

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 (Ethics Commission Filers)		2 Total pages filed:			
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY			
	Mrs	Mandy					
	NICKNAME	LAST	SUFFIX	Date Received			
		Reece					
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 401 North Carroll Ave, Unit 157, Southlake, TX 76092						
Change of Address							
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
	(682)	268-0148					
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	Date Hand-delivered or Date Postmarked			
	Mr	Steven					
	NICKNAME	LAST	SUFFIX	Receipt # Amount \$			
		Baker					
Date Processed							
Date Imaged							
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 501 San Juan Drive, Southlake, TX 76092						
(Residence or Business)							
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
	(817)	683-2123					
9 REPORT TYPE	January 15 ☒ 30th day before election Runoff July 15 8th day before election Exceeded Modified Reporting Limit 15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)						
10 PERIOD COVERED	Month Day Year Month Day Year 7 / 21 / 25 THROUGH 9 / 26 / 25						
11 ELECTION	<table style="width:100%; border: none;"> <tr> <td style="width: 30%; border: none;"> ELECTION DATE Month Day Year 11 / 4 / 25 </td> <td style="width: 70%; border: none;"> ELECTION TYPE Primary Runoff Other Description General ☒ Special </td> </tr> </table>					ELECTION DATE Month Day Year 11 / 4 / 25	ELECTION TYPE Primary Runoff Other Description General ☒ Special
ELECTION DATE Month Day Year 11 / 4 / 25	ELECTION TYPE Primary Runoff Other Description General ☒ Special						
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known) Carroll ISD School Board Place 3				
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.						
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME					
	GENERAL	COMMITTEE ADDRESS					
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TREASURER ADDRESS					

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Mandy Reece		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 25,605.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 9,903.21
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 13,521.79
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 2,250.00

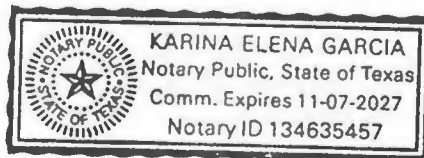
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

M. Reece

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Karina E. Garcia this the 6 day of October, 2025, to certify which, witness my hand and seal of office.

Karina E. Garcia
Signature of officer administering oath

Karina E. Garcia
Printed name of officer administering oath

Administrative & Compliance Specialist
Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____ (street) _____ (city) _____ (state) _____ (zip code) _____ (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20_____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3****19 FILER NAME****Mandy Reece****20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE****SUBTOTAL
AMOUNT**

1.	☒ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 21,175.00
2.	☒ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 4,430.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	☒ SCHEDULE E: LOANS	\$ 2,250.00
5.	☒ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 9,903.21
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 14
2 FILER NAME Mandy Reece		3 Filer ID (Ethics Commission Filers)
4 Date 09/21/2025	5 Full name of contributor out-of-state PAC (ID# _____) Frank Bernardo 6 Contributor address: City: State: Zip Code 926 Emerald Blvd, Southlake, TX 76092	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions) Healthcare		9 Employer (See Instructions) Tenet
Date 08/16/2025	Full name of contributor out-of-state PAC (ID# _____) Leo Del Calvo Contributor address: City: State: Zip Code 625 Orleans Dr, Southlake, TX 76092	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions) Executive		Employer (See Instructions) FSI
Date 09/13/2025	Full name of contributor out-of-state PAC (ID# _____) Renee Bottom Contributor address: City: State: Zip Code 1002 Pine Meadow Ct, Southlake, TX 76092	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions) Account manager		Employer (See Instructions) Takeda
Date 09/09/2025	Full name of contributor out-of-state PAC (ID# _____) Clarence Alan Drennan Contributor address: City: State: Zip Code 2144 Branchwood Drive, Grapevine, TX 76051	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 14
2 FILER NAME Mandy Reece		3 Filer ID (Ethics Commission Filers)
4 Date 09/13/2025	5 Full name of contributor out-of-state PAC (ID#: Robert Campanella 6 Contributor address: City: State: Zip Code 201 Manor Pl, Southlake, TX 76092	7 Amount of contribution (\$) 200.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 09/08/2025	Full name of contributor out-of-state PAC (ID#: Allison Israel Contributor address: City: State: Zip Code 1347 Meadow Gln, Southlake, TX 76092	Amount of contribution (\$) 150.00
Principal occupation / Job title (See Instructions) Financial Advisor		Employer (See Instructions) Ameriprise Financial
Date 07/26/2025	Full name of contributor out-of-state PAC (ID#: Zach Cate Contributor address: City: State: Zip Code 1008 Aspen Ridge Dr, Southlake, TX 76092	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Brown Pruitt
Date 08/28/2025	Full name of contributor out-of-state PAC (ID#: Jeffrey Israel Contributor address: City: State: Zip Code 1347 Meadow Gln, Southlake, TX 76092	Amount of contribution (\$) 150.00
Principal occupation / Job title (See Instructions) Finance		Employer (See Instructions) Ameriprise Financial
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

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The instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 14
2 FILER NAME Mandy Reece		3 Filer ID (Ethics Commission Filers)
4 Date 09/10/2025	5 Full name of contributor out-of-state PAC (ID#: Kevin Kaufman 6 Contributor address: City: State: Zip Code PO Box 92324, Southlake, TX 76092	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 08/22/2025	Full name of contributor out-of-state PAC (ID#: Carrie Kehres Contributor address: City: State: Zip Code 610 logans Ln, Southlake, TX 76092	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 08/12/2025	Full name of contributor out-of-state PAC (ID#: Meghan Kinslow Contributor address: City: State: Zip Code 2054 Miracle Point Dr, Southlake, TX 76092	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) Advertising Executive		Employer (See Instructions) Meta
Date 08/09/2025	Full name of contributor out-of-state PAC (ID#: Tom Knipp Contributor address: City: State: Zip Code 2705 Brookshire Dr., Southlake, TX 76092	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Digiture
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction gulde for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **14****2** FILER NAME**Mandy Reece****3** Filer ID (Ethics Commission Filers)**4** Date**08/21/2025****5** Full name of contributor

out-of-state PAC (ID#: _____)

Linda Krishna**6** Contributor address:

City:

State:

Zip Code

1333 Montgomery Ln, Southlake, TX 76092**7** Amount of contribution (\$)**500.00****8** Principal occupation / Job title (See Instructions)**Retired****9** Employer (See Instructions)**Retired**

Date

09/24/2025

Full name of contributor

out-of-state PAC (ID#: _____)

Jill Lannen

Contributor address:

City:

State:

Zip Code

1214 Wyndham Hill Ln., Southlake, TX 76092

Amount of contribution (\$)

200.00

Principal occupation / Job title (See Instructions)

Finance Director

Employer (See Instructions)

Lamb Companies

Date

09/13/2025

Full name of contributor

out-of-state PAC (ID#: _____)

Brooke Leit

Contributor address:

City:

State:

Zip Code

607 S Gertruda Ave, Redondo Beach, CA 92077

Amount of contribution (\$)

200.00

Principal occupation / Job title (See Instructions)

Global head of real estate

Employer (See Instructions)

Momentum

Date

08/04/2025

Full name of contributor

out-of-state PAC (ID#: _____)

Eason Maykus

Contributor address:

City:

State:

Zip Code

604 E. Northwest Hwy, Grapevine, TX 76051

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Builder

Employer (See Instructions)

Hat Creek Development**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 14
2 FILER NAME Mandy Reece		3 Filer ID (Ethics Commission Filers)
4 Date 08/24/2025	5 Full name of contributor out-of-state PAC (ID#: Jerome Obinabo 6 Contributor address: City: State: Zip Code 6904 Meade Dr, Colleyville, TX 76034	7 Amount of contribution (\$) 1,000.00
8 Principal occupation / Job title (See Instructions) IT Consultant		9 Employer (See Instructions) Self-Employed
Date 09/13/2025	Full name of contributor out-of-state PAC (ID#: Wendy Odell Contributor address: City: State: Zip Code 1709 N Carroll Ave, Southlake, TX 76092	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions) Executive		Employer (See Instructions) HPM
Date 09/25/2025	Full name of contributor out-of-state PAC (ID#: Tim O'Hare Contributor address: City: State: Zip Code 1961 E. Highland Street, Southlake, TX 76092	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions) County Judge		Employer (See Instructions) Tarrant County
Date 09/15/2025	Full name of contributor out-of-state PAC (ID#: Tamara Peel Contributor address: City: State: Zip Code 1720 Weeping Willow Way, Southlake, TX 76092	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 14
2 FILER NAME Mandy Reece		3 Filer ID (Ethics Commission Filers)
4 Date 08/09/2025	5 Full name of contributor out-of-state PAC (ID# _____) Bonnie Pendergrass 6 Contributor address; City; State; Zip Code 1001 Chimney Hill Trl, Southlake, TX 76092	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 07/21/2025	Full name of contributor out-of-state PAC (ID# _____) Matthew Reece Contributor address; City; State; Zip Code 2731 Warwick Way, Grapevine, TX 76051	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) Program Manager		Employer (See Instructions) Lockheed Martin
Date 08/22/2025	Full name of contributor out-of-state PAC (ID# _____) Mercedes Reed Contributor address; City; State; Zip Code 1202 Sabine Ct, Southlake, TX 76092	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 08/22/2025	Full name of contributor out-of-state PAC (ID# _____) Austin Reynolds Contributor address; City; State; Zip Code 1445 Bent Creek Dr, Southlake, TX 76092	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) Real Estate Finance		Employer (See Instructions) Reserve Street Property Company
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 14
2 FILER NAME Mandy Reece		3 Filer ID (Ethics Commission Filers)
4 Date 08/21/2025	5 Full name of contributor out-of-state PAC (ID#: Thomas Roberson 6 Contributor address; City: State: Zip Code 302 Foxborough Ln, Southlake, TX 76092	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions) VP of Sales		9 Employer (See Instructions) Champion Homes
Date 09/14/2025	Full name of contributor out-of-state PAC (ID#: Paul Segal Contributor address; City: State: Zip Code 903 Meadow Lane, Southlake, TX 76092	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) Commercial Investment Real Estate		Employer (See Instructions) Self-Employed
Date 09/13/2025	Full name of contributor out-of-state PAC (ID#: Ashley Simonak Contributor address; City: State: Zip Code 1109 Savoy Ln, Southlake, TX 76092	Amount of contribution (\$) 600.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) RANT
Date 07/25/2025	Full name of contributor out-of-state PAC (ID#: Jenny Story Contributor address; City: State: Zip Code 640 Fairway View Ter, Southlake, TX 76092	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions) Chief Operating Officer		Employer (See Instructions) Patriot Mobile
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 14
2 FILER NAME Mandy Reece		3 Filer ID (Ethics Commission Filers)
4 Date 08/17/2025	5 Full name of contributor out-of-state PAC (ID# _____) Trevor Tacker 6 Contributor address; City; State; Zip Code 617 Logans Lane, Southlake, TX 76092	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions) Sales / manager		9 Employer (See Instructions) Ricks Hardware
Date 08/14/2025	Full name of contributor out-of-state PAC (ID# _____) Christina Taggart Contributor address; City; State; Zip Code 700 S White Chapel Blvd, Southlake, TX 76092	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 09/18/2025	Full name of contributor out-of-state PAC (ID# _____) Christina Taggart Contributor address; City; State; Zip Code 700 S White Chapel Blvd, Southlake, TX 76092	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 09/13/2025	Full name of contributor out-of-state PAC (ID# _____) Kathy Talley Contributor address; City; State; Zip Code 2930 Ridgecrest Dr., Southlake, TX 76092	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 14
2 FILER NAME Mandy Reece		3 Filer ID (Ethics Commission Filers)
4 Date 08/05/2025	5 Full name of contributor out-of-state PAC (ID#: Tabitha Thomann 6 Contributor address: City: State: Zip Code 2814 Tyler St, Southlake, TX 76092	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Publicis ReSources
Date 09/08/2025	Full name of contributor out-of-state PAC (ID#: Renee Thomas Contributor address: City: State: Zip Code 2113 Vail Rd, Southlake, TX 76092	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 09/19/2025	Full name of contributor out-of-state PAC (ID#: Lily Wong Contributor address: City: State: Zip Code 403 Jackson sq, Southlake, TX 76092	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 09/13/2025	Full name of contributor out-of-state PAC (ID#: Robert Wall Contributor address: City: State: Zip Code 607 Stratford Dr, Southlake, TX 76092	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Account Executive		Employer (See Instructions) LKCM Media
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **14****2** FILER NAME**Mandy Reece****3** Filer ID (Ethics Commission Filers)**4** Date**09/17/2025****5** Full name of contributor

out-of-state PAC (ID# _____)

Andrew Wambsganss**6** Contributor address;

City;

State;

Zip Code

2915 Burney Ln, Southlake, TX 76092**7** Amount of contribution (\$)**1,000.00****8** Principal occupation / Job title (See Instructions)**Attorney****9** Employer (See Instructions)**Brown Pruitt Wambsganss**

Date

07/31/2025

Full name of contributor

out-of-state PAC (ID# _____)

Wayne Westgaard

Contributor address;

City;

State;

Zip Code

902 San Saba Dr, Southlake, TX 76092

Amount of contribution (\$)

200.00

Principal occupation / Job title (See Instructions)

Dir AI, Analytics, & ERP Systems

Employer (See Instructions)

TAMKO Building Products

Date

08/21/2025

Full name of contributor

out-of-state PAC (ID# _____)

Calli Williams

Contributor address;

City;

State;

Zip Code

3709 Sunrise Ranch Rd, Southlake, TX 76092

Amount of contribution (\$)

200.00

Principal occupation / Job title (See Instructions)

Sales Leadership

Employer (See Instructions)

Galderma

Date

07/22/2025

Full name of contributor

out-of-state PAC (ID# _____)

Dan Willson

Contributor address;

City;

State;

Zip Code

7632 Timber Trail, Tyler, TX 75703

Amount of contribution (\$)

1,000.00

Principal occupation / Job title (See Instructions)

CEO

Employer (See Instructions)

Paradigm Health**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 14
2 FILER NAME Mandy Reece		3 Filer ID (Ethics Commission Filers)
4 Date 09/20/2025	5 Full name of contributor out-of-state PAC (ID# _____) William Zimmerman 6 Contributor address: City: State: Zip Code 1656 Creekside Dr, Southlake, TX 76092	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions) Risk Management		9 Employer (See Instructions) Metro
Date 09/25/2025	Full name of contributor out-of-state PAC (ID# _____) Carolyn Morris Contributor address: City: State: Zip Code 403 Saint Charles Court, Southlake, TX 76092	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 09/25/2025	Full name of contributor out-of-state PAC (ID# _____) David C. Bryan Contributor address: City: State: Zip Code PO Box 92464, Southlake, TX 76092	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions) Public Service		Employer (See Instructions) Federal Government
Date 07/28/2025	Full name of contributor out-of-state PAC (ID# _____) Adam Butcher Contributor address: City: State: Zip Code 129 Welford Ln, Southlake, TX 76092	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions) Energy Finance		Employer (See Instructions) Basin Ventures
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 14
2 FILER NAME Mandy Reece		3 Filer ID (Ethics Commission Filers)
4 Date 09/12/2025	5 Full name of contributor out-of-state PAC (ID#: Jennifer Dyer 6 Contributor address: City: State: Zip Code 2058 N Kimball Ave, Southlake, TX 76092	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions) Accountant		9 Employer (See Instructions) Texas Specialty Beverage
Date 09/18/2025	Full name of contributor out-of-state PAC (ID#: Virginia Elder Contributor address: City: State: Zip Code 180 Creekway Bend, TX 76092	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 07/31/2025	Full name of contributor out-of-state PAC (ID#: Renee Bottom Contributor address: City: State: Zip Code 1002 Pine Meadow Ct, Southlake, TX 76092	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) Account manager		Employer (See Instructions) Takeda
Date 09/25/2025	Full name of contributor out-of-state PAC (ID#: Curtis Green Contributor address: City: State: Zip Code 2401 Handley Ederville Rd, Ft. Worth, TX 76118	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) Construction		Employer (See Instructions) C. Green Scaping, LP
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 14
2 FILER NAME Mandy Reece		3 Filer ID (Ethics Commission Filers)
4 Date 07/23/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Ali Mirza 6 Contributor address; City; State; Zip Code 103 Yale Ct, Southlake, TX 76092	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions) Finance		9 Employer (See Instructions) District 5
Date 08/01/2025	Full name of contributor out-of-state PAC (ID#: _____) Erin Murnighan Contributor address; City; State; Zip Code 723 Wyndsor Creek Drive, Southlake, TX 76092	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Amazon
Date 07/22/2025	Full name of contributor out-of-state PAC (ID#: _____) Mark Norcini Contributor address; City; State; Zip Code 109 E Chapel Downs Dr, Southlake, TX 76092	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) SEI
Date 09/06/2025	Full name of contributor out-of-state PAC (ID#: _____) Mark Norcini Contributor address; City; State; Zip Code 109 E Chapel Downs Dr, Southlake, TX 76092	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) SEI
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **14**

2 FILER NAME

Mandy Reece

3 Filer ID (Ethics Commission Filers)

4 Date

09/13/2025

5 Full name of contributor

out-of-state PAC (ID#: _____)

Chaitanya Chelluri

6 Contributor address;

City;

State;

Zip Code

1700 Water Lily Dr, Southlake, TX 76092

7 Amount of contribution (\$)

1,000.00

8 Principal occupation / Job title (See Instructions)

Homemaker

9 Employer (See Instructions)

Homemaker

Date

09/19/2025

Full name of contributor

out-of-state PAC (ID#: _____)

Dudley Jordan

Contributor address;

City;

State;

Zip Code

1715 Wisteria Way, Westlake, TX 76262

Amount of contribution (\$)

1,000.00

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

The Jordan Law Firm PLLC

Date

09/12/2025

Full name of contributor

out-of-state PAC (ID#: _____)

Glenn Davidson

Contributor address;

City;

State;

Zip Code

303 Sterling Ct, Southlake, TX 76092

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

Date

09/14/2025

Full name of contributor

out-of-state PAC (ID#: _____)

Nadin Kantar

Contributor address;

City;

State;

Zip Code

1000 Berkshire Rd, Southlake, TX 76092

Amount of contribution (\$)

2,500.00

Principal occupation / Job title (See Instructions)

Homemaker

Employer (See Instructions)

Homemaker**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS**SCHEDULE A2**

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 2	
2 FILER NAME Mandy Reece		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 08/29/2025	6 Full name of contributor ☐ out-of-state PAC (ID#: _____) Kathryn Del Calvo 7 Contributor address; City: State: Zip Code 1080 South Kimball Ave, Southlake, TX 76092	8 Amount of Contribution \$ 480.00	9 In-kind contribution description T-Shirts for campaign Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Self-Employed		11 Employer (FOR NON-JUDICIAL) (See Instructions) FSI	
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 09/13/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Samantha Baker Contributor address; City: State: Zip Code 501 San Juan Drive, Southlake, TX 76092	Amount of Contribution \$ 1,500.00	In-kind contribution description Kickoff Event location hosting Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Executive Agent		Employer (FOR NON-JUDICIAL) (See Instructions) Comparion Insurance Agency	
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)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.			

LOANS**SCHEDULE E**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: 1
2 FILER NAME Mandy Reece		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 2,250.00
5 Date of loan 07/08/2025	7 Name of lender ☐ out-of-state PAC (ID#: _____) Mandy Reece	9 Loan Amount (\$) 2,250.00
6 Is lender a financial institution? Y ☐ N ☐	8 Lender address: _____ City: _____ State: _____ Zip Code _____ 2731 Warwick Way, Grapevine, TX 76051	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions) Chief Operations Officer		13 Employer (See Instructions) Paradigm Home Health
14 Description of Collateral ☐ none		15 ☒ Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION ☐ not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address: _____ City: _____ State: _____ Zip Code _____	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)

Date of loan	Name of lender ☐ out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial institution? Y ☐ N ☐	Lender address: _____ City: _____ State: _____ Zip Code _____	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral none		Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address: _____ City: _____ State: _____ Zip Code _____	
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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: 7		2 FILER NAME Mandy Reece		3 Filer ID (Ethics Commission Filers)	
4 Date 07/18/2025		5 Payee name Mail and Copy Shoppe			
6 Amount (\$) 134.22		7 Payee address; 401 N Carroll Ave, Southlake, TX 76092		City;	State: Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description PO box rental		
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 07/23/2025		Payee name Curio Press			
Amount (\$) 65.45		Payee address; 1573 North Warson Road, St. Louis, MO 61312		City;	State: Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other		Description Thank You Cards		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 08/04/2025		Payee name Priority Signs			
Amount (\$) 529.86		Payee address; 2865 Market Loop, Southlake, TX 76092		City;	State: Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Campaign signs		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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: 7		2 FILER NAME Mandy Reece		3 Filer ID (Ethics Commission Filers)	
4 Date 08/22/2025		5 Payee name Wix.com			
6 Amount (\$) 43.30		7 Payee address; City: State: Zip Code 500 Tery A Francois Blvd, Floor 6, San Francisco, CA 94158			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Website Hosting		
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date 08/27/2025		Payee name In Your Face Apparel			
Amount (\$) 1,047.32		Payee address; City: State: Zip Code 3200 Belmeade Dr, Suite 100, Carrollton, TX 75006			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other		Description Campaign Hats		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date 08/18/2025		Payee name Priority Signs			
Amount (\$) 1,063.90		Payee address; City: State: Zip Code 2865 Market Loop, Southlake, TX 76092			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Campaign signs		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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: 7		2 FILER NAME Mandy Reece		3 Filer ID (Ethics Commission Filers)	
4 Date 09/03/2025		5 Payee name Priority Signs			
6 Amount (\$) 1,063.90		7 Payee address: 2865 Market Loop, Southlake, TX 76092		City:	State: Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Campaign signs		
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 09/03/2025		Payee name Priority Signs			
Amount (\$) 526.51		Payee address: 2865 Market Loop, Southlake, TX 76092		City:	State: Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Campaign signs		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 08/28/2025		Payee name Priority Signs			
Amount (\$) 212.13		Payee address: 2865 Market Loop, Southlake, TX 76092		City:	State: Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Campaign signs		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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: 7		2 FILER NAME Mandy Reece		3 Filer ID (Ethics Commission Filers)	
4 Date 09/03/2025		5 Payee name Canva			
6 Amount (\$) 15.00		7 Payee address; City: State: Zip Code 110 Kippax St, NSW 2010, Australia			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Graphic Design for campaign material		
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date 09/10/2025		Payee name In Your Face Apparel			
Amount (\$) 16.94		Payee address; City: State: Zip Code 3200 Belmeade Dr, Suite 100, Carrollton, TX 75006			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fee		Description Campaign hat shipping fee		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date 09/15/2025		Payee name Axiom Strategies			
Amount (\$) 1,712.00		Payee address; City: State: Zip Code 800 West 47th Street, Suite 200, Kansas City, MO 64112			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Campaign literature		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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: 7		2 FILER NAME Mandy Reece		3 Filer ID (Ethics Commission Filers)	
4 Date 09/23/2025		5 Payee name Ace Hardware			
6 Amount (\$) 118.08		7 Payee address; City: State: Zip Code 1580 Keller Parkway, Suite 50, Keller, TX 76248			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Campaign sign hardware		
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date 09/26/2025		Payee name Anedot Inc			
Amount (\$) 821.20		Payee address; City: State: Zip Code 1340 Poydras Street, Suite 1770, New Orleans, LM 70112			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description Online Contribution Donation Fees for 07/21/2025 through 09/26/2025		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date 08/13/2025		Payee name Bluestone Creatives			
Amount (\$) 1,721.57		Payee address; City: State: Zip Code PO Box 123, Colleyville, TX 76034			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense		Description Campaign website, design, consultation, and build		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

**POLITICAL EXPENDITURES MADE
FROM POLITICAL CONTRIBUTIONS****SCHEDULE F1**

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card PaymentEvent Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal ServicesLoan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract LaborSolicitation/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: 7		2 FILER NAME Mandy Reece		3 Filer ID (Ethics Commission Filers)	
4 Date 09/19/2025		5 Payee name Custom Awards and Trophy			
6 Amount (\$) 20.27		7 Payee address; City; State; Zip Code 12879 Josey Lane, Suite 110, Farmers Branch, TX 75234			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other		(b) Description Candidate nametags		
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 09/19/2025		Payee name Curio Press			
Amount (\$) 145.00		Payee address; City; State; Zip Code 1573 North Warson Road, St. Louis, MO 61312			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other		Description Thank you cards		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 09/22/2025		Payee name WIX.com			
Amount (\$) 43.30		Payee address; City; State; Zip Code 500 Tery A Francois Blvd, Floor 6, San Francisco, CA 94158			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Website Hosting		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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: 7		2 FILER NAME Mandy Reece		3 Filer ID (Ethics Commission Filers)	
4 Date 08/05/2025		5 Payee name Mail and Copy Shoppe			
6 Amount (\$) 16.00		7 Payee address; City: State: Zip Code 401 N Carroll Ave, Southlake, TX 76092			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Stamps		
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date 08/07/2025		Payee name FedEx			
Amount (\$) 57.40		Payee address; City: State: Zip Code 1518 E Southlake Blvd, Southlake, TX 76092			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense		Description Donation Flyers		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date 08/12/2025		Payee name Priority Signs			
Amount (\$) 529.86		Payee address; City: State: Zip Code 2865 Market Loop, Southlake, TX 76092			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Campaign signs		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					