

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:

16

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 Change of Address	ADDRESS / PO BOX: APT / SUITE #, CITY, STATE, ZIP CODE 401 North Carroll Ave, Unit 157, Southlake, TX 76092					
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked		
	(628)	268-0148				
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	Receipt # Amount \$		
	Mr	Steven		Date Processed		
	NICKNAME	LAST	SUFFIX	Date Imaged		
		Baker				
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #, CITY, STATE, ZIP CODE 501 San Juan Drive, Southlake, TX 76092					
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
	(817)	683-2123				
9 REPORT TYPE	☐ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (Officeholder Only) ☐ July 15 ☒ 8th day before election ☐ Exceeded Modified Reporting Limit ☐ Final Report (Attach C/OH - FR)					
10 PERIOD COVERED	Month Day Year Month Day Year 9 / 26 / 25 THROUGH 10 / 25 / 25					
11 ELECTION	ELECTION DATE		ELECTION TYPE			
	Month	Day	Year	☐ Primary ☐ Runoff ☐ Other Description ☐ General ☒ Special		
	11	4	25			
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)

\$ 13,916.68

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

\$ 15,975.53

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF REPORTING PERIOD

\$ 10,848.88

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.

Mandy Reece

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Mandy Reece this the 27 day of 2025.

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	\$ 13,225.00
2.	☒ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 691.68
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	☒ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 15,897.91
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	☒ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 77.62
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: 7
2 FILER NAME Mandy Reece		3 Filer ID (Ethics Commission Filers)
4 Date 09/27/2025	5 Full name of contributor out-of-state PAC (ID# _____) Sean Stapleton 6 Contributor address; City; State; Zip Code 401 Bryn Meadows, Southlake, TX 76092	7 Amount of contribution (\$) 2,500.00
8 Principal occupation / Job title (See Instructions) Chairman		9 Employer (See Instructions) USMEDIC
Date 09/30/2025	Full name of contributor out-of-state PAC (ID# _____) Bonnie Pendergrass Contributor address; City; State; Zip Code 1001 Chimney Hill Trl, Southlake, TX 76092	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) None		Employer (See Instructions) None
Date 10/01/2025	Full name of contributor out-of-state PAC (ID# _____) Adam Buczek Contributor address; City; State; Zip Code 1203 Kings Brook Dr, Southlake, TX 76092	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions) Skorburg Company
Date 10/02/2025	Full name of contributor out-of-state PAC (ID# _____) Gloria Buczek Contributor address; City; State; Zip Code 400 Fondren Ct, Southlake, TX 76092	Amount of contribution (\$) 250.00
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**

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: 7
2 FILER NAME Mandy Reece		3 Filer ID (Ethics Commission Filers)
4 Date 10/06/2025	5 Full name of contributor out-of-state PAC (ID# _____) Meghan Kinslow 6 Contributor address; City; State; Zip Code 2054 Miracle Point Drive, Southlake, TX 76092	7 Amount of contribution (\$) 750.00
8 Principal occupation / Job title (See Instructions) Advertising Sales Exec		9 Employer (See Instructions) Meta
Date 10/06/2025	Full name of contributor out-of-state PAC (ID# _____) Kristy Bass Contributor address; City; State; Zip Code 217 Stockton Dr, Southlake, TX 76092	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) Homemaker
Date 10/07/2025	Full name of contributor out-of-state PAC (ID# _____) Jolyn Potenza Contributor address; City; State; Zip Code 1000 Independence Court, Southlake, TX 76092	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions) Operations		Employer (See Instructions) SMG
Date 10/07/2025	Full name of contributor out-of-state PAC (ID# _____) Kathryn Del Calvo Contributor address; City; State; Zip Code 625 Orleans Dr, Southlake, TX 76092	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) Executive		Employer (See Instructions) FSI
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

SCHEDULE A1

The Instruction Guide explains how to complete this form.

