PO BOX 2234 CONROE, TX 77305 | Amount of Contribution (\$) \$10.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 29/48 Rpt: 32/155 |
| 2 FILER NAME Mack, Wayne | | 3 Filer ID |
| 4 Date 09/12/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MAGGIO, PEARL | 7 Amount of Contribution (\$) \$35.00 |
| | 6 Contributor address; City; State; Zip Code 6 S DYLANSHIRE CIR CONROE, TX 77384 | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 10/16/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARKOWITZ, ROBERT | Amount of Contribution (\$) \$200.00 |
| | Contributor address; City; State; Zip Code 18735 WEST COOL BREEZE LN MONTGOMERY, TX 77356 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 09/12/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARMACK, JEFF AND MAGGIE | Amount of Contribution (\$) \$250.00 |
| | Contributor address; City; State; Zip Code PO BOX 1290 MONTGOMERY, TX 77356 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 10/19/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARTIN, JOAN AND RICHARD | Amount of Contribution (\$) \$35.00 |
| | Contributor address; City; State; Zip Code 15 CARMEL CT MONTGOMERY, TX 77356 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 08/14/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARTIN, JOHN | Amount of Contribution (\$) \$500.00 |
| | Contributor address; City; State; Zip Code 105 HUNTER HOLLOW PL MONTGOMERY, TX 77316 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 30/48 Rpt: 33/155 |
| 2 FILER NAME Mack, Wayne | | 3 Filer ID |
| 4 Date 10/24/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARTINEZ, JACOB | 7 Amount of Contribution (\$) \$345.00 |
| 6 Contributor address; City; State; Zip Code PO BOX 1874 WILLIS, TX 77378 | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 08/22/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARUSIK, CURT AND AMY | Amount of Contribution (\$) \$500.00 |
| Contributor address; City; State; Zip Code 19 BAY MILLS PLACE THE WOODLANDS, TX 77389 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 10/19/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MCCLANAHAN, JACK AND MARY | Amount of Contribution (\$) \$1,500.00 |
| Contributor address; City; State; Zip Code 13921 HIGHWAY 105 W CONROE, TX 77304 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 10/19/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MCGEE, CHRISTINA | Amount of Contribution (\$) \$50.00 |
| Contributor address; City; State; Zip Code 1231 BOWEN LOOP CLEVELAND, TX 77328 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 08/08/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MCKINNON, GAIL | Amount of Contribution (\$) \$70.00 |
| Contributor address; City; State; Zip Code 297 CLUB ISLAND WAY MONTGOMERY, TX 77356 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 31/48 Rpt: 34/155 |
| 2 FILER NAME Mack, Wayne | | 3 Filer ID |
| 4 Date 10/19/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MCNABB, CONNIE | 7 Amount of Contribution (\$) \$75.00 |
| 6 Contributor address; City; State; Zip Code 19164 LAKETREE DR MONTGOMERY, TX 77356 | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 08/23/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MEAD, DANIELA | Amount of Contribution (\$) \$500.00 |
| Contributor address; City; State; Zip Code 11672 GRAND PINE DR MONTGOMERY, TX 77356 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 08/09/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MEISTAD, CC | Amount of Contribution (\$) \$100.00 |
| Contributor address; City; State; Zip Code 17601 RABON CHAPEL RD MONTGOMERY, TX 77316 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 08/18/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MENDELOW, CHRISTY | Amount of Contribution (\$) \$220.00 |
| Contributor address; City; State; Zip Code 21175 TOMBALL PKWY STE 115 HOUSTON, TX 77070 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 10/19/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MERCADO, JOHN | Amount of Contribution (\$) \$495.00 |
| Contributor address; City; State; Zip Code 6926 ADCOCK ACRES CONROE, TX 77303 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 32/48 Rpt: 35/155 |
| 2 FILER NAME Mack, Wayne | | 3 Filer ID |
| 4 Date 08/28/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MILLESON, GARY 6 Contributor address; City; State; Zip Code 117 S OCOTILLO RIDGE MONTGOMERY, TX 77316 | 7 Amount of Contribution (\$) \$500.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 08/09/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MILSTEAD, AMY 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) |
| Date 08/14/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MONTALVO, ANDY AND CASEY Contributor address; City; State; Zip Code 13528 BROOKLYN MEAD LN WILLIS, TX 77378 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 08/15/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MORRIS, JIM Contributor address; City; State; Zip Code 17178 W FM 1097 RD MONTGOMERY, TX 77356 | Amount of Contribution (\$) \$1,000.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 10/19/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MORRISON, F JOSEPH AND DAWN Contributor address; City; State; Zip Code 675 LONESTAR RD HUNTSVILLE, TX 77340 | Amount of Contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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|--|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 33/48 Rpt: 36/155 |
| 2 FILER NAME Mack, Wayne | | 3 Filer ID |
| 4 Date 08/28/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MORRISON, JOE | 7 Amount of Contribution (\$) \$500.00 |
| 6 Contributor address; City; State; Zip Code 675 LONESTAR RD HUNTSVILLE, TX 77340 | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 09/12/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MORTON, RICKY | Amount of Contribution (\$) \$500.00 |
| Contributor address; City; State; Zip Code 10910 KALEO WAY CONROE, TX 77304 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 09/16/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ODELL, COURTNEY | Amount of Contribution (\$) \$35.00 |
| Contributor address; City; State; Zip Code 8960 COUNTY LINE RD WILLIS, TX 77378 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 10/19/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) OLIPHANT, JASON | Amount of Contribution (\$) \$790.00 |
| Contributor address; City; State; Zip Code 11435 RUNNELS RD CONROE, TX 77303 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 07/21/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) OLIVER, ETHEL | Amount of Contribution (\$) \$70.00 |
| Contributor address; City; State; Zip Code 25543 SHARP RD MONTGOMERY, TX 77356 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 34/48 Rpt: 37/155 |
| 2 FILER NAME Mack, Wayne | | 3 Filer ID |
| 4 Date 08/09/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ONEIL, SHARON 6 Contributor address; City; State; Zip Code 36 BENTHAVEN ISLE MONTGOMERY, TX 77356 | 7 Amount of Contribution (\$) \$100.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 10/25/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) OUGHTON, NANCY Contributor address; City; State; Zip Code 13378 BUNKER HILL RD WILLIS, TX 77318 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 08/08/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PARADA, CHARLES Contributor address; City; State; Zip Code 18754 GRAND HARBOR POINT MONTGOMERY, TX 77356 | Amount of Contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 07/31/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PARISE, LORRIE Contributor address; City; State; Zip Code 9950 WOODLOCH FOREST DR STE 1100 THE WOODLANDS, TX 77380 | Amount of Contribution (\$) \$70.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 07/25/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PARSONS, CAROLE Contributor address; City; State; Zip Code 158 APRIL WATERS DR N 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: 35/48 Rpt: 38/155 |
| 2 FILER NAME Mack, Wayne | | 3 Filer ID |
| 4 Date 08/13/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PATIN, TROY AND DEBBIE <hr/> 6 Contributor address; City; State; Zip Code 204 KINGS LN MONTGOMERY, TX 77356 | 7 Amount of Contribution (\$) \$1,000.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 08/16/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PATTON, JACK AND CARYN <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 07/29/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PENA, DANIEL <hr/> Contributor address; City; State; Zip Code 4054 TIMBER SAPP DR CONROE, TX 77304 | Amount of Contribution (\$) \$35.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 08/24/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PENA, DANIEL <hr/> Contributor address; City; State; Zip Code 4054 TIMBER SAPP DR CONROE, TX 77304 | Amount of Contribution (\$) \$35.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 10/19/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PENA, DANIEL <hr/> Contributor address; City; State; Zip Code 4054 TIMBER SAPP DR CONROE, TX 77304 | 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: 36/48 Rpt: 39/155 |
| 2 FILER NAME Mack, Wayne | | 3 Filer ID |
| 4 Date 10/17/2023 | 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 10/19/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PERRY, KIMBERLY <hr/> Contributor address; City; State; Zip Code 1906 PARNEVIK PL CONROE, TX 77304 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 10/19/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PIERSON, GLADYS <hr/> Contributor address; City; State; Zip Code 122 W DAVIS ST STE 110 CONROE, TX 77301 | Amount of Contribution (\$) \$500.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 08/21/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PORTEN, LINDA <hr/> Contributor address; City; State; Zip Code 110 CLEAR SPRINGS MONTGOMERY, TX 77356 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 08/08/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) REID, SHANNAN <hr/> Contributor address; City; State; Zip Code 3701 BRECKENRIDGE DR MONTGOMERY, TX 77356 | Amount of Contribution (\$) \$35.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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|--|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 37/48 Rpt: 40/155 |
| 2 FILER NAME Mack, Wayne | | 3 Filer ID |
| 4 Date 09/06/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RICHARDS, VALERIE 6 Contributor address; City; State; Zip Code 15455 RABON CHAPEL MONTGOMERY, TX 77316 | 7 Amount of Contribution (\$) \$140.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 08/09/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RIEDLINGER, CLAUDIA Contributor address; City; State; Zip Code 569 EDGEWOOD DR MONTGOMERY, TX 77356 | Amount of Contribution (\$) \$70.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 08/27/2023 | 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 10/09/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RIVERA, ANABEL Contributor address; City; State; Zip Code 90 TUPELO LN CONROE, TX 77304 | Amount of Contribution (\$) \$70.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 09/27/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROBERSON, EVAN Contributor address; City; State; Zip Code 162 REMINGTON RD HUNTSVILLE, TX 77340 | Amount of Contribution (\$) \$1,500.00 |
| 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: 38/48 Rpt: 41/155 |
| 2 FILER NAME Mack, Wayne | | 3 Filer ID |
| 4 Date 10/19/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROBERT WALKER CAMPAIGN 6 Contributor address; City; State; Zip Code PO BOX 558 PINEHURST, TX 77362 | 7 Amount of Contribution (\$) \$350.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 09/28/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROLAND, MICKIE Contributor address; City; State; Zip Code 300 N FRAZIER ST CONROE, TX 77301 | Amount of Contribution (\$) \$105.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 08/27/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RONSMAN, ANN MARIE Contributor address; City; State; Zip Code 135 ANGIE LN MONTGOMERY, TX 77316 | Amount of Contribution (\$) \$70.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 10/19/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROSALES, JENNY Contributor address; City; State; Zip Code 11261 ROSE RD CONROE, TX 77303 | Amount of Contribution (\$) \$160.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 08/28/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROSS, BOB Contributor address; City; State; Zip Code 8006 SHADOW PARK CT 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: 39/48 Rpt: 42/155 |
| 2 FILER NAME Mack, Wayne | | 3 Filer ID |
| 4 Date 07/07/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RUMMELL, KATHERINE <hr/> 6 Contributor address; City; State; Zip Code 25531 RICHARDS RD SPRING, TX 77386 | 7 Amount of Contribution (\$) \$35.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 10/02/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RUPPERT, TERRA <hr/> Contributor address; City; State; Zip Code 110 S PARK DR MONTGOMERY, TX 77356 | Amount of Contribution (\$) \$35.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 10/19/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RUSSO, CONNIE <hr/> Contributor address; City; State; Zip Code 2240 GOLDEN LAUREL DR CONROE, TX 77304 | Amount of Contribution (\$) \$55.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 07/30/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SAIKOWSKI, RONALD <hr/> Contributor address; City; State; Zip Code 14 EAST KNIGHTSBRIDGE DR CONROE, TX 77385 | Amount of Contribution (\$) \$35.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 09/04/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SALAZAR, ANGELA <hr/> Contributor address; City; State; Zip Code 222 ELIANNE LACE CT 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: 40/48 Rpt: 43/155 |
| 2 FILER NAME Mack, Wayne | | 3 Filer ID |
| 4 Date 10/19/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SALAZAR, ANGELA 6 Contributor address; City; State; Zip Code 222 ELIANNE LACE CT WILLIS, TX 77318 | 7 Amount of Contribution (\$) \$40.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 10/13/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SCHOENEBERG, TRAVIS Contributor address; City; State; Zip Code 663 OLD PLANTERSVILLE RD MONTGOMERY, TX 77316 | Amount of Contribution (\$) \$35.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 10/20/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SCHOENEBERG, TRAVIS Contributor address; City; State; Zip Code 663 OLD PLANTERSVILLE RD MONTGOMERY, TX 77316 | Amount of Contribution (\$) \$350.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 09/14/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SCOTT, DAVID Contributor address; City; State; Zip Code 14583 BRIDGEPOINT CT WILLIS, TX 77318 | Amount of Contribution (\$) \$70.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 08/21/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SCOTT, MCKENZIE Contributor address; City; State; Zip Code 26207 COUNTRY WOODS TRL MAGNOLIA, TX 77355 | 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: 41/48 Rpt: 44/155 |
| 2 FILER NAME Mack, Wayne | | 3 Filer ID |
| 4 Date 10/19/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SIGFORD, BRIDGIT | 7 Amount of Contribution (\$) \$60.00 |
| 6 Contributor address; City; State; Zip Code 12502 PARK LN WILLIS, TX 77318 | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 09/12/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SIMMONS, MICHAEL | Amount of Contribution (\$) \$500.00 |
| Contributor address; City; State; Zip Code 19132 STEWART CREEK RD MONTGOMERY, TX 77356 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 10/25/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SMITH, GREG | Amount of Contribution (\$) \$2,500.00 |
| Contributor address; City; State; Zip Code 20850 EVA ST MONTGOMERY, TX 77356 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 07/25/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SMITH, MARILYNNE | Amount of Contribution (\$) \$1.10.00 |
| Contributor address; City; State; Zip Code 1637 CAFE DUMONDE CONROE, TX 77304 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 10/19/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SMITH, TODD | Amount of Contribution (\$) \$60.00 |
| Contributor address; City; State; Zip Code 4510 PIN OAK CREEK LN KINGWOOD, TX 77345 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 42/48 Rpt: 45/155 |
| 2 FILER NAME Mack, Wayne | | 3 Filer ID |
| 4 Date 08/23/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SMITH, TRENT | 7 Amount of Contribution (\$) \$500.00 |
| 6 Contributor address; City; State; Zip Code 1612 ODD FELLOW ST CONROE, TX 77301 | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 10/09/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SOBUS, KEITH | Amount of Contribution (\$) \$35.00 |
| Contributor address; City; State; Zip Code 67 1/2 APRIL WIND DR S MONTGOMERY, TX 77356 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 08/09/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STEENWYK, TIMOTHY AND MARILYN | Amount of Contribution (\$) \$1,000.00 |
| Contributor address; City; State; Zip Code 248 GREEN COVE DR MONTGOMERY, TX 77356 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 10/30/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STEGEMAN, JAMES AND LINDA | Amount of Contribution (\$) \$250.00 |
| Contributor address; City; State; Zip Code 27 LAKE ESTATES DR MONTGOMERY, TX 77356 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 08/10/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STEINMANN, BERT | Amount of Contribution (\$) \$500.00 |
| Contributor address; City; State; Zip Code 103 W PHILLIPS 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: 43/48 Rpt: 46/155 |
| 2 FILER NAME Mack, Wayne | | 3 Filer ID |
| 4 Date 10/19/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STEINMANN, RAY 6 Contributor address; City; State; Zip Code PO BOX 1679 CONROE, TX 77305 | 7 Amount of Contribution (\$) \$245.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 10/19/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STEWART, LORI Contributor address; City; State; Zip Code 425 MCCALED RD APT 5108 MONTGOMERY, TX 77316 | Amount of Contribution (\$) \$125.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 10/19/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STRACK, RUSSELL AND 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 10/20/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SUTTON, KIMBERLY Contributor address; City; State; Zip Code 235 PLEASANT HILL WAY CONROE, TX 77304 | Amount of Contribution (\$) \$185.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 08/02/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TATE, DAVID AND RHONDA Contributor address; City; State; Zip Code 15378 JODY LN CONROE, TX 77303 | Amount of Contribution (\$) \$105.00 |
| 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: 44/48 Rpt: 47/155 |
| 2 FILER NAME Mack, Wayne | | 3 Filer ID |
| 4 Date 10/19/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TEAGUE, JANET 6 Contributor address; City; State; Zip Code 3097 N FM 1486 RD MONTGOMERY, TX 77356 | 7 Amount of Contribution (\$) \$228.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 10/25/2023 | 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 (\$) \$105.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 09/12/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TEXAS PROFESSIONAL SURVEYING LLC Contributor address; City; State; Zip Code 3032 N FRAZIER ST CONROE, TX 77303 | Amount of Contribution (\$) \$60,000.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 09/27/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) THE BLAIR LAW FIRM PC Contributor address; City; State; Zip Code 7 GROGANS PARK DR REDBUD BLDG 3 THE WOODLANDS, TX 77380 | Amount of Contribution (\$) \$110.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 08/16/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) THE FOWLER LAW FIRM Contributor address; City; State; Zip Code 505 W DAVIS CONROE, TX 77301 | 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: 45/48 Rpt: 48/155 |
| 2 FILER NAME Mack, Wayne | | 3 Filer ID |
| 4 Date 08/17/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) THOMAS, JUDI <hr/> 6 Contributor address; City; State; Zip Code 1563 WHIPPORWILL RD CONROE, TX 77303 | 7 Amount of Contribution (\$) \$35.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 10/19/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) THOMPSON, BRAD <hr/> Contributor address; City; State; Zip Code 2477 AVENUE A SAN LEON, TX 77539 | Amount of Contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 10/19/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) THOMPSON, FRANKLIN AND CYNTHIA <hr/> Contributor address; City; State; Zip Code 3407 WILLOWRUN DR MONTGOMERY, TX 77356 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 08/10/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) THORNTON, HELEN <hr/> Contributor address; City; State; Zip Code 3619 W DAVIS ST CONROE, TX 77304 | Amount of Contribution (\$) \$110.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 09/13/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TRAYLOR, BILL <hr/> Contributor address; City; State; Zip Code 9531 COUNTY LINE RD WILLIS, TX 77378 | 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: 46/48 Rpt: 49/155 |
| 2 FILER NAME Mack, Wayne | | 3 Filer ID |
| 4 Date 10/19/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TUTTLE, ARTHUR <hr/> 6 Contributor address; City; State; Zip Code 123 LYNDSEY DR MONTGOMERY, TX 77316 | 7 Amount of Contribution (\$) \$525.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 08/29/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) UDELL, BOB <hr/> Contributor address; City; State; Zip Code 350 S LOOP 336 W CONROE, TX 77304 | Amount of Contribution (\$) \$500.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 10/19/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VINCE SANTINI CAMPAIGN FUND <hr/> Contributor address; City; State; Zip Code 2257 N LOOP 336 W STE 140-422 CONROE, TX 77304 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 10/20/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VLAHA, BARBARA <hr/> Contributor address; City; State; Zip Code 27 W PIPERS GREEN ST THE WOODLANDS, TX 77382 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 08/05/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WALKER CAMPAIGN <hr/> Contributor address; City; State; Zip Code PO BOX 558 PINEHURST, TX 77362 | 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: 47/48 Rpt: 50/155 |
| 2 FILER NAME Mack, Wayne | | 3 Filer ID |
| 4 Date 08/09/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WALKER CAMPAIGN | 7 Amount of Contribution (\$) \$3,000.00 |
| | 6 Contributor address; City; State; Zip Code PO BOX 558 PINEHURST, TX 77362 | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 09/08/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WEBB, KIMBERLY | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code 101 WEBB RD OAKHURST, TX 77359 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 10/17/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WELBES, TIMOTHY AND MARILYN | Amount of Contribution (\$) \$110.00 |
| | Contributor address; City; State; Zip Code 23 MEADOW FAIR CT THE WOODLANDS, TX 77381 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 10/19/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WHEELER, KIMA | Amount of Contribution (\$) \$75.00 |
| | Contributor address; City; State; Zip Code 10689 FM 1484 RD CONROE, TX 77303 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 08/10/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WIEGHAT, JASON AND JACKIE | Amount of Contribution (\$) \$1,000.00 |
| | Contributor address; City; State; Zip Code 17667 FM 1484 CONROE, TX 77303 | |
| 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: 48/48 Rpt: 51/155 |
| 2 FILER NAME Mack, Wayne | | 3 Filer ID |
| 4 Date 08/09/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WIESNER FAMILY 6 Contributor address; City; State; Zip Code 230 INTERSTATE 45 NORTH HUNTSVILLE, TX 77320 | 7 Amount of Contribution (\$) \$500.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 10/19/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WILLIAMSON, STACEY Contributor address; City; State; Zip Code 18727 PALM BEACH BLVD MONTGOMERY, TX 77356 | Amount of Contribution (\$) \$125.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 10/01/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WOOD, BOB Contributor address; City; State; Zip Code 3627 COUNTRY CLUB BLVD MONTGOMERY, TX 77356 | Amount of Contribution (\$) \$35.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 10/16/2023 | 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) |
| Date 10/19/2023 | 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 (\$) \$800.00 |
| 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: 1/9 Rpt: 52/155 | |
| 2 FILER NAME Mack, Wayne | | 3 Filer ID | |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS | | \$ | |
| 5 Date 10/19/2023 | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GOD'S GARAGE 7 Contributor address; City; State; Zip Code 2100 E DAVIS ST CONROE, TX 77301 | 8 Amount of contribution (\$) \$50.00 | 9 In-kind contribution description GOD'S GARAGE GIFT BASKET <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) | | 11 Employer (FOR NON-JUDICIAL) (See instructions) | |
| 12 Contributor's principal occupation (FOR JUDICIAL) | | 13 Contributor's job title (FOR JUDICIAL) (See instructions) | |
| 14 Contributor's employer/law firm (FOR JUDICIAL) | | 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) | |
| 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | |
| Date 10/19/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GONZALES, JASON 7 Contributor address; City; State; Zip Code 197 LONG RD LIVINGSTON, TX 77351 | Amount of contribution (\$) \$120.00 | In-kind contribution description LARGE METAL TEXAS STAR WALL DIRT COR <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) | | Employer (FOR NON-JUDICIAL) (See instructions) | |
| Contributor's principal occupation (FOR JUDICIAL) | | Contributor's job title (FOR JUDICIAL) (See instructions) | |
| Contributor's employer/law firm (FOR JUDICIAL) | | Law firm of contributor's spouse (if any) (FOR JUDICIAL) | |
| If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | |
| Date 10/19/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GREGORY, STEPHANIE 7 Contributor address; City; State; Zip Code 620 LONGMIRE RD CONROE, TX 77304 | Amount of contribution (\$) \$45.00 | In-kind contribution description SENSACALM WEIGHTED BLANKET <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) | | Employer (FOR NON-JUDICIAL) (See instructions) | |
| Contributor's principal occupation (FOR JUDICIAL) | | Contributor's job title (FOR JUDICIAL) (See instructions) | |
| Contributor's employer/law firm (FOR JUDICIAL) | | Law firm of contributor's spouse (if any) (FOR JUDICIAL) | |
| If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | |

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

| | | | |
|---|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A2: Sch: 2/9 Rpt: 53/155 | |
| 2 FILER NAME Mack, Wayne | | 3 Filer ID | |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS | | \$ | |
| 5 Date 10/19/2023 | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HATAWAY, BOB AND CAROLINE | 8 Amount of contribution (\$) \$500.00 | 9 In-kind contribution description TEXAS A & M TAILGATING PACKAGE THAT INCLUDES 2 CHAIRS AND A |
| | 7 Contributor address; City; State; Zip Code 10301 AUTUMN RUN LN CONROE, TX 77304 | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) | | 11 Employer (FOR NON-JUDICIAL) (See instructions) | |
| 12 Contributor's principal occupation (FOR JUDICIAL) | | 13 Contributor's job title (FOR JUDICIAL) (See instructions) | |
| 14 Contributor's employer/law firm (FOR JUDICIAL) | | 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) | |
| 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | |
| Date 10/19/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JIM'S HARDWARE | Amount of contribution (\$) \$200.00 | In-kind contribution description HAND TUNED WIND CHIMES |
| | Contributor address; City; State; Zip Code 14460 LIBERTY MONTGOMERY, TX 77356 | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) | | Employer (FOR NON-JUDICIAL) (See instructions) | |
| Contributor's principal occupation (FOR JUDICIAL) | | Contributor's job title (FOR JUDICIAL) (See instructions) | |
| Contributor's employer/law firm (FOR JUDICIAL) | | Law firm of contributor's spouse (if any) (FOR JUDICIAL) | |
| If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | |
| Date 10/19/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JIM'S HARDWARE | Amount of contribution (\$) \$85.00 | In-kind contribution description 142 PC CRESCENT WRENCH TOOL SET |
| | Contributor address; City; State; Zip Code 14460 LIBERTY MONTGOMERY, TX 77356 | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) | | Employer (FOR NON-JUDICIAL) (See instructions) | |
| Contributor's principal occupation (FOR JUDICIAL) | | Contributor's job title (FOR JUDICIAL) (See instructions) | |
| Contributor's employer/law firm (FOR JUDICIAL) | | Law firm of contributor's spouse (if any) (FOR JUDICIAL) | |
| If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | |

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

| | | | |
|---|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A2: Sch: 3/9 Rpt: 54/155 | |
| 2 FILER NAME Mack, Wayne | | 3 Filer ID | |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS | | \$ | |
| 5 Date 10/19/2023 | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JUSTICE COURT 1 CLERKS | 8 Amount of contribution (\$) \$130.00 | 9 In-kind contribution description FALL DINNER WITH CENTERPIECE, PILLOWS, BLANKET, PUMPKIN AND |
| 7 Contributor address; City; State; Zip Code 300 S DANVILLE WILLIS, TX 77378 | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) | | 11 Employer (FOR NON-JUDICIAL) (See instructions) | |
| 12 Contributor's principal occupation (FOR JUDICIAL) | | 13 Contributor's job title (FOR JUDICIAL) (See instructions) | |
| 14 Contributor's employer/law firm (FOR JUDICIAL) | | 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) | |
| 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | |
| Date 10/19/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LIBERTY BELLES REPUBLICAN WOMEN | Amount of contribution (\$) \$180.00 | In-kind contribution description ROUND OF GOLF FOR 4 AT PANORAMA GOLF CLUB INCLUDING CART |
| Contributor address; City; State; Zip Code PO BOX 1081 CONROE, TX 77305 | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) | | Employer (FOR NON-JUDICIAL) (See instructions) | |
| Contributor's principal occupation (FOR JUDICIAL) | | Contributor's job title (FOR JUDICIAL) (See instructions) | |
| Contributor's employer/law firm (FOR JUDICIAL) | | Law firm of contributor's spouse (if any) (FOR JUDICIAL) | |
| If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | |
| Date 10/19/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LOPEZ, BRANDIE | Amount of contribution (\$) \$101.00 | In-kind contribution description ANGEL WING CROSS |
| Contributor address; City; State; Zip Code 197 LONG RD LIVINGSTON, TX 77351 | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) | | Employer (FOR NON-JUDICIAL) (See instructions) | |
| Contributor's principal occupation (FOR JUDICIAL) | | Contributor's job title (FOR JUDICIAL) (See instructions) | |
| Contributor's employer/law firm (FOR JUDICIAL) | | Law firm of contributor's spouse (if any) (FOR JUDICIAL) | |
| If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | |

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

| | | | |
|--|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A2: Sch: 4/9 Rpt: 55/155 | |
| 2 FILER NAME Mack, Wayne | | 3 Filer ID | |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS | | \$ | |
| 5 Date 10/19/2023 | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) POLK, BRANDON | 8 Amount of contribution (\$) \$75.00 | 9 In-kind contribution description 4 PERSONAL TRAINING SESSIONS AT PLUS 40 FITNESS |
| 7 Contributor address; City; State; Zip Code 2510 S LOOP 336 W STE 205 CONROE, TX 77304 | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) | | 11 Employer (FOR NON-JUDICIAL) (See instructions) | |
| 12 Contributor's principal occupation (FOR JUDICIAL) | | 13 Contributor's job title (FOR JUDICIAL) (See instructions) | |
| 14 Contributor's employer/law firm (FOR JUDICIAL) | | 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) | |
| 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | |
| Date 10/19/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RINGO, MISSY | Amount of contribution (\$) \$145.00 | In-kind contribution description FALL WREATH |
| Contributor address; City; State; Zip Code 595 HAMPTON HALL CONROE, TX 77302 | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) | | Employer (FOR NON-JUDICIAL) (See instructions) | |
| Contributor's principal occupation (FOR JUDICIAL) | | Contributor's job title (FOR JUDICIAL) (See instructions) | |
| Contributor's employer/law firm (FOR JUDICIAL) | | Law firm of contributor's spouse (if any) (FOR JUDICIAL) | |
| If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | |
| Date 10/19/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RODRIGUEZ, ELIAS | Amount of contribution (\$) \$150.00 | In-kind contribution description 1 MONTH FREE CROSSTRaining OR JIU JITSU AT ENDURE CROSS TRAINING |
| Contributor address; City; State; Zip Code 1647 N FRAZIER ST STE 55 CONROE, TX 77301 | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) | | Employer (FOR NON-JUDICIAL) (See instructions) | |
| Contributor's principal occupation (FOR JUDICIAL) | | Contributor's job title (FOR JUDICIAL) (See instructions) | |
| Contributor's employer/law firm (FOR JUDICIAL) | | Law firm of contributor's spouse (if any) (FOR JUDICIAL) | |
| If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | |

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

| | | | |
|--|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A2: Sch: 5/9 Rpt: 56/155 | |
| 2 FILER NAME Mack, Wayne | | 3 Filer ID | |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS | | \$ | |
| 5 Date 10/19/2023 | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STATON, INEZ <hr/> 7 Contributor address; City; State; Zip Code 12113 ANDERSON RD WILLIS, TX 77318 | 8 Amount of contribution (\$) \$110.00 | 9 In-kind contribution description HANDMADE QUILT |
| <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | | |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) | | 11 Employer (FOR NON-JUDICIAL) (See instructions) | |
| 12 Contributor's principal occupation (FOR JUDICIAL) | | 13 Contributor's job title (FOR JUDICIAL) (See instructions) | |
| 14 Contributor's employer/law firm (FOR JUDICIAL) | | 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) | |
| 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | |
| Date 10/19/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TALLEY, DELMA <hr/> Contributor address; City; State; Zip Code 24323 W FM 1097 MONTGOMERY, TX 77356 | Amount of contribution (\$) \$50.00 | In-kind contribution description ORIGINAL HORSE WATERCOLOR PRINTS MATTED WITH CERTIFICATES OF |
| <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | | |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) | | Employer (FOR NON-JUDICIAL) (See instructions) | |
| Contributor's principal occupation (FOR JUDICIAL) | | Contributor's job title (FOR JUDICIAL) (See instructions) | |
| Contributor's employer/law firm (FOR JUDICIAL) | | Law firm of contributor's spouse (if any) (FOR JUDICIAL) | |
| If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | |
| Date 10/19/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TAYLOR, CONNIE <hr/> Contributor address; City; State; Zip Code 3382 DESERT INN DR MONTGOMERY, TX 77356 | Amount of contribution (\$) \$40.00 | In-kind contribution description HOMEMADE COOKIES, CHOCOLATE, AND CHAMPAGNE |
| <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | | |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) | | Employer (FOR NON-JUDICIAL) (See instructions) | |
| Contributor's principal occupation (FOR JUDICIAL) | | Contributor's job title (FOR JUDICIAL) (See instructions) | |
| Contributor's employer/law firm (FOR JUDICIAL) | | Law firm of contributor's spouse (if any) (FOR JUDICIAL) | |
| If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | |

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

| | | | |
|---|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A2: Sch: 6/9 Rpt: 57/155 | |
| 2 FILER NAME Mack, Wayne | | 3 Filer ID | |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS | | \$ | |
| 5 Date 10/19/2023 | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TAYLOR, DARRELL | 8 Amount of contribution (\$) \$1,000.00 | 9 In-kind contribution description CATFISH MAN GUIDE SERVICE FOR 4 ON LAKE CONROE |
| 7 Contributor address; City; State; Zip Code 401 MILL CREEK DR WILLIS, TX 77378 | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) | | 11 Employer (FOR NON-JUDICIAL) (See instructions) | |
| 12 Contributor's principal occupation (FOR JUDICIAL) | | 13 Contributor's job title (FOR JUDICIAL) (See instructions) | |
| 14 Contributor's employer/law firm (FOR JUDICIAL) | | 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) | |
| 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | |
| Date 10/19/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TEAGUE, JANET | Amount of contribution (\$) \$125.00 | In-kind contribution description AUTOGRAPHED "THE BIBLE & THE BADGES" BOOK |
| Contributor address; City; State; Zip Code 3097 N FM 1486 RD MONTGOMERY, TX 77356 | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) | | Employer (FOR NON-JUDICIAL) (See instructions) | |
| Contributor's principal occupation (FOR JUDICIAL) | | Contributor's job title (FOR JUDICIAL) (See instructions) | |
| Contributor's employer/law firm (FOR JUDICIAL) | | Law firm of contributor's spouse (if any) (FOR JUDICIAL) | |
| If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | |
| Date 10/19/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TEAGUE, RAY & JANET | Amount of contribution (\$) \$40.00 | In-kind contribution description TEXAS WOOD SIGN WITH ROPE TRIM |
| Contributor address; City; State; Zip Code 3097 N FM 1486 RD MONTGOMERY, TX 77356 | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) | | Employer (FOR NON-JUDICIAL) (See instructions) | |
| Contributor's principal occupation (FOR JUDICIAL) | | Contributor's job title (FOR JUDICIAL) (See instructions) | |
| Contributor's employer/law firm (FOR JUDICIAL) | | Law firm of contributor's spouse (if any) (FOR JUDICIAL) | |
| If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | |

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

| | | | |
|---|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A2: Sch: 7/9 Rpt: 58/155 | |
| 2 FILER NAME Mack, Wayne | | 3 Filer ID | |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS | | \$ | |
| 5 Date 10/19/2023 | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TEAGUE, RAY & JANET | 8 Amount of contribution (\$) \$60.00 | 9 In-kind contribution description MARRIAGE TAKES 3 ENTWINED HEARTS CROSS |
| 7 Contributor address; City; State; Zip Code 3097 N FM 1486 RD MONTGOMERY, TX 77356 | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) | | 11 Employer (FOR NON-JUDICIAL) (See instructions) | |
| 12 Contributor's principal occupation (FOR JUDICIAL) | | 13 Contributor's job title (FOR JUDICIAL) (See instructions) | |
| 14 Contributor's employer/law firm (FOR JUDICIAL) | | 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) | |
| 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | |
| Date 10/19/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TEAGUE, RAY & JANET | Amount of contribution (\$) \$50.00 | In-kind contribution description MARRIAGE TAKES 3 ENTWINED HEARTS CROSS |
| Contributor address; City; State; Zip Code 3097 N FM 1486 RD MONTGOMERY, TX 77356 | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) | | Employer (FOR NON-JUDICIAL) (See instructions) | |
| Contributor's principal occupation (FOR JUDICIAL) | | Contributor's job title (FOR JUDICIAL) (See instructions) | |
| Contributor's employer/law firm (FOR JUDICIAL) | | Law firm of contributor's spouse (if any) (FOR JUDICIAL) | |
| If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | |
| Date 10/19/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TEAGUE, RAY & JANET | Amount of contribution (\$) \$95.00 | In-kind contribution description FAITH RING |
| Contributor address; City; State; Zip Code 3097 N FM 1486 RD MONTGOMERY, TX 77356 | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) | | Employer (FOR NON-JUDICIAL) (See instructions) | |
| Contributor's principal occupation (FOR JUDICIAL) | | Contributor's job title (FOR JUDICIAL) (See instructions) | |
| Contributor's employer/law firm (FOR JUDICIAL) | | Law firm of contributor's spouse (if any) (FOR JUDICIAL) | |
| If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | |

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

| | | | |
|---|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A2: Sch: 8/9 Rpt: 59/155 | |
| 2 FILER NAME Mack, Wayne | | 3 Filer ID | |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS | | \$ | |
| 5 Date 10/19/2023 | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TRYON, JOHN | 8 Amount of contribution (\$) \$30.00 | 9 In-kind contribution description TICKETS TO CONROE SYMPHONY ORCHESTRA |
| | 7 Contributor address; City; State; Zip Code 3010 CHAUCER DR MONTGOMERY, TX 77356 | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) | | 11 Employer (FOR NON-JUDICIAL) (See instructions) | |
| 12 Contributor's principal occupation (FOR JUDICIAL) | | 13 Contributor's job title (FOR JUDICIAL) (See instructions) | |
| 14 Contributor's employer/law firm (FOR JUDICIAL) | | 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) | |
| 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | |
| Date 10/19/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TRYON, JOHN | Amount of contribution (\$) \$0.00 | In-kind contribution description TICKETS TO CONROE SYMPHONY ORCHESTRA |
| | Contributor address; City; State; Zip Code 3010 CHAUCER DR MONTGOMERY, TX 77356 | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) | | Employer (FOR NON-JUDICIAL) (See instructions) | |
| Contributor's principal occupation (FOR JUDICIAL) | | Contributor's job title (FOR JUDICIAL) (See instructions) | |
| Contributor's employer/law firm (FOR JUDICIAL) | | Law firm of contributor's spouse (if any) (FOR JUDICIAL) | |
| If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | |
| Date 10/19/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WILLIAMSON, JOHN AND LORI | Amount of contribution (\$) \$110.00 | In-kind contribution description FARMHOUSE D $\frac{1}{2}$ COR BASKET THAT INCLUDED WALL CANDLE SCONCES AND |
| | Contributor address; City; State; Zip Code 4205 W DAVIS ST CONROE, TX 77304 | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) | | Employer (FOR NON-JUDICIAL) (See instructions) | |
| Contributor's principal occupation (FOR JUDICIAL) | | Contributor's job title (FOR JUDICIAL) (See instructions) | |
| Contributor's employer/law firm (FOR JUDICIAL) | | Law firm of contributor's spouse (if any) (FOR JUDICIAL) | |
| If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | |

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

| | | | |
|--|--|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A2: Sch: 9/9 Rpt: 60/155 | |
| 2 FILER NAME Mack, Wayne | | 3 Filer ID | |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS | | \$ | |
| 5 Date 10/19/2023 | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WILSON, KIMBERLY | 8 Amount of contribution (\$) \$50.00 | 9 In-kind contribution description 2 CROSS HATS |
| | 7 Contributor address; City; State; Zip Code 655 STONEWALL JACKSON DR CONROE, TX 77302 | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| 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.

| | | |
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| 1 Total pages Schedule F1: Sch: 1/52 Rpt: 61/155 | 2 FILER NAME Mack, Wayne | 3 Filer ID |
|--|------------------------------------|-------------------|

| | |
|-----------------------------|---|
| 4 Date 07/06/2023 | 5 Payee name AMERICAN EXPRESS |
|-----------------------------|---|

| | |
|---------------------------------|--|
| 6 Amount (\$) \$30.00 | 7 Payee address; City; State; Zip Code PO BOX 650448 DALLAS, TX 75265 |
|---------------------------------|--|

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| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Credit Card Payment | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD |
|---------------------------------|---|--|

| | | | |
|---|-----------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

| | |
|--------------------|--------------------------------|
| Date 07/06/2023 | Payee name AMERICAN EXPRESS |
|--------------------|--------------------------------|

| | |
|-------------------------|---|
| Amount (\$) \$148.00 | Payee address; City; State; Zip Code PO BOX 650449 DALLAS, TX 75265 |
|-------------------------|---|

| | | |
|------------------------|---|--|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Credit Card Payment | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD |
|------------------------|---|--|

| | | | |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| | |
|--------------------|--------------------------------|
| Date 07/06/2023 | Payee name AMERICAN EXPRESS |
|--------------------|--------------------------------|

| | |
|-------------------------|---|
| Amount (\$) \$280.30 | Payee address; City; State; Zip Code PO BOX 650450 DALLAS, TX 75265 |
|-------------------------|---|

| | | |
|------------------------|---|--|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Credit Card Payment | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD |
|------------------------|---|--|

| | | | |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|--|---|
| 1 Total pages Schedule F1: Sch: 2/52 Rpt: 62/155 | 2 FILER NAME Mack, Wayne | 3 Filer ID |
| 4 Date 07/12/2023 | 5 Payee name AMERICAN EXPRESS | |
| 6 Amount (\$) \$30.00 | 7 Payee address; City; State; Zip Code PO BOX 650450 DALLAS, TX 75265 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Credit Card Payment | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 07/12/2023 | Payee name AMERICAN EXPRESS | |
| Amount (\$) \$151.86 | Payee address; City; State; Zip Code PO BOX 650450 DALLAS, TX 75265 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Credit Card Payment | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 07/24/2023 | Payee name AMERICAN EXPRESS | |
| Amount (\$) \$126.14 | Payee address; City; State; Zip Code PO BOX 650450 DALLAS, TX 75265 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Credit Card Payment | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD |
| 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: 3/52 Rpt: 63/155 | 2 FILER NAME Mack, Wayne | 3 Filer ID |
|--|------------------------------------|-------------------|

| | |
|-----------------------------|---|
| 4 Date 07/28/2023 | 5 Payee name AMERICAN EXPRESS |
|-----------------------------|---|

| | |
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| 6 Amount (\$) \$167.00 | 7 Payee address; City; State; Zip Code PO BOX 650450 DALLAS, TX 75265 |
|----------------------------------|--|

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| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Credit Card Payment | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD |
|---------------------------------|--|--|

| | | | |
|---|-----------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

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|--------------------|--------------------------------|
| Date 08/07/2023 | Payee name AMERICAN EXPRESS |
|--------------------|--------------------------------|

| | |
|------------------------|---|
| Amount (\$) \$50.00 | Payee address; City; State; Zip Code PO BOX 650449 DALLAS, TX 75265 |
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| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Credit Card Payment | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD |
|------------------------|--|--|

| | | | |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| | |
|--------------------|--------------------------------|
| Date 08/07/2023 | Payee name AMERICAN EXPRESS |
|--------------------|--------------------------------|

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|------------------------|---|
| Amount (\$) \$55.00 | Payee address; City; State; Zip Code PO BOX 650450 DALLAS, TX 75265 |
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| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Credit Card Payment | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD |
|------------------------|--|--|

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|--|-----------------------------|---------------|-------------|
| 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: 4/52 Rpt: 64/155 | 2 FILER NAME Mack, Wayne | 3 Filer ID |
| 4 Date 08/07/2023 | 5 Payee name AMERICAN EXPRESS | |
| 6 Amount (\$) \$151.86 | 7 Payee address; City; State; Zip Code PO BOX 650450 DALLAS, TX 75265 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Credit Card Payment | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 08/07/2023 | Payee name AMERICAN EXPRESS | |
| Amount (\$) \$176.84 | Payee address; City; State; Zip Code PO BOX 650450 DALLAS, TX 75265 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Credit Card Payment | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 08/07/2023 | Payee name AMERICAN EXPRESS | |
| Amount (\$) \$400.00 | Payee address; City; State; Zip Code PO BOX 650450 DALLAS, TX 75265 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Credit Card Payment | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD |
| 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: 5/52 Rpt: 65/155 | 2 FILER NAME Mack, Wayne | 3 Filer ID |
|--|------------------------------------|-------------------|

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|-----------------------------|---|
| 4 Date 08/07/2023 | 5 Payee name AMERICAN EXPRESS |
|-----------------------------|---|

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| 6 Amount (\$) \$1,103.44 | 7 Payee address; City; State; Zip Code PO BOX 650450 DALLAS, TX 75265 |
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| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Credit Card Payment | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD |
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| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

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|--------------------|--------------------------------|
| Date 08/21/2023 | Payee name AMERICAN EXPRESS |
|--------------------|--------------------------------|

| | |
|------------------------|---|
| Amount (\$) \$47.46 | Payee address; City; State; Zip Code PO BOX 650450 DALLAS, TX 75265 |
|------------------------|---|

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| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Credit Card Payment | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD |
|------------------------|--|--|

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| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
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|--------------------|--------------------------------|
| Date 08/21/2023 | Payee name AMERICAN EXPRESS |
|--------------------|--------------------------------|

| | |
|------------------------|---|
| Amount (\$) \$66.97 | Payee address; City; State; Zip Code PO BOX 650450 DALLAS, TX 75265 |
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| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Credit Card Payment | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD |
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| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|------------------------------------|-------------------|
| 1 Total pages Schedule F1: Sch: 6/52 Rpt: 66/155 | 2 FILER NAME Mack, Wayne | 3 Filer ID |
|--|------------------------------------|-------------------|

| | |
|-----------------------------|---|
| 4 Date 08/21/2023 | 5 Payee name AMERICAN EXPRESS |
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| 6 Amount (\$) \$575.00 | 7 Payee address; City; State; Zip Code PO BOX 650450 DALLAS, TX 75265 |
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| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Credit Card Payment | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD |
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| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

| | |
|--------------------|--------------------------------|
| Date 08/21/2023 | Payee name AMERICAN EXPRESS |
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| | |
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| Amount (\$) \$1,000.00 | Payee address; City; State; Zip Code PO BOX 650450 DALLAS, TX 75265 |
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| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Credit Card Payment | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD |
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| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

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| Date 08/28/2023 | Payee name AMERICAN EXPRESS |
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| | |
|---------------------------|---|
| Amount (\$) \$3,600.00 | Payee address; City; State; Zip Code PO BOX 650450 DALLAS, TX 75265 |
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| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Credit Card Payment | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD |
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| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|--|---|
| 1 Total pages Schedule F1: Sch: 7/52 Rpt: 67/155 | 2 FILER NAME Mack, Wayne | 3 Filer ID |
| 4 Date 09/05/2023 | 5 Payee name AMERICAN EXPRESS | |
| 6 Amount (\$) \$167.00 | 7 Payee address; City; State; Zip Code PO BOX 650450 DALLAS, TX 75265 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Credit Card Payment | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 09/05/2023 | Payee name AMERICAN EXPRESS | |
| Amount (\$) \$289.24 | Payee address; City; State; Zip Code PO BOX 650450 DALLAS, TX 75265 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Credit Card Payment | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 09/05/2023 | Payee name AMERICAN EXPRESS | |
| Amount (\$) \$375.00 | Payee address; City; State; Zip Code PO BOX 650450 DALLAS, TX 75265 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Credit Card Payment | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | | | |
|--|--|--|---|-------------------|
| 1 Total pages Schedule F1: Sch: 8/52 Rpt: 68/155 | | 2 FILER NAME Mack, Wayne | | 3 Filer ID |
| 4 Date 09/18/2023 | | 5 Payee name AMERICAN EXPRESS | | |
| 6 Amount (\$) \$100.00 | | 7 Payee address; City; State; Zip Code PO BOX 650450 DALLAS, TX 75265 | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See Categories listed at the top of this schedule) Credit Card Payment | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate/Officeholder name | Office sought | Office held |
| Date 10/03/2023 | | Payee name AMERICAN EXPRESS | | |
| Amount (\$) \$30.00 | | Payee address; City; State; Zip Code PO BOX 650450 DALLAS, TX 75265 | | |
| PURPOSE OF EXPENDITURE | | (a) Category (See Categories listed at the top of this schedule) Credit Card Payment | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate/Officeholder name | Office sought | Office held |
| Date 10/03/2023 | | Payee name AMERICAN EXPRESS | | |
| Amount (\$) \$55.00 | | Payee address; City; State; Zip Code PO BOX 650450 DALLAS, TX 75265 | | |
| PURPOSE OF EXPENDITURE | | (a) Category (See Categories listed at the top of this schedule) Credit Card Payment | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD | |
| 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: 9/52 Rpt: 69/155 | 2 FILER NAME Mack, Wayne | 3 Filer ID |
| 4 Date 10/03/2023 | 5 Payee name AMERICAN EXPRESS | |
| 6 Amount (\$) \$119.67 | 7 Payee address; City; State; Zip Code PO BOX 650450 DALLAS, TX 75265 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Credit Card Payment | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 10/03/2023 | Payee name AMERICAN EXPRESS | |
| Amount (\$) \$167.00 | Payee address; City; State; Zip Code PO BOX 650450 DALLAS, TX 75265 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Credit Card Payment | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 10/10/2023 | Payee name AMERICAN EXPRESS | |
| Amount (\$) \$201.06 | Payee address; City; State; Zip Code PO BOX 650450 DALLAS, TX 75265 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Credit Card Payment | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD |
| 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: 10/52 Rpt: | 2 FILER NAME Mack, Wayne | 3 Filer ID |
| 4 Date 10/10/2023 | 5 Payee name AMERICAN EXPRESS | |
| 6 Amount (\$) \$260.84 | 7 Payee address; City; State; Zip Code PO BOX 650450 DALLAS, TX 75265 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Credit Card Payment | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 10/10/2023 | Payee name AMERICAN EXPRESS | |
| Amount (\$) \$432.50 | Payee address; City; State; Zip Code PO BOX 650450 DALLAS, TX 75265 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Credit Card Payment | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 10/10/2023 | Payee name AMERICAN EXPRESS | |
| Amount (\$) \$636.36 | Payee address; City; State; Zip Code PO BOX 650450 DALLAS, TX 75265 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Credit Card Payment | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD |
| 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: 11/52 Rpt: | 2 FILER NAME Mack, Wayne | 3 Filer ID |
|--|------------------------------------|-------------------|

| | |
|-----------------------------|---|
| 4 Date 10/13/2023 | 5 Payee name AMERICAN EXPRESS |
|-----------------------------|---|

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| 6 Amount (\$) \$500.00 | 7 Payee address; City; State; Zip Code PO BOX 650450 DALLAS, TX 75265 |
|----------------------------------|--|

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| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Credit Card Payment | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD |
|---------------------------------|--|---|

| | | | |
|---|-----------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

| | |
|--------------------|--------------------------------|
| Date 10/13/2023 | Payee name AMERICAN EXPRESS |
|--------------------|--------------------------------|

| | |
|-------------------------|---|
| Amount (\$) \$513.45 | Payee address; City; State; Zip Code PO BOX 650450 DALLAS, TX 75265 |
|-------------------------|---|

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| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Credit Card Payment | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD |
|------------------------|--|---|

| | | | |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| | |
|--------------------|--------------------------------|
| Date 10/13/2023 | Payee name AMERICAN EXPRESS |
|--------------------|--------------------------------|

| | |
|---------------------------|---|
| Amount (\$) \$3,548.70 | Payee address; City; State; Zip Code PO BOX 650450 DALLAS, TX 75265 |
|---------------------------|---|

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| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Credit Card Payment | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD |
|------------------------|--|---|

| | | | |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The instruction Guide explains how to complete this form.

| | | |
|--|--|---|
| 1 Total pages Schedule F1: Sch: 12/52 Rpt: | 2 FILER NAME Mack, Wayne | 3 Filer ID |
| 4 Date 10/24/2023 | 5 Payee name AMERICAN EXPRESS | |
| 6 Amount (\$) \$588.62 | 7 Payee address; City; State; Zip Code PO BOX 650450 DALLAS, TX 75265 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Credit Card Payment | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 11/03/2023 | Payee name AMERICAN EXPRESS | |
| Amount (\$) \$30.00 | Payee address; City; State; Zip Code PO BOX 650450 DALLAS, TX 75265 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Credit Card Payment | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 11/03/2023 | Payee name AMERICAN EXPRESS | |
| Amount (\$) \$55.00 | Payee address; City; State; Zip Code PO BOX 650450 DALLAS, TX 75265 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Credit Card Payment | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD |
| 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: 13/52 Rpt: | 2 FILER NAME Mack, Wayne | 3 Filer ID |
| 4 Date 11/03/2023 | 5 Payee name AMERICAN EXPRESS | |
| 6 Amount (\$) \$64.66 | 7 Payee address; City; State; Zip Code PO BOX 650450 DALLAS, TX 75265 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Credit Card Payment | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 11/03/2023 | Payee name AMERICAN EXPRESS | |
| Amount (\$) \$109.81 | Payee address; City; State; Zip Code PO BOX 650450 DALLAS, TX 75265 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Credit Card Payment | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 11/03/2023 | Payee name AMERICAN EXPRESS | |
| Amount (\$) \$750.00 | Payee address; City; State; Zip Code PO BOX 650450 DALLAS, TX 75265 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Credit Card Payment | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | | | | |
|--|--|--|--|---|--|
| 1 Total pages Schedule F1: Sch: 14/52 Rpt: | | 2 FILER NAME Mack, Wayne | | 3 Filer ID | |
| 4 Date 11/06/2023 | | 5 Payee name AMERICAN EXPRESS | | | |
| 6 Amount (\$) \$167.00 | | 7 Payee address; City; State; Zip Code PO BOX 650450 DALLAS, TX 75265 | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See Categories listed at the top of this schedule) Credit Card Payment | | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | | Candidate/Officeholder name | | Office sought | |
| Date 11/13/2023 | | Payee name AMERICAN EXPRESS | | | |
| Amount (\$) \$248.90 | | Payee address; City; State; Zip Code PO BOX 650450 DALLAS, TX 75265 | | | |
| PURPOSE OF EXPENDITURE | | (a) Category (See Categories listed at the top of this schedule) Credit Card Payment | | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate/Officeholder name | | Office sought | |
| Date 11/13/2023 | | Payee name AMERICAN EXPRESS | | | |
| Amount (\$) \$500.00 | | Payee address; City; State; Zip Code PO BOX 650450 DALLAS, TX 75265 | | | |
| PURPOSE OF EXPENDITURE | | (a) Category (See Categories listed at the top of this schedule) Credit Card Payment | | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD | |
| 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: 15/52 Rpt: | | 2 FILER NAME Mack, Wayne | | 3 Filer ID |
| 4 Date 11/20/2023 | | 5 Payee name AMERICAN EXPRESS | | |
| 6 Amount (\$) \$66.83 | | 7 Payee address; City; State; Zip Code PO BOX 650450 DALLAS, TX 75265 | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See Categories listed at the top of this schedule) Credit Card Payment | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate/Officeholder name | Office sought | Office held |
| Date 11/20/2023 | | Payee name AMERICAN EXPRESS | | |
| Amount (\$) \$88.83 | | Payee address; City; State; Zip Code PO BOX 650450 DALLAS, TX 75265 | | |
| PURPOSE OF EXPENDITURE | | (a) Category (See Categories listed at the top of this schedule) Credit Card Payment | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate/Officeholder name | Office sought | Office held |
| Date 11/20/2023 | | Payee name AMERICAN EXPRESS | | |
| Amount (\$) \$134.89 | | Payee address; City; State; Zip Code PO BOX 650450 DALLAS, TX 75265 | | |
| PURPOSE OF EXPENDITURE | | (a) Category (See Categories listed at the top of this schedule) Credit Card Payment | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD | |
| 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: 16/52 Rpt: | 2 FILER NAME Mack, Wayne | 3 Filer ID |
| 4 Date 11/30/2023 | 5 Payee name AMERICAN EXPRESS | |
| 6 Amount (\$) \$134.89 | 7 Payee address; City; State; Zip Code PO BOX 650450 DALLAS, TX 75265 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Credit Card Payment | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 11/30/2023 | Payee name AMERICAN EXPRESS | |
| Amount (\$) \$167.00 | Payee address; City; State; Zip Code PO BOX 650450 DALLAS, TX 75265 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Credit Card Payment | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 11/30/2023 | Payee name AMERICAN EXPRESS | |
| Amount (\$) \$250.00 | Payee address; City; State; Zip Code PO BOX 650450 DALLAS, TX 75265 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Credit Card Payment | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD |
| 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: 17/52 Rpt: | 2 FILER NAME Mack, Wayne | 3 Filer ID |
| 4 Date 11/30/2023 | 5 Payee name AMERICAN EXPRESS | |
| 6 Amount (\$) \$575.74 | 7 Payee address; City; State; Zip Code PO BOX 650450 DALLAS, TX 75265 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Credit Card Payment | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 11/30/2023 | Payee name AMERICAN EXPRESS | |
| Amount (\$) \$750.00 | Payee address; City; State; Zip Code PO BOX 650450 DALLAS, TX 75265 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Credit Card Payment | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 12/01/2023 | Payee name AMERICAN EXPRESS | |
| Amount (\$) \$34.43 | Payee address; City; State; Zip Code PO BOX 650450 DALLAS, TX 75265 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Credit Card Payment | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD |
| 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: 18/52 Rpt: | 2 FILER NAME Mack, Wayne | 3 Filer ID |
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| 4 Date 12/01/2023 | 5 Payee name AMERICAN EXPRESS |
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| 6 Amount (\$) \$225.00 | 7 Payee address; City; State; Zip Code PO BOX 650450 DALLAS, TX 75265 |
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| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Credit Card Payment | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD |
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| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

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|--------------------|--------------------------------|
| Date 12/01/2023 | Payee name AMERICAN EXPRESS |
|--------------------|--------------------------------|

| | |
|-------------------------|---|
| Amount (\$) \$250.00 | Payee address; City; State; Zip Code PO BOX 650450 DALLAS, TX 75265 |
|-------------------------|---|

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| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Credit Card Payment | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD |
|------------------------|--|--|

| | | | |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

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|--------------------|--------------------------------|
| Date 12/06/2023 | Payee name AMERICAN EXPRESS |
|--------------------|--------------------------------|

| | |
|------------------------|---|
| Amount (\$) \$74.92 | Payee address; City; State; Zip Code PO BOX 650450 DALLAS, TX 75265 |
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| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Credit Card Payment | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD |
|------------------------|--|--|

| | | | |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|------------------------------------|-------------------|
| 1 Total pages Schedule F1: Sch: 19/52 Rpt: | 2 FILER NAME Mack, Wayne | 3 Filer ID |
|--|------------------------------------|-------------------|

| | |
|-----------------------------|---|
| 4 Date 12/11/2023 | 5 Payee name AMERICAN EXPRESS |
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| | |
|---------------------------------|--|
| 6 Amount (\$) \$30.00 | 7 Payee address; City; State; Zip Code PO BOX 650450 DALLAS, TX 75265 |
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| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Credit Card Payment | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD |
|---------------------------------|---|--|

| | | | |
|---|-----------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

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|--------------------|--------------------------------|
| Date 12/11/2023 | Payee name AMERICAN EXPRESS |
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|------------------------|---|
| Amount (\$) \$75.36 | Payee address; City; State; Zip Code PO BOX 650450 DALLAS, TX 75265 |
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| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Credit Card Payment | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD |
|------------------------|---|--|

| | | | |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| | |
|--------------------|--------------------------------|
| Date 12/11/2023 | Payee name AMERICAN EXPRESS |
|--------------------|--------------------------------|

| | |
|-------------------------|---|
| Amount (\$) \$516.89 | Payee address; City; State; Zip Code PO BOX 650450 DALLAS, TX 75265 |
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| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Credit Card Payment | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD |
|------------------------|---|--|

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|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | | | | |
|---|--|--|--|---|--|
| 1 Total pages Schedule F1: Sch: 20/52 Rpt: | | 2 FILER NAME Mack, Wayne | | 3 Filer ID | |
| 4 Date 12/11/2023 | | 5 Payee name AMERICAN EXPRESS | | | |
| 6 Amount (\$) \$769.30 | | 7 Payee address; City; State; Zip Code PO BOX 650450 DALLAS, TX 75265 | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See Categories listed at the top of this schedule) Credit Card Payment | | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate/Officeholder name | | Office sought | |
| Date 12/11/2023 | | Payee name AMERICAN EXPRESS | | | |
| Amount (\$) \$1,545.00 | | Payee address; City; State; Zip Code PO BOX 650450 DALLAS, TX 75265 | | | |
| PURPOSE OF EXPENDITURE | | (a) Category (See Categories listed at the top of this schedule) Credit Card Payment | | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate/Officeholder name | | Office sought | |
| Date 08/21/2023 | | Payee name ASSOCIATION OF TEXAS PROFESSIONAL EDUCATORS | | | |
| Amount (\$) \$60.00 | | Payee address; City; State; Zip Code 305 E HUNTLAND DR STE 300 AUSTIN, TX 78752 | | | |
| PURPOSE OF EXPENDITURE | | (a) Category (See Categories listed at the top of this schedule) Fees | | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MEMBERSHIP DUES | |
| 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: 21/52 Rpt: | 2 FILER NAME Mack, Wayne | 3 Filer ID |
| 4 Date 10/20/2023 | 5 Payee name BOSTICK, PAUL | |
| 6 Amount (\$) \$175.00 | 7 Payee address; City; State; Zip Code 115 BUSINESS PARK DR WILLIS, TX 77378 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) 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 SECURITY |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 10/20/2023 | Payee name CADE, TIMOTHY | |
| Amount (\$) \$175.00 | Payee address; City; State; Zip Code 133 N MAIN ST CONROE, TX 77301 | |
| 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 SECURITY |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 10/30/2023 | Payee name CAMPBELL, KENNEDY | |
| Amount (\$) \$250.00 | Payee address; City; State; Zip Code 12165 HIGHWAY 75 N 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 MUSIC |
| 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: 22/52 Rpt: | 2 FILER NAME Mack, Wayne | 3 Filer ID |
| 4 Date 10/30/2023 | 5 Payee name CAMPBELL, SHANA | |
| 6 Amount (\$) \$250.00 | 7 Payee address; City; State; Zip Code 12165 HIGHWAY 75 N 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 MUSIC |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 07/07/2023 | Payee name CAPITAL ONE | |
| Amount (\$) \$58.63 | Payee address; City; State; Zip Code PO BOX 609599 CITY OF INDUSTRY, CA 91716 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Credit Card Payment | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 08/07/2023 | Payee name CAPITAL ONE | |
| Amount (\$) \$66.09 | Payee address; City; State; Zip Code PO BOX 609599 CITY OF INDUSTRY, CA 91716 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Credit Card Payment | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | | | |
|--|--|--|---|-------------------|
| 1 Total pages Schedule F1: Sch: 23/52 Rpt: | | 2 FILER NAME Mack, Wayne | | 3 Filer ID |
| 4 Date 09/11/2023 | | 5 Payee name CAPITAL ONE | | |
| 6 Amount (\$) \$500.00 | | 7 Payee address; City; State; Zip Code PO BOX 609599 CITY OF INDUSTRY, CA 91716 | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Credit Card Payment | | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD | |
| | 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name _____ Office sought _____ Office held _____ | | | |
| Date 09/11/2023 | | Payee name CAPITAL ONE | | |
| Amount (\$) \$514.93 | | Payee address; City; State; Zip Code PO BOX 609599 CITY OF INDUSTRY, CA 91716 | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Credit Card Payment | | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name _____ Office sought _____ Office held _____ | | | |
| Date 09/18/2023 | | Payee name CAPITAL ONE | | |
| Amount (\$) \$66.09 | | Payee address; City; State; Zip Code PO BOX 609599 CITY OF INDUSTRY, CA 91716 | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Credit Card Payment | | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name _____ Office sought _____ Office held _____ | | | |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|---|
| 1 Total pages Schedule F1: Sch: 24/52 Rpt: | 2 FILER NAME Mack, Wayne | 3 Filer ID |
| 4 Date 09/18/2023 | 5 Payee name CAPITAL ONE | |
| 6 Amount (\$) \$612.86 | 7 Payee address; City; State; Zip Code PO BOX 609599 CITY OF INDUSTRY, CA 91716 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Credit Card Payment | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Candidate/Officeholder name | Office sought | Office held |
| Date 10/03/2023 | Payee name CAPITAL ONE | |
| Amount (\$) \$66.09 | Payee address; City; State; Zip Code PO BOX 609599 CITY OF INDUSTRY, CA 91716 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Credit Card Payment | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Candidate/Officeholder name | Office sought | Office held |
| Date 10/03/2023 | Payee name CAPITAL ONE | |
| Amount (\$) \$383.63 | Payee address; City; State; Zip Code PO BOX 609599 CITY OF INDUSTRY, CA 91716 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Credit Card Payment | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Candidate/Officeholder name | Office sought | Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | | | | |
|---|--|---|--|--|--|
| 1 Total pages Schedule F1: Sch: 25/52 Rpt: | | 2 FILER NAME Mack, Wayne | | 3 Filer ID | |
| 4 Date 10/03/2023 | | 5 Payee name CAPITAL ONE | | | |
| 6 Amount (\$) \$522.00 | | 7 Payee address; City; State; Zip Code PO BOX 609599 CITY OF INDUSTRY, CA 91716 | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See Categories listed at the top of this schedule) Credit Card Payment | | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | | Candidate/Officeholder name | | Office sought | |
| Date 10/10/2023 | | Payee name CAPITAL ONE | | | |
| Amount (\$) \$2,044.25 | | Payee address; City; State; Zip Code PO BOX 609599 CITY OF INDUSTRY, CA 91716 | | | |
| PURPOSE OF EXPENDITURE | | (a) Category (See Categories listed at the top of this schedule) Credit Card Payment | | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate/Officeholder name | | Office sought | |
| Date 10/13/2023 | | Payee name CAPITAL ONE | | | |
| Amount (\$) \$535.38 | | Payee address; City; State; Zip Code PO BOX 609599 CITY OF INDUSTRY, CA 91716 | | | |
| PURPOSE OF EXPENDITURE | | (a) Category (See Categories listed at the top of this schedule) Credit Card Payment | | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD | |
| 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: 26/52 Rpt: | | 2 FILER NAME Mack, Wayne | | 3 Filer ID | |
| 4 Date 10/18/2023 | | 5 Payee name CAPITAL ONE | | | |
| 6 Amount (\$) \$701.20 | | 7 Payee address; City; State; Zip Code PO BOX 609599 CITY OF INDUSTRY, CA 91716 | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See Categories listed at the top of this schedule) Credit Card Payment | | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | | Candidate/Officeholder name | | Office sought | |
| Date 10/20/2023 | | Payee name CAPITAL ONE | | | |
| Amount (\$) \$717.16 | | Payee address; City; State; Zip Code PO BOX 609599 CITY OF INDUSTRY, CA 91716 | | | |
| PURPOSE OF EXPENDITURE | | (a) Category (See Categories listed at the top of this schedule) Credit Card Payment | | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate/Officeholder name | | Office sought | |
| Date 10/20/2023 | | Payee name CAPITAL ONE | | | |
| Amount (\$) \$1,500.00 | | Payee address; City; State; Zip Code PO BOX 609599 CITY OF INDUSTRY, CA 91716 | | | |
| PURPOSE OF EXPENDITURE | | (a) Category (See Categories listed at the top of this schedule) Credit Card Payment | | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD | |
| 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: 27/52 Rpt: | 2 FILER NAME Mack, Wayne | 3 Filer ID |
| 4 Date 10/23/2023 | 5 Payee name CAPITAL ONE | |
| 6 Amount (\$) \$349.98 | 7 Payee address; City; State; Zip Code PO BOX 609599 CITY OF INDUSTRY, CA 91716 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Credit Card Payment | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 11/03/2023 | Payee name CAPITAL ONE | |
| Amount (\$) \$2,000.00 | Payee address; City; State; Zip Code PO BOX 609599 CITY OF INDUSTRY, CA 91716 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Credit Card Payment | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 11/13/2023 | Payee name CAPITAL ONE | |
| Amount (\$) \$320.00 | Payee address; City; State; Zip Code PO BOX 609599 CITY OF INDUSTRY, CA 91716 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Credit Card Payment | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD |
| 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: 28/52 Rpt: | 2 FILER NAME Mack, Wayne | 3 Filer ID |
| 4 Date 11/13/2023 | 5 Payee name CAPITAL ONE | |
| 6 Amount (\$) \$500.00 | 7 Payee address; City; State; Zip Code PO BOX 609599 CITY OF INDUSTRY, CA 91716 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Credit Card Payment | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 11/13/2023 | Payee name CAPITAL ONE | |
| Amount (\$) \$515.00 | Payee address; City; State; Zip Code PO BOX 609599 CITY OF INDUSTRY, CA 91716 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Credit Card Payment | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 11/13/2023 | Payee name CAPITAL ONE | |
| Amount (\$) \$527.50 | Payee address; City; State; Zip Code PO BOX 609599 CITY OF INDUSTRY, CA 91716 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Credit Card Payment | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|--|---|
| 1 Total pages Schedule F1: Sch: 29/52 Rpt: | 2 FILER NAME Mack, Wayne | 3 Filer ID |
| 4 Date 11/13/2023 | 5 Payee name CAPITAL ONE | |
| 6 Amount (\$) \$950.00 | 7 Payee address; City; State; Zip Code PO BOX 609599 CITY OF INDUSTRY, CA 91716 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Credit Card Payment | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 11/13/2023 | Payee name CAPITAL ONE | |
| Amount (\$) \$1,000.00 | Payee address; City; State; Zip Code PO BOX 609599 CITY OF INDUSTRY, CA 91716 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Credit Card Payment | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 11/15/2023 | Payee name CAPITAL ONE | |
| Amount (\$) \$63.87 | Payee address; City; State; Zip Code PO BOX 609599 CITY OF INDUSTRY, CA 91716 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Credit Card Payment | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD |
| 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: 30/52 Rpt: | 2 FILER NAME Mack, Wayne | 3 Filer ID |
| 4 Date 11/15/2023 | 5 Payee name CAPITAL ONE | |
| 6 Amount (\$) \$66.06 | 7 Payee address; City; State; Zip Code PO BOX 609599 CITY OF INDUSTRY, CA 91716 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Credit Card Payment | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 11/20/2023 | Payee name CAPITAL ONE | |
| Amount (\$) \$63.87 | Payee address; City; State; Zip Code PO BOX 609599 CITY OF INDUSTRY, CA 91716 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Credit Card Payment | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 11/29/2023 | Payee name CAPITAL ONE | |
| Amount (\$) \$66.09 | Payee address; City; State; Zip Code PO BOX 609599 CITY OF INDUSTRY, CA 91716 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Credit Card Payment | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD |
| 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: 31/52 Rpt: | | 2 FILER NAME Mack, Wayne | | 3 Filer ID | |
| 4 Date 07/07/2023 | | 5 Payee name CARSEY, PEGGY | | | |
| 6 Amount (\$) \$500.00 | | 7 Payee address; City; State; Zip Code 14437 WEIR CREEK RD WILLIS, TX 77318 | | | |
| 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 MAILING PREPARATION | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | | Candidate/Officeholder name | | Office sought | |
| Date 09/25/2023 | | Payee name CARTERS FLORIST | | | |
| Amount (\$) \$64.96 | | Payee address; City; State; Zip Code 1416 S FRAZIER ST CONROE, TX 77301 | | | |
| PURPOSE OF EXPENDITURE | | (a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense | | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SHEIK MEMORIAL/FUNERAL | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate/Officeholder name | | Office sought | |
| Date 08/04/2023 | | Payee name COLORTECH DIRECT | | | |
| Amount (\$) \$456.21 | | 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 PRINTING OF TICKETS AND FLIERS | |
| 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: 32/52 Rpt: | 2 FILER NAME Mack, Wayne | 3 Filer ID |
| 4 Date 10/24/2023 | 5 Payee name COLORTECH DIRECT | |
| 6 Amount (\$) \$456.21 | 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 PRINTING OF TICKETS AND FLIERS |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 10/04/2023 | Payee name CONROE NOON LIONS | |
| Amount (\$) \$1,500.00 | Payee address; City; State; Zip Code 1106 WILSON RD CONROE, TX 77303 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description <input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense COMMUNITY PARTNER |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 10/30/2023 | Payee name DIAMONDS IN THE ROUGH | |
| Amount (\$) \$4,275.00 | Payee address; City; State; Zip Code 9391 GROGANS MILL SPRING, 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 SILENT AUCTION ITEMS |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|---|
| 1 Total pages Schedule F1: Sch: 33/52 Rpt: | 2 FILER NAME Mack, Wayne | 3 Filer ID |
| 4 Date 10/30/2023 | 5 Payee name DOROW, ASHTON | |
| 6 Amount (\$) \$250.00 | 7 Payee address; City; State; Zip Code 12165 HIGHWAY 75 N 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 MUSIC |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| | Candidate/Officeholder name | Office sought Office held |
| Date 10/30/2023 | Payee name DOROW, COLTEN | |
| Amount (\$) \$250.00 | Payee address; City; State; Zip Code 12165 HIGHWAY 75 N 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 MUSIC |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| | Candidate/Officeholder name | Office sought Office held |
| Date 11/11/2023 | Payee name FAMILY PROMISE OF MONTGOMERY COUNTY | |
| Amount (\$) \$500.00 | Payee address; City; State; Zip Code 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 | | |
| | 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: 34/52 Rpt: | | 2 FILER NAME Mack, Wayne | | 3 Filer ID |
| 4 Date 11/08/2023 | | 5 Payee name FIRST LIBERTY INSTITUTE | | |
| 6 Amount (\$) \$5,000.00 | | 7 Payee address; City; State; Zip Code 2001 W PLANO PKWY STE 1600 PLANO, TX 75075 | | |
| 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 ONLY if direct expenditure to benefit C/OH | | Candidate/Officeholder name | Office sought | Office held |
| Date 10/30/2023 | | Payee name GOFF, NATALIE | | |
| Amount (\$) \$250.00 | | Payee address; City; State; Zip Code 12165 HIGHWAY 75 N 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 MUSIC | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate/Officeholder name | Office sought | Office held |
| Date 11/01/2023 | | Payee name HARLAND CLARKE | | |
| Amount (\$) \$71.90 | | Payee address; City; State; Zip Code 1800 W WHITE OAK TERRACE CONROE, TX 77304 | | |
| 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 REORDER CAMPAIGN CHECKS | |
| 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.

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|--|--|--|--|---|--|
| 1 Total pages Schedule F1: Sch: 35/52 Rpt: | | 2 FILER NAME Mack, Wayne | | 3 Filer ID | |
| 4 Date 10/20/2023 | | 5 Payee name HASARA, CHASE | | | |
| 6 Amount (\$) \$500.00 | | 7 Payee address; City; State; Zip Code 14500 HASARA LN 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 MUSIC | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | | Candidate/Officeholder name | | Office sought | |
| Date 10/30/2023 | | Payee name HAYES, ALISHA | | | |
| Amount (\$) \$250.00 | | Payee address; City; State; Zip Code 12165 HIGHWAY 75 N 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 MUSIC | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate/Officeholder name | | Office sought | |
| Date 10/30/2023 | | Payee name HAYES, RUSSELL | | | |
| Amount (\$) \$250.00 | | Payee address; City; State; Zip Code 12165 HIGHWAY 75 N 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 MUSIC | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate/Officeholder name | | Office sought | |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|---|
| 1 Total pages Schedule F1: Sch: 36/52 Rpt: | 2 FILER NAME Mack, Wayne | 3 Filer ID |
| 4 Date 11/17/2023 | 5 Payee name HOPE AND HEALING FOR WARRIORS | |
| 6 Amount (\$) \$250.00 | 7 Payee address; City; State; Zip Code 3097 N FM 1486 RD 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 THANKSGIVING TURKEY EVENT |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| | Candidate/Officeholder name | Office sought Office held |
| Date 10/20/2023 | Payee name HOYE, BLAKE | |
| Amount (\$) \$175.00 | Payee address; City; State; Zip Code 130 N MAIN ST CONROE, TX 77301 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) 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 SECURITY |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| | Candidate/Officeholder name | Office sought Office held |
| Date 10/20/2023 | Payee name JONETTA B PRODUCTIONS | |
| Amount (\$) \$950.00 | Payee address; City; State; Zip Code 26800 S CREEK DR MAGNOLIA, TX 77354 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense EVENT VIDEOGRAPHER |
| 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.

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|--|--|---|---|-------------------|
| 1 Total pages Schedule F1: Sch: 37/52 Rpt: | | 2 FILER NAME Mack, Wayne | | 3 Filer ID |
| 4 Date 12/12/2023 | | 5 Payee name JOURNEY HOME | | |
| 6 Amount (\$) \$250.00 | | 7 Payee address; City; State; Zip Code 9950 CYPRESSWOOD DR STE 350 HOUSTON, TX 77070 | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DONATION | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | | Candidate/Officeholder name | Office sought | Office held |
| Date 11/21/2023 | | Payee name LAKE CONROE AREA REPUBLICAN WOMEN PAC | | |
| Amount (\$) \$55.00 | | Payee address; City; State; Zip Code PO BOX 737 MONTGOMERY, TX 77356 | | |
| PURPOSE OF EXPENDITURE | | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MEMBERSHIP DUES | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate/Officeholder name | Office sought | Office held |
| Date 11/22/2023 | | Payee name LAKE CONROE AREA REPUBLICAN WOMEN PAC | | |
| Amount (\$) \$60.00 | | Payee address; City; State; Zip Code PO BOX 737 MONTGOMERY, TX 77356 | | |
| PURPOSE OF EXPENDITURE | | (a) Category (See Categories listed at the top of this schedule) 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 CHRISTMAS PARTY FEE | |
| 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.

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| 1 Total pages Schedule F1: Sch: 38/52 Rpt: | 2 FILER NAME Mack, Wayne | 3 Filer ID |
| 4 Date 11/28/2023 | 5 Payee name LIBERTY BELLES REPUBLICAN WOMEN | |
| 6 Amount (\$) \$50.00 | 7 Payee address; City; State; Zip Code PO BOX 1081 CONROE, TX 77305 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MEMBERSHIP DUES |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 10/20/2023 | Payee name LINDA LEE | |
| Amount (\$) \$2,025.00 | Payee address; City; State; Zip Code 3243 DISCOVERY LN CONROE, TX 77301 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense EVENT SILENT AUCTION VENDOR |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 10/10/2023 | Payee name LONE STAR EXECUTIVE LIMOUSINE | |
| Amount (\$) \$758.90 | Payee address; City; State; Zip Code 1135 GRAND CENTRAL PARKWAY STE 359 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 EVENT SPEAKER TRANSPORTATION |
| 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.

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|---|--|--|--|---|--|
| 1 Total pages Schedule F1: Sch: 39/52 Rpt: | | 2 FILER NAME Mack, Wayne | | 3 Filer ID | |
| 4 Date 09/18/2023 | | 5 Payee name LOPEZ, BRANDIE | | | |
| 6 Amount (\$) \$1,000.00 | | 7 Payee address; City; State; Zip Code 197 LONG RD LIVINGSTON, TX 77351 | | | |
| 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 | |
| Date 10/12/2023 | | Payee name LOPEZ, BRANDIE | | | |
| Amount (\$) \$134.17 | | Payee address; City; State; Zip Code 197 LONG RD LIVINGSTON, TX 77351 | | | |
| 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 SUPPLIES | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate/Officeholder name | | Office sought | |
| Date 11/06/2023 | | Payee name LOPEZ, BRANDIE | | | |
| Amount (\$) \$3,500.00 | | Payee address; City; State; Zip Code 197 LONG RD LIVINGSTON, TX 77351 | | | |
| 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 | |

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.

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| 1 Total pages Schedule F1: Sch: 40/52 Rpt: | 2 FILER NAME Mack, Wayne | 3 Filer ID |
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|-----------------------------|--------------------------------------|
| 4 Date 10/20/2023 | 5 Payee name MCGEE, WESLEY |
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| 6 Amount (\$) \$175.00 | 7 Payee address; City; State; Zip Code 132 N MAIN ST CONROE, TX 77301 |
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| 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 SECURITY |
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| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
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| Date 10/10/2023 | Payee name MCKENZIES BARBQ |
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| Amount (\$) \$364.52 | Payee address; City; State; Zip Code 17099 WALDEN RD STE 200 MONTGOMERY, TX 77356 |
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| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SENIOR CENTER LUNCHEON |
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| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
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| Date 10/30/2023 | Payee name MCMAHON, TRACE |
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| Amount (\$) \$250.00 | Payee address; City; State; Zip Code 12165 HIGHWAY 75 N WILLIS, TX 77378 |
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| 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 MUSIC |
|------------------------|--|--|

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| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
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| 1 Total pages Schedule F1: Sch: 41/52 Rpt: | 2 FILER NAME Mack, Wayne | 3 Filer ID |
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|-----------------------------|--|
| 4 Date 10/10/2023 | 5 Payee name MENDEZ, CELESTE |
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| 6 Amount (\$) \$100.00 | 7 Payee address; City; State; Zip Code 19380 HIGHWAY 105 W STE 507 MONTGOMERY, TX 77356 |
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| 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 MENTOR LUNCH REIMBURSEMENT |
|---------------------------------|--|---|

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| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
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| Date 11/14/2023 | Payee name METAXAS MEDIA LLC |
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| Amount (\$) \$743.20 | Payee address; City; State; Zip Code 145 E 74TH ST APT 5A NEW YORK, NY 10021 |
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| 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 KEYNOTE SPEAKER TRAVEL EXPENSES |
|------------------------|--|--|

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| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
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| Date 10/20/2023 | Payee name METAXAS, ERIC |
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| Amount (\$) \$12,000.00 | Payee address; City; State; Zip Code 145 E 74TH ST APT 5A NEW YORK, NY 10021 |
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| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense EVENT SPEAKER |
|------------------------|--|--|

| | | | |
|--|-----------------------------|---------------|-------------|
| 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: 42/52 Rpt: | | 2 FILER NAME Mack, Wayne | | 3 Filer ID |
| 4 Date 10/13/2023 | | 5 Payee name MINUTE MAN PRINTING | | |
| 6 Amount (\$) \$66.57 | | 7 Payee address; City; State; Zip Code 1201 N LOOP 336 W STE C 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 FLIERS | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | | Candidate/Officeholder name | Office sought | Office held |
| Date 08/31/2023 | | Payee name MONTGOMERY COUNTY REPUBLICAN CLUB | | |
| Amount (\$) \$1,500.00 | | Payee address; City; State; Zip Code 921 W AUSTIN 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 DONATION | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate/Officeholder name | Office sought | Office held |
| Date 07/17/2023 | | Payee name MONTGOMERY COUNTY REPUBLICAN WOMEN | | |
| Amount (\$) \$700.00 | | Payee address; City; State; Zip Code PO BOX 1766 CONROE, TX 77305 | | |
| PURPOSE OF EXPENDITURE | | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense EVENT SPONSORSHIP | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate/Officeholder name | Office sought | Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | |
|--|------------------------------------|-------------------|
| 1 Total pages Schedule F1: Sch: 43/52 Rpt: | 2 FILER NAME Mack, Wayne | 3 Filer ID |
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| 4 Date 07/14/2023 | 5 Payee name MONTGOMERY ISD EDUCATION FOUNDATION |
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|----------------------------------|---|
| 6 Amount (\$) \$500.00 | 7 Payee address; City; State; Zip Code 20774 EVA ST MONTGOMERY, TX 77356 |
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| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MISD SUMMIT SPONSORSHIP |
|---------------------------------|---|---|

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| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
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|--------------------|--|
| Date 10/10/2023 | Payee name NEW LIFE CHRISTIAN STORE |
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|---------------------------|---|
| Amount (\$) \$3,564.06 | Payee address; City; State; Zip Code 139-11 QUEENS BLVD JAMAICA, NY 11435 |
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| 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 BOOKS TO SELL AT EVENT |
|------------------------|--|--|

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| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

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|--------------------|------------------------------|
| Date 09/28/2023 | Payee name NEW MARCO POLO |
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|-------------------------|---|
| Amount (\$) \$322.75 | Payee address; City; State; Zip Code 7501 HARWIN DR HOUSTON, TX 77036 |
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| 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 SILENT AUCTION ITEMS |
|------------------------|---|--|

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| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | |
|--|------------------------------------|-------------------|
| 1 Total pages Schedule F1: Sch: 44/52 Rpt: | 2 FILER NAME Mack, Wayne | 3 Filer ID |
|--|------------------------------------|-------------------|

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|-----------------------------|---|
| 4 Date 07/27/2023 | 5 Payee name NORTH SHORE REPUBLICAN WOMEN |
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|----------------------------------|---|
| 6 Amount (\$) \$500.00 | 7 Payee address; City; State; Zip Code PO BOX 524 WILLIS, TX 77378 |
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| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense GOLF TOURNAMENT SPONSORSHIP |
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| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

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|--------------------|--|
| Date 11/28/2023 | Payee name NORTH SHORE REPUBLICAN WOMEN |
|--------------------|--|

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|------------------------|--|
| Amount (\$) \$40.00 | Payee address; City; State; Zip Code PO BOX 524 WILLIS, TX 77378 |
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| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MEMBERSHIP DUES |
|-------------------------------|---|--|

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| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

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| Date 10/20/2023 | Payee name PERRIRAZ, PHILLIP |
|--------------------|---------------------------------|

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|-------------------------|---|
| Amount (\$) \$500.00 | Payee address; City; State; Zip Code 14235 BERT BROWN RD CONROE, TX 77302 |
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| 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 MUSIC |
|-------------------------------|--|--|

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| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | | | |
|---|---|---|--|-------------------|
| 1 Total pages Schedule F1: Sch: 45/52 Rpt: | | 2 FILER NAME Mack, Wayne | | 3 Filer ID |
| 4 Date 07/18/2023 | | 5 Payee name PILGRIM REST BAPTIST CHURCH | | |
| 6 Amount (\$) \$1,000.00 | | 7 Payee address; City; State; Zip Code 509 S 3RD ST CONROE, TX 77301 | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense HISTORICAL MARKER PRESENTATION | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate/Officeholder name | Office sought | Office held |
| Date 09/29/2023 | | Payee name PLANET BAGS | | |
| Amount (\$) \$237.00 | | Payee address; City; State; Zip Code 6885 HARWIN DR HOUSTON, TX 77036 | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SILENT AUCTION ITEMS | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate/Officeholder name | Office sought | Office held |
| Date 10/30/2023 | | Payee name POUNDS, ALEXIS | | |
| Amount (\$) \$250.00 | | Payee address; City; State; Zip Code 12165 HIGHWAY 75 N 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 MUSIC | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate/Officeholder name | Office sought | Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|--|
| 1 Total pages Schedule F1: Sch: 46/52 Rpt: | 2 FILER NAME Mack, Wayne | 3 Filer ID |
| 4 Date 10/20/2023 | 5 Payee name RYAN, BRENT | |
| 6 Amount (\$) \$175.00 | 7 Payee address; City; State; Zip Code 131 N MAIN ST CONROE, TX 77301 | |
| 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 SECURITY |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 12/14/2023 | Payee name SONS OF THE AMERICAN LEGION | |
| Amount (\$) \$30.00 | Payee address; City; State; Zip Code PO BOX 974 CONROE, TX 77305 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MEMBERSHIP DUES |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 10/20/2023 | Payee name SPECTRUM | |
| Amount (\$) \$21,106.21 | 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 FOOD |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|--|
| 1 Total pages Schedule F1: Sch: 47/52 Rpt: | 2 FILER NAME Mack, Wayne | 3 Filer ID |
| 4 Date 09/28/2023 | 5 Payee name SW TRADING | |
| 6 Amount (\$) \$84.62 | 7 Payee address; City; State; Zip Code 8000 HARWIN DR STE 410 HOUSTON, TX 77036 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SILENT AUCTION ITEMS |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 09/07/2023 | Payee name TEXAS JUSTICE COURT JUDGES ASSOCIATION | |
| Amount (\$) \$75.00 | Payee address; City; State; Zip Code PO BOX 290 WINNSBORO, TX 75494 | |
| 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 ANNUAL MEMBERSHIP DUES |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 08/16/2023 | Payee name THE UPS STORE | |
| Amount (\$) \$152.96 | Payee address; City; State; Zip Code 502 W MONTGOMERY ST WILLIS, TX 77378 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MAILING 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: 48/52 Rpt: | | 2 FILER NAME Mack, Wayne | | 3 Filer ID |
| 4 Date 10/24/2023 | | 5 Payee name TROPHY HOUSE | | |
| 6 Amount (\$) \$75.78 | | 7 Payee address; City; State; Zip Code 804 W DALLAS ST CONROE, TX 77301 | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense EVENT PLAQUES | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | | Candidate/Officeholder name | Office sought | Office held |
| Date 07/14/2023 | | Payee name TXT2GIVE | | |
| Amount (\$) \$19.00 | | Payee address; City; State; Zip Code PO BOX 80548 INDIANAPOLIS, IN 46280 | | |
| 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 FEE | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate/Officeholder name | Office sought | Office held |
| Date 11/07/2023 | | Payee name UNITED STATES POSTAL SERVICE | | |
| Amount (\$) \$141.65 | | Payee address; City; State; Zip Code 809 W DALLAS ST CONROE, TX 77301 | | |
| 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 MAILING FEE | |
| 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: 49/52 Rpt: | 2 FILER NAME Mack, Wayne | 3 Filer ID |
| 4 Date 09/19/2023 | 5 Payee name WEST CONROE BAPTIST CHURCH | |
| 6 Amount (\$) \$100.00 | 7 Payee address; City; State; Zip Code 1855 LONGMIRE RD CONROE, TX 77304 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense EVENT DONATION |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 08/14/2023 | Payee name WILLIS AG BOOSTER CLUB INC | |
| Amount (\$) \$717.00 | Payee address; City; State; Zip Code PO BOX 1735 WILLIS, TX 77318 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense EVENT SPONSORSHIP |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 07/10/2023 | Payee name WILLIS LIONS CLUB | |
| Amount (\$) \$100.00 | Payee address; City; State; Zip Code PO BOX 250 WILLIS, TX 77378 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense 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: 50/52 Rpt: | 2 FILER NAME Mack, Wayne | 3 Filer ID |
| 4 Date 07/18/2023 | 5 Payee name WILLIS SENIOR CENTER | |
| 6 Amount (\$) \$100.00 | 7 Payee address; City; State; Zip Code 600 GERALD ST STE 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 08/29/2023 | Payee name WILLIS SENIOR CENTER | |
| Amount (\$) \$100.00 | Payee address; City; State; Zip Code PO BOX 250 WILLIS, TX 77378 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SENIOR LUNCHEON |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 10/23/2023 | Payee name WILLIS SENIOR CENTER | |
| Amount (\$) \$100.00 | Payee address; City; State; Zip Code 600 GERALD ST STE 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: 51/52 Rpt: | 2 FILER NAME Mack, Wayne | 3 Filer ID |
| 4 Date 10/03/2023 | 5 Payee name WILLIS SENIOR CENTER | |
| 6 Amount (\$) \$100.00 | 7 Payee address; City; State; Zip Code 600 GERALD ST STE 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 11/29/2023 | Payee name WILLIS SENIOR CENTER | |
| Amount (\$) \$100.00 | Payee address; City; State; Zip Code 600 GERALD ST STE 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 held |
| Date 09/18/2023 | Payee name WILSON, KIM | |
| Amount (\$) \$1,000.00 | 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 held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|--|
| 1 Total pages Schedule F1: Sch: 52/52 Rpt: | 2 FILER NAME Mack, Wayne | 3 Filer ID |
| 4 Date 11/06/2023 | 5 Payee name WILSON, KIM | |
| 6 Amount (\$) \$3,500.00 | 7 Payee address; City; State; Zip Code 655 STONEWALL JACKSON DR CONROE, TX 77302 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) 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 |

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

| | | |
|---|------------------------------------|-------------------|
| 1 Total pages Schedule F4: Sch: 1/43 Rpt: | 2 FILER NAME Mack, Wayne | 3 Filer ID |
|---|------------------------------------|-------------------|

| | |
|--|----|
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | \$ |
|--|----|

| | |
|-----------------------------|---|
| 5 Date 10/06/2023 | 6 Payee name ABUNDANT LIFE CHURCH |
|-----------------------------|---|

| | |
|------------------------------------|---|
| 7 Amount (\$) \$2,044.25 | 8 Payee address; City; State; Zip Code 12165 HIGHWAY 75 N WILLIS, TX 77378 |
|------------------------------------|---|

| | |
|------------------------------|--|
| 9 TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|------------------------------|--|

| | | |
|----------------------------------|--|--|
| 10 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 DONATION |
|----------------------------------|--|--|

| | | | |
|--|-----------------------------|---------------|-------------|
| 11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| | |
|--------------------|----------------------------------|
| Date 10/03/2023 | Payee name AMAZON MARKETPLACE |
|--------------------|----------------------------------|

| | |
|-------------------------|---|
| Amount (\$) \$636.36 | Payee address; City; State; Zip Code PO BOX 81226 SEATTLE, WA 98108 |
|-------------------------|---|

| | |
|---------------------|--|
| TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|---------------------|--|

| | | |
|------------------------|--|---|
| 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 SQUARE TERMINALS FOR PAYMENTS |
|------------------------|--|---|

| | | | |
|--|-----------------------------|---------------|-------------|
| 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: 2/43 Rpt: | 2 FILER NAME Mack, Wayne | 3 Filer ID |
|---|------------------------------------|-------------------|

| | |
|--|-----------|
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | \$ |
|--|-----------|

| | |
|-----------------------------|---|
| 5 Date 10/05/2023 | 6 Payee name AMAZON MARKETPLACE |
|-----------------------------|---|

| | |
|----------------------------------|--|
| 7 Amount (\$) \$432.00 | 8 Payee address; City; State; Zip Code PO BOX 81226 SEATTLE, WA 98108 |
|----------------------------------|--|

| | |
|------------------------------|--|
| 9 TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|------------------------------|--|

| | | |
|----------------------------------|---|--|
| 10 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 GOOD GRIEF: A COMPANION FOR EVERY LOSS BOOKS |
|----------------------------------|---|--|

| | | | |
|--|-----------------------------|---------------|-------------|
| 11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| | |
|---------------------------|---|
| Date 10/11/2023 | Payee name AMAZON MARKETPLACE |
|---------------------------|---|

| | |
|--------------------------------|--|
| Amount (\$) \$513.45 | Payee address; City; State; Zip Code PO BOX 81226 SEATTLE, WA 98108 |
|--------------------------------|--|

| | |
|----------------------------|--|
| TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|----------------------------|--|

| | | |
|-------------------------------|--|--|
| 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 FLAG AND FLAG STANDS |
|-------------------------------|--|--|

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

The Instruction Guide explains how to complete this form.

| | | |
|---|------------------------------------|-------------------|
| 1 Total pages Schedule F4: Sch: 3/43 Rpt: | 2 FILER NAME Mack, Wayne | 3 Filer ID |
|---|------------------------------------|-------------------|

| | |
|--|----|
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | \$ |
|--|----|

| | |
|-----------------------------|--|
| 5 Date 10/23/2023 | 6 Payee name AMERICAN CANCER SOCIETY |
|-----------------------------|--|

| | |
|----------------------------------|--|
| 7 Amount (\$) \$527.50 | 8 Payee address; City; State; Zip Code PO BOX 6704 HAGERSTOWN, MD 21741 |
|----------------------------------|--|

| | |
|------------------------------|--|
| 9 TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|------------------------------|--|

| | | |
|----------------------------------|--|--|
| 10 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 |
|----------------------------------|--|--|

| | | | |
|--|-----------------------------|---------------|-------------|
| 11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| | |
|--------------------|-----------------------------|
| Date 10/29/2023 | Payee name AT&T MOBILITY |
|--------------------|-----------------------------|

| | |
|------------------------|---|
| Amount (\$) \$64.66 | Payee address; City; State; Zip Code PO BOX 6416 CAROL STREAM, IL 60197 |
|------------------------|---|

| | |
|---------------------|--|
| TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|---------------------|--|

| | | |
|------------------------|---|--|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CAMPAIGN CELL PHONE BILL |
|------------------------|---|--|

| | | | |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| |
|--|
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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

| | | |
|---|------------------------------------|-------------------|
| 1 Total pages Schedule F4: Sch: 4/43 Rpt: | 2 FILER NAME Mack, Wayne | 3 Filer ID |
|---|------------------------------------|-------------------|

| | |
|--|----|
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | \$ |
|--|----|

| | |
|-----------------------------|--------------------------------------|
| 5 Date 11/30/2023 | 6 Payee name AT&T MOBILITY |
|-----------------------------|--------------------------------------|

| | |
|----------------------------------|--|
| 7 Amount (\$) \$134.89 | 8 Payee address; City; State; Zip Code PO BOX 6416 CAROL STREAM, IL 60197 |
|----------------------------------|--|

| | |
|------------------------------|--|
| 9 TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|------------------------------|--|

| | | |
|----------------------------------|---|--|
| 10 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CAMPAIGN CELL PHONE BILL |
|----------------------------------|---|--|

| | | | |
|--|-----------------------------|---------------|-------------|
| 11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| | |
|--------------------|------------------------------------|
| Date 10/12/2023 | Payee name BRETT LIGON CAMPAIGN |
|--------------------|------------------------------------|

| | |
|-------------------------|--|
| Amount (\$) \$535.38 | Payee address; City; State; Zip Code PO BOX 805 MONTGOMERY, TX 77356 |
|-------------------------|--|

| | |
|----------------------------|--|
| TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|----------------------------|--|

| | | |
|-------------------------------|---|---|
| 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 |
|--|-----------------------------|---------------|-------------|

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

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: 5/43 Rpt: | 2 FILER NAME Mack, Wayne | 3 Filer ID |
|---|------------------------------------|-------------------|

| | |
|--|----|
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | \$ |
|--|----|

| | |
|-----------------------------|--|
| 5 Date 07/06/2023 | 6 Payee name BX3 INTERACTIVE |
|-----------------------------|--|

| | |
|---------------------------------|--|
| 7 Amount (\$) \$30.00 | 8 Payee address; City; State; Zip Code 17505 N 79TH AVE STE 208D GLENDALE, AZ 85308 |
|---------------------------------|--|

| | |
|------------------------------|--|
| 9 TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|------------------------------|--|

| | | |
|----------------------------------|---|---|
| 10 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 MONTHLY FEE FOR WEBSITE |
|----------------------------------|---|---|

| | | | |
|--|-----------------------------|---------------|-------------|
| 11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| | |
|--------------------|-------------------------------|
| Date 08/07/2023 | Payee name BX3 INTERACTIVE |
|--------------------|-------------------------------|

| | |
|------------------------|---|
| Amount (\$) \$50.00 | Payee address; City; State; Zip Code 17505 N 79TH AVE STE 208D GLENDALE, AZ 85308 |
|------------------------|---|

| | |
|---------------------|--|
| TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|---------------------|--|

| | | |
|------------------------|---|---|
| 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 MONTHLY FEE FOR WEBSITE |
|------------------------|---|---|

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

The Instruction Guide explains how to complete this form.

| | | |
|--|-----------------------------|------------|
| 1 Total pages Schedule F4: Sch: 6/43 Rpt: | 2 FILER NAME Mack, Wayne | 3 Filer ID |
|--|-----------------------------|------------|

| | |
|---|----|
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | \$ |
|---|----|

| | |
|----------------------|---------------------------------|
| 5 Date 09/01/2023 | 6 Payee name BX3 INTERACTIVE |
|----------------------|---------------------------------|

| | |
|--------------------------|---|
| 7 Amount (\$) \$30.00 | 8 Payee address; City; State; Zip Code 17505 N 79TH AVE STE 208D GLENDALE, AZ 85308 |
|--------------------------|---|

| | |
|-----------------------|--|
| 9 TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|-----------------------|--|

| | | |
|---------------------------|--|--|
| 10 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 MONTHLY FEE FOR WEBSITE |
|---------------------------|--|--|

| | | | |
|---|-----------------------------|---------------|-------------|
| 11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

| | |
|--------------------|-------------------------------|
| Date 11/01/2023 | Payee name BX3 INTERACTIVE |
|--------------------|-------------------------------|

| | |
|------------------------|---|
| Amount (\$) \$30.00 | Payee address; City; State; Zip Code 17505 N 79TH AVE STE 208D GLENDALE, AZ 85308 |
|------------------------|---|

| | |
|---------------------|--|
| TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|---------------------|--|

| | | |
|------------------------|--|--|
| 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 MONTHLY FEE FOR WEBSITE |
|------------------------|--|--|

| | | | |
|--|-----------------------------|---------------|-------------|
| 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: 7/43 Rpt: | 2 FILER NAME Mack, Wayne | 3 Filer ID |
|---|------------------------------------|-------------------|

| | |
|--|----|
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | \$ |
|--|----|

| | |
|-----------------------------|--|
| 5 Date 12/01/2023 | 6 Payee name BX3 INTERACTIVE |
|-----------------------------|--|

| | |
|---------------------------------|--|
| 7 Amount (\$) \$30.00 | 8 Payee address; City; State; Zip Code 17505 N 79TH AVE STE 208D GLENDALE, AZ 85308 |
|---------------------------------|--|

| | |
|------------------------------|--|
| 9 TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|------------------------------|--|

| | | |
|----------------------------------|---|---|
| 10 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 MONTHLY FEE FOR WEBSITE |
|----------------------------------|---|---|

| | | | |
|--|-----------------------------|---------------|-------------|
| 11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| | |
|--------------------|------------------------------------|
| Date 11/28/2023 | Payee name CASA CHILD ADVOCATES |
|--------------------|------------------------------------|

| | |
|-------------------------|---|
| Amount (\$) \$250.00 | Payee address; City; State; Zip Code 412 W PHILLIPS ST STE 107 CONROE, TX 77301 |
|-------------------------|---|

| | |
|----------------------------|--|
| TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|----------------------------|--|

| | | |
|-------------------------------|--|--|
| 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 | 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: 8/43 Rpt: | 2 FILER NAME Mack, Wayne | 3 Filer ID |
|---|------------------------------------|-------------------|

| | |
|--|----|
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | \$ |
|--|----|

| | |
|-----------------------------|----------------------------------|
| 5 Date 12/05/2023 | 6 Payee name CHICKFILA |
|-----------------------------|----------------------------------|

| | |
|---------------------------------|--|
| 7 Amount (\$) \$74.92 | 8 Payee address; City; State; Zip Code 12310 OLD MONTGOMERY RD WILLIS, TX 77318 |
|---------------------------------|--|

| | |
|------------------------------|--|
| 9 TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|------------------------------|--|

| | | |
|----------------------------------|--|---|
| 10 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense STAFF LUNCH |
|----------------------------------|--|---|

| | | | |
|--|-----------------------------|---------------|-------------|
| 11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| | |
|--------------------|-------------------------------------|
| Date 11/01/2023 | Payee name CHILDRENS SAFE HARBOR |
|--------------------|-------------------------------------|

| | |
|---------------------------|--|
| Amount (\$) \$2,000.00 | Payee address; City; State; Zip Code 1519 ODD FELLOW ST CONROE, TX 77301 |
|---------------------------|--|

| | |
|----------------------------|--|
| TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|----------------------------|--|

| | | |
|-------------------------------|--|--|
| 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 | 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: 9/43 Rpt: | 2 FILER NAME Mack, Wayne | 3 Filer ID |
|---|------------------------------------|-------------------|

| | |
|--|----|
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | \$ |
|--|----|

| | |
|-----------------------------|---|
| 5 Date 10/16/2023 | 6 Payee name CHRISTIANS ENGAGED |
|-----------------------------|---|

| | |
|------------------------------------|---|
| 7 Amount (\$) \$1,500.00 | 8 Payee address; City; State; Zip Code PO BOX 472655 GARLAND, TX 75047 |
|------------------------------------|---|

| | |
|------------------------------|--|
| 9 TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|------------------------------|--|

| | | |
|----------------------------------|--|---|
| 10 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 |
|----------------------------------|--|---|

| | | | |
|--|-----------------------------|---------------|-------------|
| 11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| | |
|--------------------|--------------------------------------|
| Date 08/07/2023 | Payee name CONROE NOON LIONS CLUB |
|--------------------|--------------------------------------|

| | |
|------------------------|--|
| Amount (\$) \$55.00 | Payee address; City; State; Zip Code 1712 WILSON RD CONROE, TX 77301 |
|------------------------|--|

| | |
|----------------------------|--|
| TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|----------------------------|--|

| | | |
|-------------------------------|---|---|
| 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 MONTHLY MEMBERSHIP DUES |
|-------------------------------|---|---|

| | | | |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|------------------------------------|-------------------|
| 1 Total pages Schedule F4: Sch: 10/43 Rpt: | 2 FILER NAME Mack, Wayne | 3 Filer ID |
|--|------------------------------------|-------------------|

| | |
|--|----|
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | \$ |
|--|----|

| | |
|-----------------------------|---|
| 5 Date 09/25/2023 | 6 Payee name CONROE NOON LIONS CLUB |
|-----------------------------|---|

| | |
|---------------------------------|---|
| 7 Amount (\$) \$55.00 | 8 Payee address; City; State; Zip Code 1712 WILSON RD CONROE, TX 77301 |
|---------------------------------|---|

| | |
|------------------------------|--|
| 9 TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|------------------------------|--|

| | | |
|----------------------------------|---|--|
| 10 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 MONTHLY MEMBERSHIP DUES |
|----------------------------------|---|--|

| | | | |
|--|-----------------------------|---------------|-------------|
| 11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| | |
|--------------------|--------------------------------------|
| Date 10/25/2023 | Payee name CONROE NOON LIONS CLUB |
|--------------------|--------------------------------------|

| | |
|------------------------|--|
| Amount (\$) \$55.00 | Payee address; City; State; Zip Code 1712 WILSON RD CONROE, TX 77301 |
|------------------------|--|

| | |
|---------------------|--|
| TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|---------------------|--|

| | | |
|------------------------|---|--|
| 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 MONTHLY MEMBERSHIP DUES |
|------------------------|---|--|

| | | | |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| | |
|--|--|
| | |
|--|--|

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|-----------------------------|------------|
| 1 Total pages Schedule F4: Sch: 11/43 Rpt: | 2 FILER NAME Mack, Wayne | 3 Filer ID |
|---|-----------------------------|------------|

| | |
|---|----|
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | \$ |
|---|----|

| | |
|----------------------|--|
| 5 Date 11/29/2023 | 6 Payee name CONROE NOON LIONS CLUB |
|----------------------|--|

| | |
|---------------------------|--|
| 7 Amount (\$) \$225.00 | 8 Payee address; City; State; Zip Code 1712 WILSON RD CONROE, TX 77301 |
|---------------------------|--|

| | |
|-----------------------|--|
| 9 TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|-----------------------|--|

| | | |
|---------------------------|--|--|
| 10 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 MONTHLY MEMBERSHIP DUES |
|---------------------------|--|--|

| | | | |
|---|-----------------------------|---------------|-------------|
| 11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

| | |
|--------------------|--|
| Date 07/12/2023 | Payee name CONROE/LAKE CONROE CHAMBER OF COMMERCE |
|--------------------|--|

| | |
|------------------------|---|
| Amount (\$) \$30.00 | Payee address; City; State; Zip Code 505 W DAVIS ST CONRE, TX 77301 |
|------------------------|---|

| | |
|---------------------|--|
| TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|---------------------|--|

| | | |
|------------------------|---|---|
| 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 CHAMBER LUNCHEON |
|------------------------|---|---|

| | | | |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|------------------------------------|-------------------|
| 1 Total pages Schedule F4: Sch: 12/43 Rpt: | 2 FILER NAME Mack, Wayne | 3 Filer ID |
|--|------------------------------------|-------------------|

| | |
|--|----|
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | \$ |
|--|----|

| | |
|-----------------------------|---|
| 5 Date 07/07/2023 | 6 Payee name CONSTANT CONTACT |
|-----------------------------|---|

| | |
|---------------------------------|--|
| 7 Amount (\$) \$58.63 | 8 Payee address; City; State; Zip Code 3675 PRECISION DR LOVELAND, CO 80538 |
|---------------------------------|--|

| | |
|------------------------------|--|
| 9 TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|------------------------------|--|

| | | |
|----------------------------------|---|---|
| 10 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CAMPAIGN EMAIL PLATFORM |
|----------------------------------|---|---|

| | | | |
|--|-----------------------------|---------------|-------------|
| 11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| | |
|--------------------|--------------------------------|
| Date 08/05/2023 | Payee name CONSTANT CONTACT |
|--------------------|--------------------------------|

| | |
|------------------------|---|
| Amount (\$) \$66.09 | Payee address; City; State; Zip Code 3675 PRECISION DR LOVELAND, CO 80538 |
|------------------------|---|

| | |
|----------------------------|--|
| TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|----------------------------|--|

| | | |
|-------------------------------|---|---|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CAMPAIGN EMAIL PLATFORM |
|-------------------------------|---|---|

| | | | |
|--|-----------------------------|---------------|-------------|
| 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: 13/43 Rpt: | 2 FILER NAME Mack, Wayne | 3 Filer ID |
|---|-----------------------------|------------|

| | |
|---|----|
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | \$ |
|---|----|

| | |
|----------------------|----------------------------------|
| 5 Date 08/26/2023 | 6 Payee name CONSTANT CONTACT |
|----------------------|----------------------------------|

| | |
|--------------------------|---|
| 7 Amount (\$) \$66.09 | 8 Payee address; City; State; Zip Code 3675 PRECISION DR LOVELAND, CO 80538 |
|--------------------------|---|

| | |
|-----------------------|--|
| 9 TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|-----------------------|--|

| | | |
|---------------------------|--|--|
| 10 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CAMPAIGN EMAIL PLATFORM |
|---------------------------|--|--|

| | | | |
|--|-----------------------------|---------------|-------------|
| 11 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| | |
|--------------------|--------------------------------|
| Date 09/26/2023 | Payee name CONSTANT CONTACT |
|--------------------|--------------------------------|

| | |
|------------------------|---|
| Amount (\$) \$66.09 | Payee address; City; State; Zip Code 3675 PRECISION DR LOVELAND, CO 80538 |
|------------------------|---|

| | |
|---------------------|--|
| TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|---------------------|--|

| | | |
|------------------------|--|--|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CAMPAIGN EMAIL PLATFORM |
|------------------------|--|--|

| | | | |
|---|-----------------------------|---------------|-------------|
| 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: 14/43 Rpt: | 2 FILER NAME Mack, Wayne | 3 Filer ID |
|--|------------------------------------|-------------------|

| | |
|--|----|
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | \$ |
|--|----|

| | |
|-----------------------------|---|
| 5 Date 10/26/2023 | 6 Payee name CONSTANT CONTACT |
|-----------------------------|---|

| | |
|---------------------------------|--|
| 7 Amount (\$) \$66.06 | 8 Payee address; City; State; Zip Code 3675 PRECISION DR LOVELAND, CO 80538 |
|---------------------------------|--|

| | |
|------------------------------|--|
| 9 TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|------------------------------|--|

| | | |
|----------------------------------|---|---|
| 10 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CAMPAIGN EMAIL PLATFORM |
|----------------------------------|---|---|

| | | | |
|--|-----------------------------|---------------|-------------|
| 11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| | |
|--------------------|--------------------------------|
| Date 11/26/2023 | Payee name CONSTANT CONTACT |
|--------------------|--------------------------------|

| | |
|------------------------|---|
| Amount (\$) \$66.09 | Payee address; City; State; Zip Code 3675 PRECISION DR LOVELAND, CO 80538 |
|------------------------|---|

| | |
|----------------------------|--|
| TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|----------------------------|--|

| | | |
|-------------------------------|---|---|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CAMPAIGN EMAIL PLATFORM |
|-------------------------------|---|---|

| | | | |
|--|-----------------------------|---------------|-------------|
| 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: 15/43 Rpt: | 2 FILER NAME Mack, Wayne | 3 Filer ID |
|--|------------------------------------|-------------------|

| | |
|--|----|
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | \$ |
|--|----|

| | |
|-----------------------------|---|
| 5 Date 10/15/2023 | 6 Payee name CONSTANT CONTACT |
|-----------------------------|---|

| | |
|----------------------------------|--|
| 7 Amount (\$) \$701.20 | 8 Payee address; City; State; Zip Code 3675 PRECISION DR LOVELAND, CO 80538 |
|----------------------------------|--|

| | |
|------------------------------|--|
| 9 TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|------------------------------|--|

| | | |
|----------------------------------|---|---|
| 10 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CAMPAIGN EMAIL PLATFORM |
|----------------------------------|---|---|

| | | | |
|--|-----------------------------|---------------|-------------|
| 11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| | |
|--------------------|-----------------------------------|
| Date 07/24/2023 | Payee name EDIBLE ARRANGEMENTS |
|--------------------|-----------------------------------|

| | |
|-------------------------|--|
| Amount (\$) \$126.14 | Payee address; City; State; Zip Code 6777 WOODLANDS PKWY STE 322 THE WOODLANDS, TX 77382 |
|-------------------------|--|

| | |
|----------------------------|--|
| TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|----------------------------|--|

| | | |
|-------------------------------|--|---|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense APPRECIATION GIFT |
|-------------------------------|--|---|

| | | | |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|------------------------------------|-------------------|
| 1 Total pages Schedule F4: Sch: 16/43 Rpt: | 2 FILER NAME Mack, Wayne | 3 Filer ID |
|--|------------------------------------|-------------------|

| | |
|--|-----------|
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | \$ |
|--|-----------|

| | |
|-----------------------------|----------------------------------|
| 5 Date 08/07/2023 | 6 Payee name EL BOSQUE |
|-----------------------------|----------------------------------|

| | |
|----------------------------------|---|
| 7 Amount (\$) \$176.84 | 8 Payee address; City; State; Zip Code 821 EVA ST MONTGOMERY, TX 77316 |
|----------------------------------|---|

| | |
|------------------------------|--|
| 9 TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|------------------------------|--|

| | | |
|----------------------------------|--|---|
| 10 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 LUNCH FOR OFFICE STAFF |
|----------------------------------|--|---|

| | | | |
|--|-----------------------------|---------------|-------------|
| 11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| | |
|--------------------|------------------------|
| Date 07/06/2023 | Payee name FACEBOOK |
|--------------------|------------------------|

| | |
|-------------------------|--|
| Amount (\$) \$280.30 | Payee address; City; State; Zip Code 1601 WILLOW RD BLDG 10 MENLO PARK, CA 94025 |
|-------------------------|--|

| | |
|---------------------|--|
| TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|---------------------|--|

| | | |
|------------------------|--|--|
| 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 ADVERTISING |
|------------------------|--|--|

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

The Instruction Guide explains how to complete this form.

| | | |
|--|------------------------------------|-------------------|
| 1 Total pages Schedule F4: Sch: 17/43 Rpt: | 2 FILER NAME Mack, Wayne | 3 Filer ID |
|--|------------------------------------|-------------------|

| | |
|--|----|
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | \$ |
|--|----|

| | |
|-----------------------------|---------------------------------|
| 5 Date 08/07/2023 | 6 Payee name FACEBOOK |
|-----------------------------|---------------------------------|

| | |
|----------------------------------|---|
| 7 Amount (\$) \$400.00 | 8 Payee address; City; State; Zip Code 1601 WILLOW RD BLDG 10 MENLO PARK, CA 94025 |
|----------------------------------|---|

| | |
|------------------------------|--|
| 9 TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|------------------------------|--|

| | | |
|----------------------------------|--|---|
| 10 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 ADVERTISING |
|----------------------------------|--|---|

| | | | |
|--|-----------------------------|---------------|-------------|
| 11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| | |
|--------------------|------------------------|
| Date 08/31/2023 | Payee name FACEBOOK |
|--------------------|------------------------|

| | |
|-------------------------|--|
| Amount (\$) \$375.00 | Payee address; City; State; Zip Code 1601 WILLOW RD BLDG 10 MENLO PARK, CA 94025 |
|-------------------------|--|

| | |
|----------------------------|--|
| TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|----------------------------|--|

| | | |
|-------------------------------|--|---|
| 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 ADVERTISING |
|-------------------------------|--|---|

| | | | |
|--|-----------------------------|---------------|-------------|
| 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: 18/43 Rpt: | 2 FILER NAME Mack, Wayne | 3 Filer ID |
|--|------------------------------------|-------------------|

| | |
|--|----|
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | \$ |
|--|----|

| | |
|-----------------------------|---------------------------------|
| 5 Date 09/30/2023 | 6 Payee name FACEBOOK |
|-----------------------------|---------------------------------|

| | |
|----------------------------------|---|
| 7 Amount (\$) \$119.67 | 8 Payee address; City; State; Zip Code 1601 WILLOW RD BLDG 10 MENLO PARK, CA 94025 |
|----------------------------------|---|

| | |
|------------------------------|--|
| 9 TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|------------------------------|--|

| | | |
|----------------------------------|--|---|
| 10 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 ADVERTISING |
|----------------------------------|--|---|

| | | | |
|--|-----------------------------|---------------|-------------|
| 11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| | |
|--------------------|------------------------|
| Date 10/30/2023 | Payee name FACEBOOK |
|--------------------|------------------------|

| | |
|-------------------------|--|
| Amount (\$) \$750.00 | Payee address; City; State; Zip Code 1601 WILLOW RD BLDG 10 MENLO PARK, CA 94025 |
|-------------------------|--|

| | |
|----------------------------|--|
| TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|----------------------------|--|

| | | |
|-------------------------------|--|---|
| 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 ADVERTISING |
|-------------------------------|--|---|

| | | | |
|--|-----------------------------|---------------|-------------|
| 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: 19/43 Rpt: | 2 FILER NAME Mack, Wayne | 3 Filer ID |
|--|------------------------------------|-------------------|

| | |
|--|----|
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | \$ |
|--|----|

| | |
|-----------------------------|---------------------------------|
| 5 Date 10/31/2023 | 6 Payee name FACEBOOK |
|-----------------------------|---------------------------------|

| | |
|----------------------------------|---|
| 7 Amount (\$) \$109.81 | 8 Payee address; City; State; Zip Code 1601 WILLOW RD BLDG 10 MENLO PARK, CA 94025 |
|----------------------------------|---|

| | |
|------------------------------|--|
| 9 TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|------------------------------|--|

| | | |
|----------------------------------|--|---|
| 10 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 ADVERTISING |
|----------------------------------|--|---|

| | | | |
|--|-----------------------------|---------------|-------------|
| 11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| | |
|--------------------|------------------------|
| Date 11/25/2023 | Payee name FACEBOOK |
|--------------------|------------------------|

| | |
|-------------------------|--|
| Amount (\$) \$750.00 | Payee address; City; State; Zip Code 1601 WILLOW RD BLDG 10 MENLO PARK, CA 94025 |
|-------------------------|--|

| | |
|----------------------------|--|
| TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|----------------------------|--|

| | | |
|-------------------------------|--|---|
| 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 ADVERTISING |
|-------------------------------|--|---|

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

The Instruction Guide explains how to complete this form.

| | | |
|--|------------------------------------|-------------------|
| 1 Total pages Schedule F4: Sch: 20/43 Rpt: | 2 FILER NAME Mack, Wayne | 3 Filer ID |
|--|------------------------------------|-------------------|

| | |
|--|----|
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | \$ |
|--|----|

| | |
|-----------------------------|---------------------------------|
| 5 Date 11/30/2023 | 6 Payee name FACEBOOK |
|-----------------------------|---------------------------------|

| | |
|---------------------------------|---|
| 7 Amount (\$) \$34.43 | 8 Payee address; City; State; Zip Code 1601 WILLOW RD BLDG 10 MENLO PARK, CA 94025 |
|---------------------------------|---|

| | |
|------------------------------|--|
| 9 TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|------------------------------|--|

| | | |
|----------------------------------|--|---|
| 10 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 ADVERTISING |
|----------------------------------|--|---|

| | | | |
|--|-----------------------------|---------------|-------------|
| 11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| | |
|--------------------|------------------------|
| Date 12/01/2023 | Payee name FACEBOOK |
|--------------------|------------------------|

| | |
|-------------------------|--|
| Amount (\$) \$250.00 | Payee address; City; State; Zip Code 1601 WILLOW RD BLDG 10 MENLO PARK, CA 94025 |
|-------------------------|--|

| | |
|----------------------------|--|
| TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|----------------------------|--|

| | | |
|-------------------------------|--|---|
| 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 ADVERTISING |
|-------------------------------|--|---|

| | | | |
|--|-----------------------------|---------------|-------------|
| 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: 21/43 Rpt: | 2 FILER NAME Mack, Wayne | 3 Filer ID |
|--|------------------------------------|-------------------|

| | |
|--|----|
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | \$ |
|--|----|

| | |
|-----------------------------|---|
| 5 Date 09/17/2023 | 6 Payee name FELLOWSHIP OF CHRISTIAN ATHLETES |
|-----------------------------|---|

| | |
|----------------------------------|---|
| 7 Amount (\$) \$522.00 | 8 Payee address; City; State; Zip Code 8701 LEEDS RD KANSAS CITY, MO 64129 |
|----------------------------------|---|

| | |
|------------------------------|--|
| 9 TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|------------------------------|--|

| | | |
|----------------------------------|--|--|
| 10 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 |
|----------------------------------|--|--|

| | | | |
|--|-----------------------------|---------------|-------------|
| 11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| | |
|--------------------|--|
| Date 08/16/2023 | Payee name GO FUND ME - HELP SAM BEAT BREAST CANCER |
|--------------------|--|

| | |
|-------------------------|--|
| Amount (\$) \$575.00 | Payee address; City; State; Zip Code PO BOX 121270 815 E STREET SAN DIEGO, CA 92101 |
|-------------------------|--|

| | |
|----------------------------|--|
| TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|----------------------------|--|

| | | |
|-------------------------------|--|--|
| 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 | 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: 22/43 Rpt: | 2 FILER NAME Mack, Wayne | 3 Filer ID |
|--|------------------------------------|-------------------|

| | |
|--|----|
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | \$ |
|--|----|

| | |
|-----------------------------|--------------------------------|
| 5 Date 09/12/2023 | 6 Payee name GODADDY |
|-----------------------------|--------------------------------|

| | |
|----------------------------------|--|
| 7 Amount (\$) \$612.86 | 8 Payee address; City; State; Zip Code 2155 E GODADDY WAY TEMPE, AZ 85284 |
|----------------------------------|--|

| | |
|------------------------------|--|
| 9 TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|------------------------------|--|

| | | |
|----------------------------------|---|---|
| 10 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 EMAIL PLATFORM FOR CAMPAIGN |
|----------------------------------|---|---|

| | | | |
|--|-----------------------------|---------------|-------------|
| 11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| | |
|--------------------|-----------------------|
| Date 09/01/2023 | Payee name GODADDY |
|--------------------|-----------------------|

| | |
|-------------------------|---|
| Amount (\$) \$383.63 | Payee address; City; State; Zip Code 2155 E GODADDY WAY TEMPE, AZ 85284 |
|-------------------------|---|

| | |
|---------------------|--|
| TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|---------------------|--|

| | | |
|------------------------|---|---|
| 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 EMAIL PLATFORM FOR CAMPAIGN |
|------------------------|---|---|

| | | | |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| | |
|--|--|
| | |
|--|--|

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|------------------------------------|-------------------|
| 1 Total pages Schedule F4: Sch: 23/43 Rpt: | 2 FILER NAME Mack, Wayne | 3 Filer ID |
|--|------------------------------------|-------------------|

| | |
|--|----|
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | \$ |
|--|----|

| | |
|-----------------------------|------------------------------------|
| 5 Date 12/07/2023 | 6 Payee name GODS GARAGE |
|-----------------------------|------------------------------------|

| | |
|------------------------------------|--|
| 7 Amount (\$) \$1,545.00 | 8 Payee address; City; State; Zip Code 2100 E DAVIS ST CONROE, TX 77301 |
|------------------------------------|--|

| | |
|------------------------------|--|
| 9 TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|------------------------------|--|

| | | |
|----------------------------------|--|--|
| 10 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 |
|----------------------------------|--|--|

| | | | |
|--|-----------------------------|---------------|-------------|
| 11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| | |
|--------------------|---------------------------------------|
| Date 12/08/2023 | Payee name GRINGOS MEXICAN KITCHEN |
|--------------------|---------------------------------------|

| | |
|-------------------------|--|
| Amount (\$) \$516.89 | Payee address; City; State; Zip Code 2550 INTERSTATE 45 N CONROE, TX 77304 |
|-------------------------|--|

| | |
|----------------------------|--|
| TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|----------------------------|--|

| | | |
|-------------------------------|--|--|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense STAFF APPRECIATION |
|-------------------------------|--|--|

| | | | |
|--|-----------------------------|---------------|-------------|
| 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: 24/43 Rpt: | 2 FILER NAME Mack, Wayne | 3 Filer ID |
|---|-----------------------------|------------|

| | |
|---|----|
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | \$ |
|---|----|

| | |
|----------------------|---------------------------|
| 5 Date 11/12/2023 | 6 Payee name HONOR CAF |
|----------------------|---------------------------|

| | |
|--------------------------|---|
| 7 Amount (\$) \$63.87 | 8 Payee address; City; State; Zip Code 103 N THOMPSON ST STE 101 CONROE, TX 77301 |
|--------------------------|---|

| | |
|-----------------------|--|
| 9 TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|-----------------------|--|

| | | |
|---------------------------|---|--|
| 10 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense POLITICAL LUNCH |
|---------------------------|---|--|

| | | | |
|--|-----------------------------|---------------|-------------|
| 11 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| | |
|--------------------|-------------------------|
| Date 11/20/2023 | Payee name HONOR CAF |
|--------------------|-------------------------|

| | |
|------------------------|---|
| Amount (\$) \$63.87 | Payee address; City; State; Zip Code 103 N THOMPSON ST STE 101 CONROE, TX 77301 |
|------------------------|---|

| | |
|---------------------|--|
| TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|---------------------|--|

| | | |
|------------------------|---|--|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense POLITICAL LUNCH |
|------------------------|---|--|

| | | | |
|---|-----------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

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: 25/43 Rpt: | 2 FILER NAME Mack, Wayne | 3 Filer ID |
|--|------------------------------------|-------------------|

| | |
|--|----|
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | \$ |
|--|----|

| | |
|-----------------------------|---|
| 5 Date 10/19/2023 | 6 Payee name HYATT REGENCY CONROE |
|-----------------------------|---|

| | |
|----------------------------------|--|
| 7 Amount (\$) \$588.62 | 8 Payee address; City; State; Zip Code 1001 GRAND CENTRAL PKWY CONROE, TX 77304 |
|----------------------------------|--|

| | |
|------------------------------|--|
| 9 TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|------------------------------|--|

| | | |
|----------------------------------|--|--|
| 10 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense EVENT SPEAKER HOTEL |
|----------------------------------|--|--|

| | | | |
|--|-----------------------------|---------------|-------------|
| 11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| | |
|---------------------------|-------------------------------|
| Date 07/06/2023 | Payee name ISTORAGE |
|---------------------------|-------------------------------|

| | |
|--------------------------------|--|
| Amount (\$) \$148.00 | Payee address; City; State; Zip Code 4300 W DAVIS ST CONROE, TX 77304 |
|--------------------------------|--|

| | |
|----------------------------|--|
| TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|----------------------------|--|

| | | |
|-------------------------------|---|---|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CAMPAIGN STORAGE |
|-------------------------------|---|---|

| | | | |
|--|-----------------------------|---------------|-------------|
| 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: 26/43 Rpt: | 2 FILER NAME Mack, Wayne | 3 Filer ID |
|--|------------------------------------|-------------------|

| | |
|--|----|
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | \$ |
|--|----|

| | |
|-----------------------------|---------------------------------|
| 5 Date 07/28/2023 | 6 Payee name ISTORAGE |
|-----------------------------|---------------------------------|

| | |
|----------------------------------|--|
| 7 Amount (\$) \$167.00 | 8 Payee address; City; State; Zip Code 4300 W DAVIS ST CONROE, TX 77304 |
|----------------------------------|--|

| | |
|------------------------------|--|
| 9 TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|------------------------------|--|

| | | |
|----------------------------------|---|--|
| 10 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CAMPAIGN STORAGE |
|----------------------------------|---|--|

| | | | |
|--|-----------------------------|---------------|-------------|
| 11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| | |
|--------------------|------------------------|
| Date 08/27/2023 | Payee name ISTORAGE |
|--------------------|------------------------|

| | |
|-------------------------|---|
| Amount (\$) \$167.00 | Payee address; City; State; Zip Code 4300 W DAVIS ST CONROE, TX 77304 |
|-------------------------|---|

| | |
|---------------------|--|
| TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|---------------------|--|

| | | |
|------------------------|---|--|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CAMPAIGN STORAGE |
|------------------------|---|--|

| | | | |
|--|-----------------------------|---------------|-------------|
| 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: 27/43 Rpt: | 2 FILER NAME Mack, Wayne | 3 Filer ID |
|--|------------------------------------|-------------------|

| | |
|--|----|
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | \$ |
|--|----|

| | |
|-----------------------------|---------------------------------|
| 5 Date 09/27/2023 | 6 Payee name ISTORAGE |
|-----------------------------|---------------------------------|

| | |
|----------------------------------|--|
| 7 Amount (\$) \$167.00 | 8 Payee address; City; State; Zip Code 4300 W DAVIS ST CONROE, TX 77304 |
|----------------------------------|--|

| | |
|------------------------------|--|
| 9 TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|------------------------------|--|

| | | |
|----------------------------------|---|---|
| 10 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CAMPAIGN STORAGE |
|----------------------------------|---|---|

| | | | |
|--|-----------------------------|---------------|-------------|
| 11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| | |
|---------------------------|-------------------------------|
| Date 10/27/2023 | Payee name ISTORAGE |
|---------------------------|-------------------------------|

| | |
|--------------------------------|--|
| Amount (\$) \$167.00 | Payee address; City; State; Zip Code 4300 W DAVIS ST CONROE, TX 77304 |
|--------------------------------|--|

| | |
|----------------------------|--|
| TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|----------------------------|--|

| | | |
|-------------------------------|---|---|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CAMPAIGN STORAGE |
|-------------------------------|---|---|

| | | | |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| | |
|--|--|
| | |
|--|--|

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|------------------------------------|-------------------|
| 1 Total pages Schedule F4: Sch: 28/43 Rpt: | 2 FILER NAME Mack, Wayne | 3 Filer ID |
|--|------------------------------------|-------------------|

| | |
|--|-----------|
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | \$ |
|--|-----------|

| | |
|-----------------------------|---------------------------------|
| 5 Date 11/27/2023 | 6 Payee name ISTORAGE |
|-----------------------------|---------------------------------|

| | |
|----------------------------------|--|
| 7 Amount (\$) \$167.00 | 8 Payee address; City; State; Zip Code 4300 W DAVIS ST CONROE, TX 77304 |
|----------------------------------|--|

| | |
|------------------------------|--|
| 9 TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|------------------------------|--|

| | | |
|----------------------------------|---|--|
| 10 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CAMPAIGN STORAGE |
|----------------------------------|---|--|

| | | | |
|--|-----------------------------|---------------|-------------|
| 11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| | |
|--------------------|---------------------------------|
| Date 10/20/2023 | Payee name LAGWAY ELEMENTARY |
|--------------------|---------------------------------|

| | |
|-------------------------|--|
| Amount (\$) \$950.00 | Payee address; City; State; Zip Code 11505 PINE VALLEY DR CONROE, TX 77304 |
|-------------------------|--|

| | |
|---------------------|--|
| TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|---------------------|--|

| | | |
|------------------------|--|--|
| 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 DONATION |
|------------------------|--|--|

| | | | |
|--|-----------------------------|---------------|-------------|
| 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: 29/43 Rpt: | 2 FILER NAME Mack, Wayne | 3 Filer ID |
|--|------------------------------------|-------------------|

| | |
|--|----|
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | \$ |
|--|----|

| | |
|-----------------------------|---|
| 5 Date 09/05/2023 | 6 Payee name LEADERSHIP MONTGOMERY COUNTY |
|-----------------------------|---|

| | |
|----------------------------------|--|
| 7 Amount (\$) \$500.00 | 8 Payee address; City; State; Zip Code 2001 TIMBERLOCH PL STE 500 THE WOODLANDS, TX 77380 |
|----------------------------------|--|

| | |
|------------------------------|--|
| 9 TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|------------------------------|--|

| | | |
|----------------------------------|---|--|
| 10 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 |
|----------------------------------|---|--|

| | | | |
|--|-----------------------------|---------------|-------------|
| 11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| | |
|--------------------|--|
| Date 09/05/2023 | Payee name LEADERSHIP MONTGOMERY COUNTY |
|--------------------|--|

| | |
|-------------------------|---|
| Amount (\$) \$100.00 | Payee address; City; State; Zip Code 2001 TIMBERLOCH PL STE 500 THE WOODLANDS, TX 77380 |
|-------------------------|---|

| | |
|---------------------|--|
| TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|---------------------|--|

| | | |
|------------------------|---|--|
| 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 |
|--|-----------------------------|---------------|-------------|

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

| | | |
|--|------------------------------------|-------------------|
| 1 Total pages Schedule F4: Sch: 30/43 Rpt: | 2 FILER NAME Mack, Wayne | 3 Filer ID |
|--|------------------------------------|-------------------|

| | |
|--|----|
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | \$ |
|--|----|

| | |
|-----------------------------|--|
| 5 Date 10/12/2023 | 6 Payee name MELONHEAD PHOTOGRAPHY |
|-----------------------------|--|

| | |
|----------------------------------|---|
| 7 Amount (\$) \$717.16 | 8 Payee address; City; State; Zip Code 608 METCALF ST CONROE, TX 77301 |
|----------------------------------|---|

| | |
|------------------------------|--|
| 9 TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|------------------------------|--|

| | | |
|----------------------------------|--|---|
| 10 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 PHOTOGRAPHY |
|----------------------------------|--|---|

| | | | |
|---|-----------------------------|---------------|-------------|
| 11 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

| | |
|--------------------|---|
| Date 09/01/2023 | Payee name MONTGOMERY COUNTY WOMENS CENTER |
|--------------------|---|

| | |
|-------------------------|---|
| Amount (\$) \$514.93 | Payee address; City; State; Zip Code 1401 AIRPORT RD CONROE, TX 77301 |
|-------------------------|---|

| | |
|----------------------------|--|
| TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|----------------------------|--|

| | | |
|-------------------------------|--|---|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense EVENT SPONSORSHIP |
|-------------------------------|--|---|

| | | | |
|---|-----------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

| |
|--|
| |
|--|

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: 31/43 Rpt: | 2 FILER NAME Mack, Wayne | 3 Filer ID |
|--|------------------------------------|-------------------|

| | |
|--|-----------|
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | \$ |
|--|-----------|

| | |
|-----------------------------|---|
| 5 Date 10/22/2023 | 6 Payee name OPERATION RED WINGS FOUNDATION |
|-----------------------------|---|

| | |
|----------------------------------|---|
| 7 Amount (\$) \$515.00 | 8 Payee address; City; State; Zip Code 1414 11TH ST HUNTSVILLE, TX 77340 |
|----------------------------------|---|

| | |
|------------------------------|--|
| 9 TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|------------------------------|--|

| | | |
|----------------------------------|--|--|
| 10 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 |
|----------------------------------|--|--|

| | | | |
|--|-----------------------------|---------------|-------------|
| 11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| | |
|---------------------------|---------------------------------------|
| Date 10/28/2023 | Payee name PEET JR HIGH PTO |
|---------------------------|---------------------------------------|

| | |
|--------------------------------|--|
| Amount (\$) \$500.00 | Payee address; City; State; Zip Code 1895 LONGMIRE CONROE, TX 77304 |
|--------------------------------|--|

| | |
|----------------------------|--|
| TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|----------------------------|--|

| | | |
|-------------------------------|--|--|
| 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 | 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: 32/43 Rpt: | 2 FILER NAME Mack, Wayne | 3 Filer ID |
|--|------------------------------------|-------------------|

| | |
|--|----|
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | \$ |
|--|----|

| | |
|-----------------------------|--------------------------------------|
| 5 Date 10/18/2023 | 6 Payee name RANCHO GRANDE |
|-----------------------------|--------------------------------------|

| | |
|----------------------------------|--|
| 7 Amount (\$) \$349.98 | 8 Payee address; City; State; Zip Code 2207 N FRAZIER ST CONROE, TX 77303 |
|----------------------------------|--|

| | |
|------------------------------|--|
| 9 TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|------------------------------|--|

| | | |
|----------------------------------|--|--|
| 10 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 VOLUNTEER APPRECIATION LUNCH |
|----------------------------------|--|--|

| | | | |
|--|-----------------------------|---------------|-------------|
| 11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| | |
|--------------------|---|
| Date 11/05/2023 | Payee name REFLECTIVE LIFE MINSISTRIES |
|--------------------|---|

| | |
|-------------------------|--|
| Amount (\$) \$320.00 | Payee address; City; State; Zip Code 6606 FM 1488 MAGNOLIA, TX 77354 |
|-------------------------|--|

| | |
|----------------------------|--|
| TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|----------------------------|--|

| | | |
|-------------------------------|--|--|
| 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 | 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: 33/43 Rpt: | 2 FILER NAME Mack, Wayne | 3 Filer ID |
|---|-----------------------------|------------|

| | |
|---|----|
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | \$ |
|---|----|

| | |
|----------------------|---|
| 5 Date 11/28/2023 | 6 Payee name REFLECTIVE LIFE MINSISTRIES |
|----------------------|---|

| | |
|---------------------------|--|
| 7 Amount (\$) \$575.24 | 8 Payee address; City; State; Zip Code 6606 FM 1488 MAGNOLIA, TX 77354 |
|---------------------------|--|

| | |
|-----------------------|--|
| 9 TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|-----------------------|--|

| | | |
|---------------------------|---|---|
| 10 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 |
|---------------------------|---|---|

| | | | |
|--|-----------------------------|---------------|-------------|
| 11 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| | |
|--------------------|-------------------------|
| Date 08/16/2023 | Payee name SALTGRASS |
|--------------------|-------------------------|

| | |
|------------------------|---|
| Amount (\$) \$47.46 | Payee address; City; State; Zip Code 810 INTERSTATE 45 N CONROE, TX 77304 |
|------------------------|---|

| | |
|---------------------|--|
| TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|---------------------|--|

| | | |
|------------------------|---|---|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense POLITICAL DINNER |
|------------------------|---|---|

| | | | |
|---|-----------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

| | | | |
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| | | | |
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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
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: 34/43 Rpt: | 2 FILER NAME Mack, Wayne | 3 Filer ID |
|--|------------------------------------|-------------------|

| | |
|--|----|
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | \$ |
|--|----|

| | |
|-----------------------------|----------------------------------|
| 5 Date 10/07/2023 | 6 Payee name SALTGRASS |
|-----------------------------|----------------------------------|

| | |
|----------------------------------|--|
| 7 Amount (\$) \$260.84 | 8 Payee address; City; State; Zip Code 810 INTERSTATE 45 N CONROE, TX 77304 |
|----------------------------------|--|

| | |
|------------------------------|--|
| 9 TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|------------------------------|--|

| | | |
|----------------------------------|--|--|
| 10 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense POLITICAL DINNER |
|----------------------------------|--|--|

| | | | |
|--|-----------------------------|---------------|-------------|
| 11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| | |
|--------------------|--------------------------|
| Date 07/12/2023 | Payee name SAM'S CLUB |
|--------------------|--------------------------|

| | |
|-------------------------|--|
| Amount (\$) \$156.86 | Payee address; City; State; Zip Code 2000 WESTVIEW BLVD CONROE, TX 77301 |
|-------------------------|--|

| | |
|----------------------------|--|
| TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|----------------------------|--|

| | | |
|-------------------------------|---|---|
| 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 TRAUMA INFORMED COURT PROGRAM |
|-------------------------------|---|---|

| | | | |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| | | | |
|--|--|--|--|
| | | | |
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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
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: 35/43 Rpt: | 2 FILER NAME Mack, Wayne | 3 Filer ID |
|--|------------------------------------|-------------------|

| | |
|--|----|
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | \$ |
|--|----|

| | |
|-----------------------------|-----------------------------------|
| 5 Date 08/07/2023 | 6 Payee name SAM'S CLUB |
|-----------------------------|-----------------------------------|

| | |
|----------------------------------|---|
| 7 Amount (\$) \$156.86 | 8 Payee address; City; State; Zip Code 2000 WESTVIEW BLVD CONROE, TX 77301 |
|----------------------------------|---|

| | |
|------------------------------|--|
| 9 TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|------------------------------|--|

| | | |
|----------------------------------|---|---|
| 10 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 TRAUMA INFORMED COURT PROGRAM |
|----------------------------------|---|---|

| | | | |
|--|-----------------------------|---------------|-------------|
| 11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| | |
|--------------------|--------------------------|
| Date 08/29/2023 | Payee name SAM'S CLUB |
|--------------------|--------------------------|

| | |
|-------------------------|--|
| Amount (\$) \$289.24 | Payee address; City; State; Zip Code 2000 WESTVIEW BLVD CONROE, TX 77301 |
|-------------------------|--|

| | |
|----------------------------|--|
| TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|----------------------------|--|

| | | |
|-------------------------------|---|---|
| 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 TRAUMA INFORMED COURT PROGRAM SUPPLIES |
|-------------------------------|---|---|

| | | | |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| | | | |
|--|--|--|--|
| | | | |
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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
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: 36/43 Rpt: | 2 FILER NAME Mack, Wayne | 3 Filer ID |
|--|------------------------------------|-------------------|

| | |
|--|----|
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | \$ |
|--|----|

| | |
|-----------------------------|-----------------------------------|
| 5 Date 10/04/2023 | 6 Payee name SAM'S CLUB |
|-----------------------------|-----------------------------------|

| | |
|----------------------------------|---|
| 7 Amount (\$) \$201.06 | 8 Payee address; City; State; Zip Code 2000 WESTVIEW BLVD CONROE, TX 77301 |
|----------------------------------|---|

| | |
|------------------------------|--|
| 9 TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|------------------------------|--|

| | | |
|----------------------------------|---|--|
| 10 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 TRAUMA INFORMED COURT PROGRAM SUPPLIES |
|----------------------------------|---|--|

| | | | |
|---|-----------------------------|---------------|-------------|
| 11 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

| | |
|--------------------|--------------------------|
| Date 11/02/2023 | Payee name SAM'S CLUB |
|--------------------|--------------------------|

| | |
|-------------------------|--|
| Amount (\$) \$248.90 | Payee address; City; State; Zip Code 2000 WESTVIEW BLVD CONROE, TX 77301 |
|-------------------------|--|

| | |
|----------------------------|--|
| TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|----------------------------|--|

| | | |
|-------------------------------|---|--|
| 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 TRAUMA INFORMED COURT PROGRAM SUPPLIES |
|-------------------------------|---|--|

| | | | |
|---|-----------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

| | | | |
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| | | | |
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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
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: 37/43 Rpt: | 2 FILER NAME Mack, Wayne | 3 Filer ID |
|--|------------------------------------|-------------------|

| | |
|--|----|
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | \$ |
|--|----|

| | |
|-----------------------------|-----------------------------------|
| 5 Date 11/17/2023 | 6 Payee name SAM'S CLUB |
|-----------------------------|-----------------------------------|

| | |
|---------------------------------|---|
| 7 Amount (\$) \$66.83 | 8 Payee address; City; State; Zip Code 2000 WESTVIEW BLVD CONROE, TX 77301 |
|---------------------------------|---|

| | |
|------------------------------|--|
| 9 TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|------------------------------|--|

| | | |
|----------------------------------|--|---|
| 10 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 TRAUMA INFORMED COURT PROGRAM SUPPLIES |
|----------------------------------|--|---|

| | | | |
|--|-----------------------------|---------------|-------------|
| 11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| | |
|--------------------|--------------------------|
| Date 11/17/2023 | Payee name SAM'S CLUB |
|--------------------|--------------------------|

| | |
|------------------------|--|
| Amount (\$) \$88.83 | Payee address; City; State; Zip Code 2000 WESTVIEW BLVD CONROE, TX 77301 |
|------------------------|--|

| | |
|----------------------------|--|
| TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|----------------------------|--|

| | | |
|-------------------------------|--|---|
| 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 TRAUMA INFORMED COURT PROGRAM SUPPLIES |
|-------------------------------|--|---|

| | | | |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| | | | |
|--|--|--|--|
| | | | |
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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
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: 38/43 Rpt: | 2 FILER NAME Mack, Wayne | 3 Filer ID |
|--|------------------------------------|-------------------|

| | |
|--|----|
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | \$ |
|--|----|

| | |
|-----------------------------|-----------------------------------|
| 5 Date 12/06/2023 | 6 Payee name SAM'S CLUB |
|-----------------------------|-----------------------------------|

| | |
|---------------------------------|---|
| 7 Amount (\$) \$75.36 | 8 Payee address; City; State; Zip Code 2000 WESTVIEW BLVD CONROE, TX 77301 |
|---------------------------------|---|

| | |
|------------------------------|--|
| 9 TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|------------------------------|--|

| | | |
|----------------------------------|---|--|
| 10 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 TRAUMA INFORMED COURT PROGRAM SUPPLIES |
|----------------------------------|---|--|

| | | | |
|--|-----------------------------|---------------|-------------|
| 11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| | |
|--------------------|------------------------------|
| Date 08/19/2023 | Payee name SHIPLEY DONUTS |
|--------------------|------------------------------|

| | |
|------------------------|---|
| Amount (\$) \$66.97 | Payee address; City; State; Zip Code 4477 W DAVIS ST CONROE, TX 77304 |
|------------------------|---|

| | |
|----------------------------|--|
| TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|----------------------------|--|

| | | |
|-------------------------------|--|---|
| 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 JUROR BREAKFAST |
|-------------------------------|--|---|

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

The Instruction Guide explains how to complete this form.

| | | |
|--|------------------------------------|-------------------|
| 1 Total pages Schedule F4: Sch: 39/43 Rpt: | 2 FILER NAME Mack, Wayne | 3 Filer ID |
|--|------------------------------------|-------------------|

| | |
|--|----|
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | \$ |
|--|----|

| | |
|-----------------------------|---|
| 5 Date 11/02/2023 | 6 Payee name SPIRITUAL CARE NETWORK |
|-----------------------------|---|

| | |
|------------------------------------|---|
| 7 Amount (\$) \$1,000.00 | 8 Payee address; City; State; Zip Code 11801 GROGANS MILL RD THE WOODLANDS, TX 77380 |
|------------------------------------|---|

| | |
|------------------------------|--|
| 9 TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|------------------------------|--|

| | | |
|----------------------------------|--|--|
| 10 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 HOPE RISING CONFERENCE |
|----------------------------------|--|--|

| | | | |
|--|-----------------------------|---------------|-------------|
| 11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| | |
|--------------------|---------------------------------------|
| Date 11/13/2023 | Payee name THE APRICITY FOUNDATION |
|--------------------|---------------------------------------|

| | |
|-------------------------|---|
| Amount (\$) \$500.00 | Payee address; City; State; Zip Code 2257 N LOOP 336 STE 140 CONROE, TX 77304 |
|-------------------------|---|

| | |
|----------------------------|--|
| TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|----------------------------|--|

| | | |
|-------------------------------|--|--|
| 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 | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

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| |
|--|

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
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: 40/43 Rpt: | 2 FILER NAME Mack, Wayne | 3 Filer ID |
|--|------------------------------------|-------------------|

| | |
|--|----|
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | \$ |
|--|----|

| | |
|-----------------------------|--|
| 5 Date 11/15/2023 | 6 Payee name VERNON'S KUNTRY BARBQUE |
|-----------------------------|--|

| | |
|----------------------------------|--|
| 7 Amount (\$) \$134.89 | 8 Payee address; City; State; Zip Code 5000 W DAVIS ST CONROE, TX 77304 |
|----------------------------------|--|

| | |
|------------------------------|--|
| 9 TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|------------------------------|--|

| | | |
|----------------------------------|--|---|
| 10 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense POLITICAL LUNCH |
|----------------------------------|--|---|

| | | | |
|--|-----------------------------|---------------|-------------|
| 11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| | |
|--------------------|--------------------------------------|
| Date 10/03/2023 | Payee name VINCE SANTINI CAMPAIGN |
|--------------------|--------------------------------------|

| | |
|-------------------------|---|
| Amount (\$) \$500.00 | Payee address; City; State; Zip Code PO BOX 558 PINEHURST, TX 77362 |
|-------------------------|---|

| | |
|----------------------------|--|
| TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|----------------------------|--|

| | | |
|-------------------------------|--|---|
| 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 |
|--|-----------------------------|---------------|-------------|

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

| | | |
|---|-----------------------------|------------|
| 1 Total pages Schedule F4: Sch: 41/43 Rpt: | 2 FILER NAME Mack, Wayne | 3 Filer ID |
|---|-----------------------------|------------|

| | |
|---|----|
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | \$ |
|---|----|

| | |
|----------------------|---|
| 5 Date 08/07/2023 | 6 Payee name W BRADSHAW BONEY & ASSOCIATES |
|----------------------|---|

| | |
|-----------------------------|---|
| 7 Amount (\$) \$1,103.44 | 8 Payee address; City; State; Zip Code 18333 EGRET BAY BLVD STE 110 HOUSTON, TX 77058 |
|-----------------------------|---|

| | |
|-----------------------|--|
| 9 TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|-----------------------|--|

| | | |
|---------------------------|---|--|
| 10 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 CAMPAIGN MAILER |
|---------------------------|---|--|

| | | | |
|---|-----------------------------|---------------|-------------|
| 11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

| | |
|--------------------|-------------------------|
| Date 12/07/2023 | Payee name WALGREENS |
|--------------------|-------------------------|

| | |
|-------------------------|---|
| Amount (\$) \$769.30 | Payee address; City; State; Zip Code 1120 N LOOP 336 W CONROE, TX 77304 |
|-------------------------|---|

| | |
|---------------------|--|
| TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|---------------------|--|

| | | |
|------------------------|---|---|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense STAFF APPREICATION GIFTS |
|------------------------|---|---|

| | | | |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
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: 42/43 Rpt: | 2 FILER NAME Mack, Wayne | 3 Filer ID |
|--|------------------------------------|-------------------|

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| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | \$ |
|--|----|

| | |
|-----------------------------|---|
| 5 Date 08/25/2023 | 6 Payee name WAY BETTER SOUND AND VISUALS |
|-----------------------------|---|

| | |
|------------------------------------|---|
| 7 Amount (\$) \$3,600.00 | 8 Payee address; City; State; Zip Code 3576 W TC JESTER BLVD HOUSTON, TX 77018 |
|------------------------------------|---|

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| 9 TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|------------------------------|--|

| | | |
|----------------------------------|--|--|
| 10 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 AUDIO AND VISUAL EQUIPMENT RENTAL FOR PRAYER BREAKFAST |
|----------------------------------|--|--|

| | | | |
|--|-----------------------------|---------------|-------------|
| 11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

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|--------------------|--|
| Date 10/10/2023 | Payee name WAY BETTER SOUND AND VISUALS |
|--------------------|--|

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|---------------------------|--|
| Amount (\$) \$3,548.70 | Payee address; City; State; Zip Code 3576 W TC JESTER BLVD HOUSTON, TX 77018 |
|---------------------------|--|

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| TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|----------------------------|--|

| | | |
|-------------------------------|--|--|
| 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 AUDIO AND VISUAL EQUIPMENT RENTAL FOR PRAYER BREAKFAST |
|-------------------------------|--|--|

| | | | |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

| | | |
|--|--|---|
| 1 Total pages Schedule F4: Sch: 43/43 Rpt: | 2 FILER NAME Mack, Wayne | 3 Filer ID |
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | | \$ |
| 5 Date 08/19/2023 | 6 Payee name WEST CONROE BAPTIST CHURCH | |
| 7 Amount (\$) \$1,000.00 | 8 Payee address; City; State; Zip Code 1855 LONGMIRE RD CONROE, TX 77304 | |
| 9 TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | |
| 10 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 BETHLEHEM CITY DONATION |
| | 11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | |
| | Candidate/Officeholder name | Office sought |
| | | Office held |