#### FORM C/OH **CANDIDATE / OFFICEHOLDER COVER SHEET PG 1** CAMPAIGN FINANCE REPORT Total pages filed: 1 Filer ID The C/OH Instruction Guide explains how to complete this form. MS/MRS/MR **FIRST** М CANDIDATE / OFFICE USE ONLY **OFFICEHOLDER** Ben NAME Date Received **SUFFIX NICKNAME** LAST Mackey Date Hand-delivered or Date ostmar ZIP CODE CANDIDATE / ADDRESS / PO BOX: APT / SUITE #; **OFFICEHOLDER** 307 N Polk Street MAILING Receipt # Amount **ADDRESS** Change of Address Dallas, TX 75208 Date Processed Date Imaged CAMPAIGN MS/MRS/MR FIRST MI **TREASURER** Kaitlin NAME **NICKNAME SUFFIX** Snow STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE **CAMPAIGN TREASURER ADDRESS** Dallas 75208 823 Woodlawn (Residence or Business) AREA CODE PHONE NUMBER **EXTENSION CAMPAIGN TREASURER** PHONE 817.832.5062 REPORT **TYPE** 15th day after campaign treasurer 30th day before election Runoff January 15 appointment (officeholder only) 8th day before election **Exceeded modified** Final Report (Attach C/OH-FR) July 15 l x l reporting limit **PERIOD** Month Day Year Month Day Year **COVERED** 01/01/2023 **THROUGH** 06/30/2023 **ELECTION TYPE** 10 ELECTION **ELECTION DATE** Other Month Day Year Primary Runoff General Special 12 OFFICE SOUGHT (if known) 11 OFFICE OFFICE HELD (if any) Dallas ISD Trustee - District 7 Place District 7 District Dallas ISD Dallas **GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM C/OH COVER SHEET PG 2

2 of 8

13 C / OH NAME	OH NAME Mackey, Ben 14 Filer ID							
5 NOTICE FROM candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's keep Communities and officeholders are required to report this information only if they receive notice of succommunities.								
Additional Pages	COMMITTEE TYPE							
		GENERAL COMMITTEE ADDRESS						
	SPECIFIC	PECIFIC						
	COMMITTEE CAMPAIGN TREASURER NAME							
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS					
16 CONTRIBUTION TOTALS	1. TOTAL UNITEM OR GUARANTE	ZED POLITICAL CONTRIBUTIONS (OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE	N PLEDGES, LOANS, CTRONICALLY)	\$ 0.00				
		AL CONTRIBUTIONS LEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$ 0.00				
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES	\$ 0.00					
	4. TOTAL POLITICAL EXPENDITURES							
CONTRIBUTION BALANCE	REPORTING PE	AST DAY OF THE	\$ 17,066.03					
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	OF THE LAST DAY	\$ 0.00					
17 AFFIDAVIT	TAMARA K. JORDAN Hotary Public, State of Text Comm. Expires 02-12-202 Notary ID 11193380		y of perjury, that the accult information required to	be reported by me				
	TARY STAMP / SEAL AB	Ben Markey	, this the	the day				
of July	O 52	ertify which, witness my hand and seal of office.  Tamara K. Jord		ary Public				
Signature of offi	cer administering	Printed name of officer administering	Title of officer	administering oath				

# FORM C/OH **SUBTOTALS - C/OH COVER SHEET PG 3** 3 of 8 **18 FILER NAME** 19 Filer ID Mackey, Ben 20 SCHEDULE SUBTOTALS SUBTOTAL AMOUNT NAME OF SCHEDULE SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$ 2. SCHEDULE B: PLEDGED CONTRIBUTIONS \$ SCHEDULE E: LOANS \$ SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$ 1,907.60 5. X \$ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$ 7. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD \$ SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS \$ 9. SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH \$ 10. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED \$ 12. TO FILER

### SCHEDULE F1

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

Event Expense Fees Food/Beverage Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

Candidate/Officeholder/Political Col Credit Card Payment	mmittee Legal Services Salaries/Way  The Instruction Guide explains how to com	ges/Contract Labor OTHER (enter a category not listed above)
1 Total pages Schedule F1: 2	FILER NAME	3 Filer ID
Sch: 1/5 Rpt: 4/8	Mackey, Ben	
4 Date 5	Payee name	
01/30/2023	Dash for the Beads	
' '	Payee address; City; State; Zip Code	
\$250.00	711 W Canty St	
	Dallas, TX 75208	
8 PURPOSE (a) OF		Description
EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Community Sponsorship
		,
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sough	nt Office held
Date	Payee name	
02/02/2023	GoDaddy	
Amount (\$)	Payee address; City; State; Zip Cod	9
\$20.17	14455 N. Hayden Rd.	
	Suite 226	
	Scottsdale, AZ 85260-6947	
PURPOSE (a)	Category (See Categories listed at the top of this schedule)	Description
OF EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Website
		Website
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sough	nt Office held
Date	Payee name	
02/10/2023	GoDaddy	
Amount (\$)	Payee address; City; State; Zip Cod	e
\$21.17	14455 N. Hayden Rd.	
	Suite 226	
	Scottsdale, AZ 85260-6947	
PURPOSE (a)	Category (See Categories listed at the top of this schedule)	b) Description
OF EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
	į.	Website
Complete ONLY if direct	Candidate/Officeholder name Office soug	ht Office held
expenditure to benefit C/OH	- Included the state of the sta	
Forms provided by Toyas Ethi	on Commission	Version V2.5.1.a18aa2es

### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID
L	Sch: 2/5 Rpt: 5/8	Mackey, Ben
4	Date	5 Payee name
	01/26/2023	MailChimp
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$71.42	530 Means St NW
		Ste 404
		Atlanta, GA 30318
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Newsletter
		1
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/OI	1
	Date	Payee name
	02/27/2023	MailChimp
Γ	Amount (\$)	Payee address; City; State; Zip Code
	\$71.42	530 Means St NW
		Ste 404
		Atlanta, GA 30318
Γ	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Newsletter
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
Γ	Date	Payee name
L	03/27/2023	MailChimp
Γ	Amount (\$)	Payee address; City; State; Zip Code
1	\$71.42	530 Means St NW
		Ste 404
		Atlanta, GA 30318
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Newsletters
		Newsland
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
$\vdash$		

#### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

Candidate/Officeholder/Political Committee Credit Card Payment		Legal Services  The Instruction Guide ex	Salaries/W	/ages	/Contract Labor	tegory not listed above)		
1	Total pages Schedule F1:	2 FILER NAM	=				3 Filer ID	
	Sch: 3/5 Rpt: 6/8	Mackey, Be	en					
4	Date	5 Payee name						
	04/26/2023	MailChimp						
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip Co	de			
	\$71.42	530 Means	St NW					
		Ste 404						
		Atlanta, GA	30318					
8	PURPOSE OF	(a) Category (S	iee Categories listed at the top of	this schedule)	(b)	Description		
	EXPENDITURE	Advertising	Expense				outside of Texas. Comple , TX, officeholder living ex	
						Newsletter	, TA, Utilicetiolider living ex	крепзе
				ı	i	Newsiellei		
9	Complete ONLY if direct	Candidate/Of	iceholder name	Office sou	ght		Office held	1
	expenditure to benefit C/O	1						
	Date	Payee name						
	05/26/2023	MailChimp						
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	de			
	\$71.42	530 Means	St NW					
		Ste 404						
		Atlanta, GA	\ 30318					
_	PURPOSE		See Categories listed at the top of	alder and and deal	(b)	Description		
	OF	Advertising		this schedule)	(-,		outside of Texas. Comple	ete Schedule T.
	EXPENDITURE	7 ta vertioning	Expense			Check if Austin	, TX, officeholder living e	xpense
						Newsletter		
	Complete ONLY if direct expenditure to benefit C/OI		iceholder name	Office sou	ght		Office held	i l
	expenditure to benefit C/OI							
	Date	Payee name	•					
L	06/26/2023	MailChimp						
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	de			
	\$71.42	530 Means	St NW					
		Ste 404						
		Atlanta, G	A 30318					
	PURPOSE	(a) Category (s	See Categories listed at the top of	this schedule)	(b)	Description		
	OF EXPENDITURE	Advertising					outside of Texas. Comple	
	EXI ENDITORE						n, TX, officeholder living e	expense
						Newsletter		
	Complete ONLY if direct	Candidate/∩f	ficeholder name	Office sou	L laht		Office held	d
	expenditure to benefit C/O			J.1100 300	9.11		Cinio nei	<del></del>
-								

# SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense

Loan Repayment/Reimbu
Feas
Office Overhead/Rental Fe

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Politing Expense Printing Expense Salaries/Wanes/Contract Labor

Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID
Sch: 4/5 Rpt: 7/8	Mackey, Ben
4 Date	5 Payee name
06/30/2023	OK2BX Foundation
	7 Payee address; City; State; Zip Code
\$250.00	1717 Arts Plaza
	#1802
	Dallas, TX 75201
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Community Sponsorship
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
Date	Payee name
05/10/2023	Pasos for Oak Cliff
Amount (\$)	Payee address; City; State; Zip Code
\$200.00	2915 S Polk St
,	
	Dallas, TX 75224
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Community Sponsorship
	Sommany Spanoorap
Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
Date	Payee name
06/20/2023	Somos Tejas
Amount (\$)	Payee address; City; State; Zip Code
\$400.00	815 BRAZOS ST STE 500
Ψ+00.00	
	Austin, TX 78701-2509
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Community Sponsorship
	Community Oponsorship
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
. :=: 8	

# SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - I Co	Fe Fo Gi mmittee Le	vent Expense ses sood/Beverage Expens ift/Awards/Memorials sgat Services the Instruction Gu	Expense	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Lai	ense		Solicitation/Fundraising Ex Transportation Equipment Travel in District Travel Out of District OTHER (enter a category	t & Related Expense
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	
	Sch: 5/5 Rpt: 8/8		Mackey, Ben								
4	Date	5	Payee name								
	04/13/2023		Squarespace								
6	Amount (\$)	7	Payee address	; City;	State;	Zip Co	de			····	
	\$337.74		225 Varrick S	it							
ı			12th Floor								
			New York, NY	10014							
8	PURPOSE	(a)	Category (See	Categories listed at th	ne top of this sche	edule)	(b) Descripti	ion			
	OF EXPENDITURE		Advertising E		10 10p 01 0110 0011	,	Check	if travel o		de of Texas. Complete Sch	
	EXPENDITORE								TX,	officeholder living expense	!
						l	Website	€			
9	Complete ONII V If direct	L	Condidate/Office	holdor norre		Office sou	•h•			Office held	
ľ	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Office	enoider name	U	mice sou	grit.			Office field	
┝											
ĺ											
ı											
1											
-											