OFFICIAL RECORD CITY SECRETARY FT. WORTH, TX

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

H, TX FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	iuide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages file	16
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR Mrs.	FIRST Mattie	мі J	OFFICE	USE ONLY
NAME	NICKNAME	LAST Parker	SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE	089 JUL 3	RECO 24 FMB(15
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-delivered	
6 CAMPAIGN TREASURER	MS/MRS/MR Mrs.	FIRST Skylar	MI	Receipt #	Amount \$
NAME	NICKNAME	LAST	B. suffix	Date Imaged	
		O'Neal		oute images	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		Street, Suite 1045	SUITE #; CITY;	STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	(817)	233-8244	EXTENSION		
9 REPORT TYPE	January 15	30th day before		(Officeholde	r Only)
	July 15	8th day before e	Reporting Limit	Final Repor	(Altach C/OH - FR)
10 PERIOD COVERED	Month 1	/ 1 / 24	THROUGH 6	/ 30 / 24	
11 ELECTION	ELECTION DAY	Year Primary Genera	Description	E	
12 OFFICE	Mayor of Fo		13 OFFICE SOUGHT (If know Mayor of Fort Wo	(1.45)	
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	EHOLDER. THESE EXPENDITURE	S ACCEPTED OR POLITICAL EXPENDITURES ES MAY HAVE BEEN MADE WITHOUT THE CAI UIRED TO REPORT THIS INFORMATION ONLY IF	VDIDATE'S OR OFFICEHOL	DER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME			
Additional Pages	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC	COMMITTEE CAMPAIGN TR	REASURER NAME		
		COMMITTEE CAMPAIGN TO	REASURER ADDRESS		
		GO TO	PAGE 2		

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME Parker, Mattie J.		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,150.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 7,787.23
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	\$ 322,061.49
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	\$ 0.00
	Signature of Ca	andidate or Officeholder
(1) Affidavit	Beth Etils My Commission Expires 03/05/2025 ID No. 3856250	
NOTARY STAMP/SEA	before me by Mattie J Parker this the	3rd day of July.
	which, witness my hand and seal of office. Beth ELUS	Notary
Signature of officer administe	ring oath Printed name of officer administering oath OR	Title of office administering oath
(2) Unsworn Declarati		
My name is	, and my date of birth is	3
My address is		
		(state) (zip code) (country)
Executed in	County, State of , on the day of(month	h) 20 (year)
	Signature of Candi	date/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER Parker,	mmission Filers)			
21 SCHE	DULE SUBTOTALS : OF SCHEDULE		SUBTOTAL AMOUNT	
1.	1. SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS			
2.	2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS			
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS			
4.	SCHEDULE E: LOANS			
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			
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.	\$			

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

<i>fi</i>					
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:			
2 FILER NAME Parker, Mat	ttie J.	3 Filer ID (Ethics Commission Filers)			
4 Date 05/20/2024	Full name of contributor out-of-state PAC (ID#: Powers, Jimm	50.00			
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)					
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)			
05/20/2024	Hardwick, Mark Contributor address; City; State; Zip 2101 Meadow Grass Lane, Aledo, Texas	76008 100.00			
Principal occup	pation / Job title (See Instructions) Employer	(See Instructions)			
Date 05/20/2024	Full name of contributor out-of-state PAC (ID#:	500.00			
Principal occup	pation / Job title (See Instructions) Employer	(See Instructions)			
Date 05/20/2024	Full name of contributor out-of-state PAC (ID#:	300.00			
Principal occupation / Job title (See Instructions) Employer (See Instruc		(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.

www.ethics.state.tx.us

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

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	ntributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense andidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor		pense ages/Contract Labor	Travel Out Of District Other (enter a catego		
4 Total pages Cabadula Edi		istraction outde explain	iis now to co	Jimpiete tilla formi.	3 Files ID (Ethics	s Commission Filers)
1 Total pages Schedule F1:	2 FILER NAME Parker, Mattie J.				3 Pilet 1D (Etillo	S COMMISSION THEIS
4 Date	5 Payee name					
04/02/2024	Eagle Self Sto	orage				
6 Amount (\$)	7 Payee address;			City;	State;	Zip Code
87.00	4450 Rivertree Bl Fort Worth, Texas					
8	(a) Category (See Ca	tegories listed at the top of this	s schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Office Overh	ead/Rental Exp	ense	Campaign sto	rage Expens	е
	(c) Check if tra	avel outside of Texas. Complete	Schedule T.	Check if Austi	n, TX, officeholder living	g expense
9 Complete ONLY if direct expenditure to benefit C/OF		iceholder name		Office sought	1	Office held
Date	Payee name					
05/02/2024	Eagle Self Sto	orage				
Amount (\$)	Payee address;			City;	State;	Zip Code
87.00	4450 Rivertree Blv Fort Worth, Texas					
	Category (See Cat	egories listed at the top of this	schedule)	Description		
PURPOSE OF EXPENDITURE	Office Overh	ead/Rental Exp	ense	Campaign sto	rage Expens	е
10.000 DWG20000000000000	Check if to	avel outside of Texas. Complete	Schedule T.	Check if Austi	in, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		iceholder name		Office sought		Office held
Date	Payee name					
06/03/2024	Eagle Self Sto	orage				
Amount (\$)	Payee address;			City;	State;	Zip Code
87.00	4450 Rivertree Fort Worth, Tex					
	Category (See Cat	egories listed at the top of this	schedule)	Description		
PURPOSE OF EXPENDITURE	Office Overhe	ead/Rental Expe	ense	Campaign sto	rage Expense	9
	Check if tr	avel outside of Texas. Complete	Schedule T.	Check if Austi	in, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/OI		fficeholder name		Office sought		Office held
	ATTACH A	ADDITIONAL COPIE	S OF THIS	SCHEDULE AS NE	EDED	