3 Filer ID (Ethics Commission Filers)

7 Amount of contribution (\$) **500.00**

9 Employer (See Instructions)
BROWN PRUITT WAMBSGANSS

Amount of contribution (\$) **100.00**

Employer (See Instructions)
FSI

Amount of contribution (\$) **50.00**

Employer (See Instructions)
Gateway Bank

Amount of contribution (\$) **5,000.00**

Retired

Revised 1/1/2025

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: 7
2 FILER NAME Mandy Reece		3 Filer ID (Ethics Commission Filers)
4 Date 10/13/2025	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 10/13/2025	Full name of contributor out-of-state PAC (ID# _____) Clarence 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
Date 10/14/2025	Full name of contributor out-of-state PAC (ID# _____) Kelly McGuire Contributor address: City: State: Zip Code 2696 Pinehurst Drive, Grapevine, TX 76051	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) Director of Finance		Employer (See Instructions) Fidelity Investments
Date 10/15/2025	Full name of contributor out-of-state PAC (ID# _____) Jean Xue Contributor address: City: State: Zip Code 2232 Cotswold Valley Ct., 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**

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: 7
2 FILER NAME Mandy Reece		3 Filer ID (Ethics Commission Filers)
4 Date 10/15/2025	5 Full name of contributor out-of-state PAC (ID# _____) Mercedes Reed 6 Contributor address; City: State: Zip Code 1202 Sabine Ct, Southlake, TX 76092	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 10/17/2025	Full name of contributor out-of-state PAC (ID# _____) Laura Daviau Contributor address; City: State: Zip Code 814 Parkdale Drive, Southlake, TX 76092	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) Homemaker
Date 10/16/2025	Full name of contributor out-of-state PAC (ID# _____) Patty Rogers Contributor address; City: State: Zip Code 2601 Parker Ct, Southlake, TX 76092	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/16/2025	Full name of contributor out-of-state PAC (ID# _____) Eric Wang Contributor address; City: State: Zip Code 595 S Kimball Ave, Southlake, TX 76092	Amount of contribution (\$) 100.00
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**

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: **7****2 FILER NAME****Mandy Reece**

3 Filer ID (Ethics Commission Filers)

4 Date**10/15/2025****5 Full name of contributor**

out-of-state PAC (ID# _____)

William Brandt**7 Amount of contribution (\$)****100.00****6 Contributor address:**

City:

State:

Zip Code

808 Victoria Lane, Southlake, TX 76092**8 Principal occupation / Job title (See Instructions)****Justice of the Peace****9 Employer (See Instructions)****Tarrant County****Date****10/15/2025****Full name of contributor**

out-of-state PAC (ID# _____)

Lenora Nielsen**Amount of contribution (\$)****75.00****Contributor address:**

City:

State:

Zip Code

1103 Crockett Ct, Southlake, TX 76092**Principal occupation / Job title (See Instructions)****Retired****Employer (See Instructions)****Retired****Date****10/16/2025****Full name of contributor**

out-of-state PAC (ID# _____)

Jamie Cadiz**Amount of contribution (\$)****50.00****Contributor address:**

City:

State:

Zip Code

Southlake, TX 76092**Principal occupation / Job title (See Instructions)****Real Estate Advisor****Employer (See Instructions)****Engel & Volkers****Date****10/14/2025****Full name of contributor**

out-of-state PAC (ID# _____)

Candice Caperton**Amount of contribution (\$)****100.00****Contributor address:**

City:

State:

Zip Code

1204 Whispering Lane, Southlake, TX 76092**Principal occupation / Job title (See Instructions)****Attorney****Employer (See Instructions)****Law Office Of Candice Caperton****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: 7
2 FILER NAME Mandy Reece		3 Filer ID (Ethics Commission Filers)
4 Date 10/14/2025	5 Full name of contributor out-of-state PAC (ID# _____) Tarrant County Patriots PAC 6 Contributor address; City; State; Zip Code 3020 South Cherry Lane #122419, Ft. Worth, TX 76131	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/14/2025		Full name of contributor out-of-state PAC (ID# _____) Lily Wong Contributor address; City; State; Zip Code 403 Jackson Sq, Southlake, TX 76092
Principal occupation / Job title (See Instructions) Retired		Amount of contribution (\$) 500.00 Employer (See Instructions) Retired
Date	Full name of contributor out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

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: 1	
2 FILER NAME Mandy Reece		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 691.68	
5 Date 10/16/2025	6 Full name of contributor ☐ out-of-state PAC (ID#: Shawn McCaskill 7 Contributor address: City: State: Zip Code 601 POTOMAC PL, Southlake, TX 76092	8 Amount of Contribution \$ 345.84	9 In-kind contribution description Campaign Dinner Event Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) Attorney		11 Employer (FOR NON-JUDICIAL)(See Instructions) Godwin Bowman	
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 10/16/2025	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 \$ 345.84	In-kind contribution description Campaign Dinner Event Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) Real Estate Finance		Employer (FOR NON-JUDICIAL)(See Instructions) Reserve Street Property Company	
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.			

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: 4		2 FILER NAME Mandy Reece		3 Filer ID (Ethics Commission Filers)	
4 Date 10/01/2025		5 Payee name Mailchimp			
6 Amount (\$) 63.96		7 Payee address: City: State: Zip Code 675 Ponce De Leon Ave NE Ste 5000, Atlanta, Georgia, 30308			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Campaign advertising emails		
	(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 10/01/2025		Payee name Priority Signs			
Amount (\$) 1,059.40		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	
Date 10/03/2025		Payee name Canva			
Amount (\$) 15.00		Payee address: City: State: Zip Code 110 Kippax St, NSW 2010, Australia			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Graphic Design for campaign material		
	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	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: 4		2 FILER NAME Mandy Reece		3 Filer ID (Ethics Commission Filers)	
4 Date 10/06/2025		5 Payee name Mail and Copy Shoppe			
6 Amount (\$) 48.00		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) Advertising 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 10/14/2025		Payee name Axiom Strategies			
Amount (\$) 5,396.00		Payee address: 800 West 47th Street, Suite 200, Kansas City, MO 64112		City:	State: Zip Code
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
Date 10/14/2025		Payee name WIX.com			
Amount (\$) 90.93		Payee address: 500 Tery A Francois Blvd, Floor 6, San Francisco, CA 94158		City:	State: Zip Code
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: 4		2 FILER NAME Mandy Reece		3 Filer ID (Ethics Commission Filers)	
4 Date 10/22/2025		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 ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date 10/17/2025		Payee name Axiom Strategies			
Amount (\$) 5,396.00		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 fliers		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date 10/20/2025		Payee name Facebook			
Amount (\$) 500.00		Payee address: City: State: Zip Code 1 Hacker Way, Menlo Park, CA 94025			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Facebook advertisements		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete ONLY 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	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: 4	2 FILER NAME Mandy Reece	3 Filer ID (Ethics Commission Filers)
4 Date 10/24/2025	5 Payee name Facebook	
6 Amount (\$) 500.00	7 Payee address: 1 Hacker Way, Menlo Park, CA 94025 City: State: Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Facebook advertisements
	(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 10/17/2025	Payee name Axiom Strategies	
Amount (\$) 2,311.92	Payee address: 800 West 47th Street, Suite 200, Kansas City, MO 64112 City: State: Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Campaign advertising text messages
	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 10/25/2025	Payee name Andedot	
Amount (\$) 473.40	Payee address: 1340 Poydras Street, Suite 1770, New Orleans, LM 70112 City: State: Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Online contribution donation fees for 9/26/2025 through 10/25/2025
	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		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

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.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4: 1	2 FILER NAME Mandy Reece	3 FILER ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 77.62
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5 CREDIT CARD ISSUER	Name of financial institution JPMorgan Chase Bank
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6 PAYMENT	(a) Amount Charged \$	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid
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7 PAYEE	(a) Payee name	(b) Payee address; City, State, Zip Code
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8 PURPOSE OF EXPENDITURE ☒ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office Sought	Office Held
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PAYMENT	(a) Amount Charged \$	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid
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PAYEE	(a) Payee name	(b) Payee address; City, State, Zip Code
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PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office Sought	Office Held
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PAYMENT	(a) Amount Charged \$	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid
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PAYEE	(a) Payee name	(b) Payee address; City, State, Zip Code
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PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office Sought	Office Held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED