CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT COVER SHEET PG 1 1 Filer ID Total pages filed: The C/OH Instruction Guide explains how to complete this form. 10 CANDIDATE / MS/MRS/MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** Ben NAME Date Received **NICKNAME LAST SUFFIX** Mackey ADDRESS / PO BOX; APT / SUITE #; ZIP CODE Date Hand-delivered or ate **Og**stmarked CANDIDATE / CITY; **OFFICEHOLDER** 307 N Polk Street MAILING Receipt # **ADDRESS** S Change of Address Dallas, TX 75208 Date Processed Date Imaged FIRST MS/MRS/MR **CAMPAIGN** ΜI **TREASURER** Kaitlin NAME LAST **NICKNAME SUFFIX** Snow STREET ADDRESS (NO PO BOX PLEASE); STATE: ZIP CODE APT / SUITE #; CITY: **CAMPAIGN TREASURER ADDRESS** 75208 Dallas (Residence or Business) 823 Woodlawn Ave **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** 817.832.5062 REPORT **TYPE** 15th day after campaign treasurer January 15 30th day before election Runoff appointment (officeholder only) Exceeded modified Final Report (Attach C/OH-FR) 8th day before election July 15 reporting limit **PERIOD** Day Year Month Day Year Month **COVERED** 01/01/2024 **THROUGH** 06/30/2024 10 ELECTION **ELECTION TYPE ELECTION DATE** Month Day Primary Runoff Other Year General Special 12 OFFICE SOUGHT (if known) 11 OFFICE OFFICE HELD (if any) School Board Trustee, District 7 Place District 7 District Dallas ISD Dallas **GO TO PAGE 2** Version V4.1.0.d378aba0 Forms provided by Texas Ethics Commission www.ethics.state.tx.us

FORM C/OH

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 10

| | | | | 2 01 10 | | |
|--|--|---|--|---------------------|--|--|
| 13 C / OH NAME | Mackey, Ben | 14 F | iler ID | | | |
| 15 NOTICE FROM POLITICAL COMMITTEE(S) | This box is for notice of p candidate / officeholder. consent. Candidates and | andidate's or officeho | older's knowledge or | | | |
| Additional Pages | COMMITTEE TYPE COMMITTEE NAME | | | | | |
| | GENERAL | | | | | |
| COMMITTEE ADDRESS | | | | | | |
| | | | | | | |
| | | COMMITTEE CAMPAIGN TREASURER NAME | | | | |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS | | | | |
| 16 CONTRIBUTION TOTALS | 1. TOTAL UNITEM OR GUARANTE | ZED POLITICAL CONTRIBUTIONS (OTHER THAN PLI ES OF LOANS, OR CONTRIBUTIONS MADE ELECTRO | EDGES, LOANS, ONICALLY) | \$ 0.00 | | |
| 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | | | | \$ 0.00 | | |
| EXPENDITURE TOTALS | 3. TOTAL UNITEM | IIZED POLITICAL EXPENDITURES | | \$ 0.00 | | |
| 4. TOTAL POLITICAL EXPENDITURES | | | | \$ 2,201.58 | | |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | | | \$ 14,050.11 | | |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIF OF THE REPOR | AL AMOUNT OF ALL OUTSTANDING LOANS AS OF TING PERIOD | THE LAST DAY | \$ 0.00 | | |
| 17 AFFIDAVIT | GINA LOPEZ stary Public, State of Texas omm. Expires 01-15-2027 Notary ID 125929888 | | perjury, that the according to be desired to | pe reported by me | | |
| | cribed before me, by the s | 0.014.001/21 | this the | n d day | | |
| Signature of officer administering Printed name of officer administering Title of officer administering oath | | | | | | |

FORM C/OH **SUBTOTALS - C/OH COVER SHEET PG 3** 3 of 10 19 Filer ID **18 FILER NAME** Mackey, Ben **20 SCHEDULE SUBTOTALS** SUBTOTAL AMOUNT NAME OF SCHEDULE SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$ \$ SCHEDULE B: PLEDGED CONTRIBUTIONS \$ 4. SCHEDULE E: LOANS 2,201.58 X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$ 5. \$ 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 \$ SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH \$ 10. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$ 11. 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
Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| | Candidate/Officeholder/Politica 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 |
| | Sch: 1/7 Rpt: 4/10 | Mackey, Ben |
| 4 | Date | 5 Payee name |
| | 06/25/2024 | Cenzo's |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$12.82 | 1700 W. 10th St |
| | | |
| | | Dallas, TX 75208 |
| 8 | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Community Connection |
| | | Gonina III, Gonina |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| 9 | expenditure to benefit C/O | • |
| | Date | Payee name |
| | 02/02/2024 | GoDaddy |
| _ | Amount (\$) | Payee address; City; State; Zip Code |
| | \$22.17 | 14455 N. Hayden Rd. |
| | | Suite 226 |
| | | Scottsdale, AZ 85260-6947 |
| <u> </u> | | |
| | PURPOSE OF | (a) Category (see Categories listed at the top of this schedule) Advertising Expanse (b) Description Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Website |
| | | |
| H | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | 1 |
| H | Date | Payee name |
| | 02/12/2024 | GoDaddy |
| - | Amount (\$) | Payee address; City; State; Zip Code |
| | \$23.17 | 14455 N. Hayden Rd. |
| | \$23.17 | |
| | | 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 Website |
| | | vvensite |
| \vdash | Complete ONII V if disset | Candidate/Officeholder name Office sought Office held |
| | Complete ONLY if direct expenditure to benefit C/O | • |
| <u> </u> | • | |
| | | |
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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

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

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

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

Travel Out of District
OTHER (enter a category not listed above)

| | Credit Card Payment | The Instruction Guide explains how to complet | te this form. |
|---|-----------------------------|--|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID |
| | Sch: 2/7 Rpt: 5/10 | Mackey, Ben | |
| 4 | Date | 5 Payee name | |
| | 03/11/2024 | HWNT Dallas | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | |
| | \$100.00 | PO Box 152278 | |
| | | | |
| | | Austin, TX 78715 | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) | Description |
| | OF EXPENDITURE | Gift/Awards/Memorials Expense | Check if travel outside of Texas. Complete Schedule T. |
| | |] ' | Check if Austin, TX, officeholder living expense Donation HWNT Dallas Gala |
| | | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held |
| | expenditure to benefit C/OI | 1 | |
| | Date | Payee name | |
| | 04/25/2024 | Jaquval | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$39.51 | 312 W 7th Street | |
| | | | |
| | | Dallas, TX 75208 | |
| | PURPOSE OF | , | Description |
| | EXPENDITURE | Event Expense | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | | Community Connection |
| | | | |
| r | Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held |
| | expenditure to benefit C/O | H | |
| Г | Date | Payee name | |
| | 06/12/2024 | Jaquval | |
| Γ | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$42.98 | 312 W 7th Street | |
| | | | |
| | | Dallas, TX 75208 | |
| Γ | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) | Description |
| | OF EXPENDITURE | Food/Beverage Expense | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | | Community Connection |
| | | | |
| H | Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held |
| | expenditure to benefit C/O | | |
| H | | | |
| | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

| | Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment | / - Il Committee | Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explai | | xpenso Vages/ | se :/Contract Labor | | Travel in District Travel Out of District OTHER (enter a category not listed above) | |
|---|--|---------------------|--|--------------|------------------|------------------------|--------|---|--|
| 1 | Total pages Schedule F1: | 2 FILER NAMI | <u>`</u> | | | | 3 | Filer ID | |
| _ | Sch: 3/7 Rpt: 6/10 | Mackey, Be | | | | | | | |
| 4 | Date | 5 Payee name | | | | | | | |
| | 03/19/2024 | Leadership | Forward | | | | | | |
| 6 | Amount (\$) | 7 Payee addre | ess; City; St | ate; Zip Co | ode | | | | |
| | \$500.00 | 616 N Mad | ison Ave | | | | | | |
| i | | Dallas, TX | 75208 | | | | | | |
| 8 | PURPOSE | (a) Category (S | See Categories listed at the top of this | s schedule) | (b) | Description | | | |
| ı | OF EXPENDITURE | | s/Memorials Expense | | | | | le of Texas. Complete Schedule T. | |
| ı | tarri minori di ta | | | | | | | officeholder living expense | |
| | | | | | | Leadership F | OIW | ard Mentoring | |
| | | | | | L_ | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/Oh | | iceholder name | Office sou | ıght | | | Office held | |
| | Date | Payee name | | | | | | | |
| ĺ | 04/18/2024 | Leadership | Forward | | | | | | |
| | Amount (\$) | Payee addre | ess; City; St | tate; Zip Co | ode | | | | |
| | \$250.00 | 616 N Mad | ison Ave | | | | | | |
| | ! | | | | | | | | |
| | | Dallas, TX | 75208 | | | | | | |
| | PURPOSE | (a) Category (s | See Categories listed at the top of this | s schedule) | (b) | Description | | | |
| | OF EXPENDITURE | Gift/Awards | s/Memorials Expense | | | = | | de of Texas. Complete Schedule T. | |
| | <u> </u> | | | | | _ | | officeholder living expense rard Mentoring | |
| | ! | [| | | | Leaucisinp | -01 44 | aru Wentoring | |
| | | | | - 441 | Ļ | | | | |
| | Complete ONLY if direct expenditure to benefit C/O | | ficeholder name | Office sou | ught | | | Office held | |
| | experience to belief the | | | <u></u> | | | | | |
| | Date | Payee name | | | | | | | |
| | 02/25/2024 | Lulac Cour | ncil 272 | | | | | | |
| | Amount (\$) | Payee addre | ess; City; St | tate; Zip Co | ode | | | | |
| | \$250.00 | 345 S. Edg | Ť. | , , | | | | | |
| | | | 1011010111111 | | | | | | |
| | | Dallas, TX | 75208 | | | | | | |
| | PURPOSE | (a) Category (| See Categories listed at the top of thi | is schedule) | (b) | Description | | | |
| | OF EXPENDITURE | Gift/Award | s/Memorials Expense | | | | | de of Texas. Complete Schedule T. | |
| | | | | | | | | officeholder living expense | |
| | | | | | | I IIIII Gaiza s | SCH | plarship Memorial Fund | |
| | | L | | | L | | | | |
| | Complete ONLY if direct expenditure to benefit C/O | | ficeholder name | Office sou | ught | | | Office held | |
| | | | | | | | | | |
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Travel Out of District

| | Candidate/Officeholder/Politica 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 |
| | Sch: 4/7 Rpt: 7/10 | Mackey, Ben |
| 4 | Date | 5 Payee name |
| | 06/26/2024 | MailChimp |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$78.88 | 530 Means St NW |
| | | Ste 404 |
| | | Atlanta, GA 30318 |
| 8 | 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 |
| | | Communication |
| | | |
| 9 | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| - | Date | Payer name |
| | 05/28/2024 | Payee name MailChimp |
| \vdash | Amount (\$) | Payee address; City; State; Zip Code |
| | \$78.88 | 530 Means St NW |
| | Ψ10.50 | Ste 404 |
| | | Atlanta, GA 30318 |
| L | PURPOSE | |
| | OF | (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. |
| ı | EXPENDITURE | Check if Austin, TX, officeholder living expense |
| | | Communication |
| L | | |
| | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| - | Date | Payee name |
| | 04/26/2024 | MailChimp |
| Γ | Amount (\$) | Payee address; City; State; Zip Code |
| | \$78.88 | 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 Communication |
| | | Communication |
| H | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| \vdash | | |
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SCHEDULE F1

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

Event Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
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: 5/7 Rpt: 8/10 | Mackey, Ben |
| 4 | Date | |
| 4 | 03/26/2024 | 5 Payee name MailChimp |
| _ | | · |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$78.88 | 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. |
| | EXPERDITORE | Check if Austin, TX, officeholder living expense |
| | | Communication |
| | | |
| 9 | Complete ONLY if direct expenditure to benefit C/Oł | Candidate/Officeholder name Office sought Office held |
| | | |
| | Date | Payee name |
| | 01/26/2024 | MailChimp |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$78.88 | 530 Means St NW |
| | | Ste 404 |
| | | Atlanta, GA 30318 |
| Н | 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 |
| | İ | Communication |
| | | |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| L | experiolate to belief C/O | |
| | Date | Payee name |
| | 02/26/2024 | MailChimp |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$78.88 | 530 Means St NW |
| | | Ste 404 |
| | | Atlanta, GA 30318 |
| \vdash | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| ı | OF | Advertising Expense Crossing |
| | EXPENDITURE | Check if Austin, TX, officeholder living expense |
| | | Communication |
| | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | H |
| Г | | |
| | | |

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Travel Out of District
OTHER (enter a category not listed above)

| Credit Card Payment | The Instruction Guide explains how to complete this form. | | | | | |
|---|--|--|--|--|--|--|
| 1 Total pages Schedule F1: | 2 FILER NAME 3 Filer ID | | | | | |
| Sch: 6/7 Rpt: 9/10 | Mackey, Ben | | | | | |
| 4 Date | 5 Payee name | | | | | |
| 02/20/2024 | Margaret B. Henderson Elementary School | | | | | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code | | | | | |
| \$50.00 | 2200 S Edgefield Ave | | | | | |
| | | | | | | |
| | Dallas, TX 75224 | | | | | |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | | |
| OF EXPENDITURE | Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | | | |
| | Donation Henderson Robotics | | | | | |
| | | | | | | |
| 9 Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | | | |
| expenditure to benefit C/O | | | | | | |
| Date | Payee name | | | | | |
| 02/02/2024 | Oddfellows | | | | | |
| Amount (\$) | Payee address; City; State; Zip Code | | | | | |
| \$42.25 | 316 W Seventh St | | | | | |
| | | | | | | |
| | Dallas, TX 75208 | | | | | |
| PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | | |
| EXPENDITURE | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | | | |
| , | Community Connection | | | | | |
| | | | | | | |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | | | |
| expenditure to benefit C/O | H | | | | | |
| Date | Payee name | | | | | |
| 05/01/2024 | Oddfellows | | | | | |
| Amount (\$) | Payee address; City; State; Zip Code | | | | | |
| \$38.32 | 316 W Seventh St | | | | | |
| | | | | | | |
| | Dallas, TX 75208 | | | | | |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | | |
| OF EVDENDITUDE | Food/Beverage Expense | | | | | |
| EXPENDITORE | Check if Austin, TX, officeholder living expense | | | | | |
| | Community Connection | | | | | |
| Complete Chil V if direct | Condidate/Officeholder name Office cought Office hold | | | | | |
| expenditure to benefit C/O | | | | | | |
| | | | | | | |
| | | | | | | |
| O5/01/2024 Amount (\$) \$38.32 PURPOSE OF EXPENDITURE Complete ONLY if direct | Payee address; City; State; Zip Code 316 W Seventh St Dallas, TX 75208 (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Community Connection Candidate/Officeholder name Office sought Office held | | | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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

| | Candidate/Officeholder/Political Credit Card Payment | | Legal Services The Instruction Guide exp | | ages/Contrac | | OTHER (enter a cat | egory not listed above) |
|---|---|---------------|--|----------------|--------------|-----|--|-------------------------|
| 1 | Total pages Schedule F1: | 2 FILER NAM | E | | | | 3 Filer ID | |
| L | Sch: 7/7 Rpt: 10/10 | Mackey, B | | | | | | |
| 4 | Date | 5 Payee name | • | | | | | |
| | 03/15/2024 | Squarespa | | | | | | |
| 6 | Amount (\$) | 7 Payee addre | ess; City; | State; Zip Co | de | | | |
| | \$332.59 | 225 Varricl | c St | | | | | |
| | | 12th Floor | | | | | | |
| | | New York, | NY 10014 | | | | | |
| 8 | PURPOSE OF | | See Categories listed at the top of t | his schedule) | (b) Desc | | | |
| | OF EXPENDITURE | Advertising | Expense | | L | | outside of Texas. Complet 1, TX, officeholder living ex | |
| | | | | | Web | | i, i.a., uniceriolider living ex | pense |
| | | | | | *VCD | JIL | | |
| 9 | Complete ONLY if direct | Candidate/Of | ficeholder name | Office sou | ght | | Office held | |
| | expenditure to benefit C/OI | | | | | | | |
| | Date | Payee name | | | | | | |
| Ĺ | 04/29/2024 | Tiny Victor | ies | | | | | |
| Γ | Amount (\$) | Payee addr | ess; City; | State; Zip Co | de | | | - |
| | \$24.49 | 604 N Tyle | r St | | | | | |
| | ! | | | | | | | |
| | | Dallas, TX | 75208 | | | | | |
| | PURPOSE | | See Categories listed at the top of | this schedule) | (b) Desc | | | |
| | OF EXPENDITURE | Food/Beve | rage Expense | | | | outside of Texas. Comple n, TX, officeholder living ex | |
| | | | | | | | Connection | ponos |
| | | | | | | | | |
| H | Complete ONLY if direct | | ficeholder name | Office sou | ght | | Office held | <u> </u> |
| | expenditure to benefit C/O | H | | | | | | |
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