Revised 1/1/2024

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

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	cal Committee Legal Services Salaries/Wages/Contract Labor		Travel In District Travel Out Of District Other (enter a category not listed above)				
ClearCald Payment		The Instruction Guide explains	how to co	mplete this form.			
1 Total pages Schedule F1:	2 FILER N Parker, M				3 Filer ID (Ethic	s Commission Filers)	
4 Date	5 Payee na	ame					
02/02/2024	Eagle S	Self Storage					
6 Amount (\$)	7 Payee ad			City;	State;	Zip Code	
87.00	4450 Rive	ertree Blvd h, Texas 76109				180	
8	(a) Categor	ry (See Categories listed at the top of this so	chedule)	(b) Description			
PURPOSE OF EXPENDITURE	Office (Overhead/Rental Exper	nse	Campaign sto	rage Expens	е	
	(c)	Check if travel outside of Texas. Complete Sch	nedule T.	Check if Austi	n, TX, officeholder livin	g expense	
Complete ONLY if direct expenditure to benefit C/OH		date / Officeholder name		Office sought		Office held	
Date	Payee na	ame					
03/04/2024	Eagle S	Self Storage					
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code	
87.00	4450 Rive Fort Worth	ertree Blvd h, Texas 76109					
	Categor	y (See Categories listed at the top of this sch	hedule)	Description			
PURPOSE OF EXPENDITURE	Office	Overhead/Rental Exper	nse	Campaign sto	rage Expens	e	
		Check if travel outside of Texas. Complete Sch	hedule T.	Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		date / Officeholder name		Office sought		Office held	
Date	Payee n	iame					
01/17/2024	Mailchir	mp					
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code	
47.97		ce de Leon Ave NE, Suite GA 30308	5000				
	Categor	y (See Categories listed at the top of this sch	hedule)	Description			
PURPOSE OF EXPENDITURE	Office (Overhead/Rental Expen	ise	Campaign Em	ail System		
		Check if travel outside of Texas. Complete Sch	nedule T.	Check if Austi	in, TX, officeholder livin	ig expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		date / Officeholder name		Office sought		Office held	
	Α7	TTACH ADDITIONAL COPIES (OF THIS S	SCHEDULE AS NEI	EDED		

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

Event Expense 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

Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Other (enter a category not listed above) Salaries/Wages/Contract Labor Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: Parker, Mattie J. 4 Date 5 Payee name 02/02/2024 Mailchimp 6 Amount (\$) 7 Payee address; City; State; Zip Code 47.97 675 Ponce de Leon Ave NE, Suite 5000 Atlanta, GA 30308 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 **PURPOSE** Campaign Email System Office Overhead/Rental Expense **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date Mailchimp 03/18/2024 Amount (\$) City; State; Zip Code Payee address; 675 Ponce de Leon Ave NE, Suite 5000 47.97 Atlanta, GA 30308 Category (See Categories listed at the top of this schedule) Description PURPOSE Office Overhead/Rental Expense Campaign email system EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH Payee name Date 04/17/2024 Mailchimp Amount (\$) Payee address; Zip Code City; State: 675 Ponce de Leon Ave NE, Suite 5000 47.97 Atlanta, GA 30308 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Office Overhead/Rental Expense Campaign Email System EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 Candidate/Officeholder/Political Committee Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense

Accounting/Banking Consulting Expense Transportation Equipment & Related Expense Travel In District Contributions/Donations Made By Travel Out Of District 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. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Parker, Mattie J. 4 Date 5 Payee name 05/17/2024 Mailchimp 6 Amount (\$) 7 Payee address; State: Zip Code City; 47.97 675 Ponce de Leon Ave NE, Suite 5000 Atlanta, GA 30308 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 **PURPOSE** Campaign Email System Office Overhead/Rental Expense EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date Mailchimp 06/17/2024 Amount (\$) City; State: Zip Code Payee address; 675 Ponce de Leon Ave NE, Suite 5000 47.97 Atlanta, GA 30308 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Office Overhead/Rental Expense Campaign email system OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date 01/23/2024 Salesforce Payee address; Amount (\$) City; State: Zip Code 415 Mission Street, 3rd Floor 37.31 San Francisco, CA 94105 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Office Overhead/Rental Expense Campaign Database OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Revised 1/1/2024

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

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

Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment		Vages/Contract Labor	Travel Out Of Distric Other (enter a catego	
1 Total pages Schedule F1:	2 FILER NAME Parker, Mattie J.		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee name			
02/26/2024	Salesforce			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
37.31	415 Mission Street, 3rd Floor San Francisco, CA 94105			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Office Overhead/Rental Expense	e Campaign Database		
	(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/OI	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
03/25/2024	Salesforce			
Amount (\$)	Payee address;	City;	State;	Zip Code
37.31	415 Mission Street, 3rd Floor San Francisco, CA 94105			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Office Overhead/Rental Expense	ense Campaign Database		
	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/OI	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
04/23/2024	Salesforce			
Amount (\$)	Payee address;	City;	State;	Zip Code
37.31	415 Mission Street, 3rd Floor San Francisco, CA 94105			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Office Overhead/Rental Expense	Campaign Data	base	=
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

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

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 Committee Salaries/Wages/Contract Labor Other (enter a category not listed above) Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: Parker, Mattie J. 4 Date 5 Payee name 05/23/2024 Salesforce 6 Amount (\$) 7 Payee address; Zip Code City; State: 37.31 415 Mission Street, 3rd Floor San Francisco, CA 94105 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 **PURPOSE** Office Overhead/Rental Expense Campaign Database OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date Salesforce 06/24/2024 Zip Code Amount (\$) City; State: Payee address; 415 Mission Street, 3rd Floor 37.31 San Francisco, CA 94105 Category (See Categories listed at the top of this schedule) Description PURPOSE Office Overhead/Rental Expense Campaign Database OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date 01/29/2024 Zoom Amount (\$) Payee address; City: State: Zip Code 55 Almaden Blvd., 6th Floor 16.98 San Jose, CA 95113 Category (See Categories listed at the top of this schedule) Description PURPOSE Office Overhead/Rental Expense online calls for campaign OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.	•			
Total pages Schedule F1:	2 FILER NAME Parker, Mattie J.		3 Filer ID (Ethic	s Commission Filers)		
1 Date 01/30/2024	5 Payee name Women Steering Business					
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code		
2,590.00	PO Box 2223 Fort Worth, Texas 76113					
В	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
PURPOSE OF EXPENDITURE	Event Expense	Event Expense Event Participation				
	(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/OF	Candidate / Officeholder name	Office sought		Office held		
Date	Payee name					
02/05/2024	Dropbox		2			
Amount (\$)	Payee address;	City;	State;	Zip Code		
12.79	1800 Owens Street San Francisco, CA					
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF EXPENDITURE	Office Overhead/Rental Expense	Campaign Da	ita Storage			
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder livin	g expense		
Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name	Office sought		Office held		
Date	Payee name					
03/04/2024	Dropbox					
Amount (\$)	Payee address;	City;	State;	Zip Code		
12.79	1800 Owens Street San Francisco, CA					
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF EXPENDITURE	Office Overhead/Rental Expense	Campaign Da	ta Storage			
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	lin, TX, officeholder livin	g expense		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held		

SCHEDULE F1

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

		EXPENDITURE CATE	GORIES F	OR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Office Over Polling Exp Printing Exp		Travel In District Travel Out Of Distric	oment & Related Expense
	4	The Instruction Guide explai	ns how to co	omplete this form.		
1 Total pages Schedule F1:	2 FILER N				3 Filer ID (Ethic	s Commission Filers)
4 Date 04/04/2024	5 Payeen Dropbo					
6 Amount (\$)	7 Payee a	ddress;		City;	State;	Zip Code
12.79	1800 Owe San Fran	ens Street cisco, CA				
8	(a) Catego	ry (See Categories listed at the top of this	s schedule)	(b) Description		
PURPOSE Office OF EXPENDITURE		e Overhead/Rental Expense Campaign Da		ta Storage		
(c) Check if travel outside of Texas. Complete Schedule T. Chec		Check if Aust	in, TX, officeholder livin	g expense		
9 Complete ONLY if direct expenditure to benefit C/O	1000	date / Officeholder name		Office sought		Office held
Date	Payee n	ame				
05/06/2024	Dropbo	х				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
12.79	1800 Owe San Franc					
	Categor	y (See Categories listed at the top of this	schedule)	Description		
PURPOSE OF EXPENDITURE	Office	Overhead/Rental Exp	ense	Campaign Data Storage		
		Check if travel outside of Texas. Complete	Schedule T.	Check if Aust	Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/O		date / Officeholder name		Office sought		Office held
Date	Payee	name				
06/04/2024	Dropbo	×				
Amount (\$)	Payee a	address;		City;	State;	Zip Code
12.79		vens Street ncisco, CA				
	Categor	y (See Categories listed at the top of this	schedule)	Description		
PURPOSE	Office	Overhead/Rental Expe	ense	Campaign Dat	ta Storage	

Check if travel outside of Texas. Complete Schedule T.

Candidate / Officeholder name

Office held

Check if Austin, TX, officeholder living expense

Office sought

EXPENDITURE

Complete ONLY if direct expenditure to benefit C/OH

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	o and to all o	ory normotion above,	
1 Total pages Schedule F1:	2 FILER NAME Parker, Mattie J.	Y	3 Filer ID (Ethic	s Commission Filers)	
4 Date 01/31/2024	5 Payee name Frost Bank				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
5.00	PO Box 1600 San Antonio, TX 78296				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Accounting/Banking Bank service Charge for campa				
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder livin	g expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held	
Date	Payee name				
02/29/2024	Frost Bank				
Amount (\$)	Payee address;	City;	State;	Zip Code	
5.00	PO Box 1600 San Antonio, TX 78296				
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Accounting/Banking	Bank service (Charge for ca	mpaign accoun	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
03/29/2024	Frost Bank				
Amount (\$)	Payee address;	City;	State;	Zip Code	
5.00	PO Box 1600 San Antonio, TX 78296				
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Accounting/Banking	Bank service C	harge for can	npaign account	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense	

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 **Event Expense** Loan Repayment/Reimbursement Solicitation/Fundraising Expense Consulting Expense Contributions/Donations Made By Office Overhead/Rental Expense Transportation Equipment & Related Expense Travel In District Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Printing Expense Candidate/Officeholder/Political Committee Travel Out Of District 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: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 12 Parker, Mattie J. 4 Date 5 Payee name 05/31/2024 Frost Bank 6 Amount (\$) 7 Payee address: City; State: Zip Code 5.00 PO Box 1600 San Antonio, TX 78296 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE Accounting/Banking Bank service Charge for campaign account **EXPENDITURE** (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 06/28/2024 Frost Bank Amount (\$) Payee address; City; State; Zip Code 5.00 PO Box 1600 San Antonio, TX 78296 Category (See Categories listed at the top of this schedule) Description PURPOSE Accounting/Banking Bank service Charge for campaign account OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 03/29/2024 Frost Bank Amount (\$) Payee address: City; State; Zip Code PO Box 1600 5.00 San Antonio, TX 78296 Category (See Categories listed at the top of this schedule) Description PURPOSE Accounting/Banking Bank service Charge for campaign account EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH

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

	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1		- 100 (100 p.) • (100 p.) (100 p.) (100 p.)	3 Filer ID (Ethic	s Commission Filers)
4 Date 02/09/2024	5 Payee name Jewel Charity Ball			
3,090.00	7 Payee address; 3301 Hamilton Ave #121 Fort Worth, TX 76107	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense (c) Check if travel outside of Texas. Complete Schedule T.	(b) Description Event sponsor		
9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office			n, TX, officeholder living	Office held
Date 04/26/2024 Amount (\$)	Payee name Quince Restaurant Payee address;	City;	State;	Zip Code
103.89	1701 River Run suite 181 Fort Worth, TX 76107			Zip Godd
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food Beverage Expense	Description Campaign Mee	eting	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date 05/09/2024	Payee name Laurie Pair			
Amount (\$) 800.00	Payee address; 1508 San Antonio St C, Austin, TX 78701	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Preparation of o	campaign exp	enditure form
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living e	expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	3 W.	Office held

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 Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Consulting Expense Contributions/Donations Made By Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel In District Printing Expense Candidate/Officeholder/Political Committee Travel Out Of District Legal Services Salaries/Wages/Contract Labor Credit Card Payment 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 (Ethics Commission Filers) 12 Parker, Mattie J. 4 Date 5 Payee name 06/04/2024 Charleston's 6 Amount (\$) 7 Payee address: City; State: Zip Code 76.70 3020 S Hulen St, Fort Worth, TX 76109 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Food/Beverage Expense Meeting for campaign EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/01/2024 Frost Bank Amount (\$) Payee address: City; State: Zip Code 30.00 PO Box 1600 San Antonio, TX 782.96 Category (See Categories listed at the top of this schedule) Description **PURPOSE** accoutning/banking bank service charge for campaign account OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name Amount (\$) Payee address: City; State: Zip Code Category (See Categories listed at the top of this schedule) Description PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH