FORM C/OH CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID Total pages filed: The C/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 15 00088231 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** Mary A. NAME Date Received **ELECTRONICALLY FILED** 01/16/2024 NICKNAME LAST **SUFFIX** Bone CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** 3503 Palmer Cove MAILING Amount Receipt # **ADDRESS** Change of Address Round Rock, TX 78664 Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Jason D. NAME NICKNAME LAST **SUFFIX** Bone STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE **CAMPAIGN** APT / SUITE #; CITY; STATE; **TREASURER** 3503 Palmer Cove **ADDRESS** (Residence or Business) Round Rock, TX 78664 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (816) 718-6444 **PHONE** REPORT **TYPE** January 15 30th day before election Runoff 15th day after campaign treasurer

PERIOD

10 ELECTION

11 OFFICE

COVERED

July 15

Day

Day

03/05/2024

OFFICE HELD (if any)

Williamson

ELECTION DATE

07/01/2023

Year

Year

Round Rock ISD Board Place 2 District Round Rock

Month

Month

8th day before election

THROUGH

χ Primary

General

Exceeded modified

Month

ELECTION TYPE

Runoff

Special

Day

12/31/2023

12 OFFICE SOUGHT (if known)

State Board Of Education District 10

Year

Other

reporting limit

appointment (officeholder only) Final Report (Attach C/OH-FR)

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 15

13 C / OH NAME	Bone, Mary A.		14 Filer ID 00088231	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	ut the candidate's or offic	committees to support the eholder's knowledge or otice of such expenditures.		
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE ADDICESS		
		COMMITTEE CAMPAIGN TREASURER NAMI	Ē	
		COMMITTEE CAMPAIGN TREASURER ADDR	RESS	
16 CONTRIBUTION TOTALS		L IZED POLITICAL CONTRIBUTIONS (OTHER T ES OF LOANS, OR CONTRIBUTIONS MADE E		\$ 1.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOA	NS)	\$ 8,516.07
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 5,742.18
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE RIOD	E LAST DAY OF THE	\$ 18,395.03
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS TING PERIOD	AS OF THE LAST DAY	\$ 10,000.00
17 AFFIDAVIT		I swear, or affirm, under per true and correct and include under Title 15, Election Cod	s all information required	
			Mary A. Bone	
		Signature	of Candidate or Officeho	older
AFFIX NO	TARY STAMP / SEAL AB	DVE		
Sworn to and subso	cribed before me, by the s	aid	, this the	day
от	, 20, to c	ertify which, witness my hand and seal of office.		
Signature of office	cer administering	Printed name of officer administering	Title of office	er administering oath

SUBTOTALS - C/OH

FORM COH **COVER SHEET PG 3**

					3 of 15
_	ER NAM	(Ethi	cs Commission Filers)		
	HEDUL		SUBTOTAL AMOUNT		
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	8,516.07
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	X	SCHEDULE E: LOANS		\$	10,000.00
5.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	5,711.02	
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	_
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	NS	\$	
8.	Х	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	15.58
9.	Х	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	15.58
10	. 🔲	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS O	F C/OH	\$	
11	. 🔲	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	NS	\$	
12	. X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RITO FILER	ETURNED	\$	0.16

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	1	Total pages Schedule A1: Sch: 1/5 Rpt: 4/15		
2	FILER NAME Bone, Mary	۹.	3	Filer ID (Ethics Commission F 00088231	ilers)	
4	4 Date 12/23/2023 5 Full name of contributor out-of-state PAC (ID#:) Baker, Karime 6 Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$200.00
		Round Rock, TX 78664				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 12/21/2023	Full name of contributor out-of-state PAC (ID#:_ Cortez, Lori Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00
	Principal occu	Round Rock, TX 78664 pation / Job title (See Instructions)	Employer (See Instructions			
	i illopai occa	pation / oob title (occ motituditions)	Employer (See Managaria)	,		
	Date 12/18/2023	Full name of contributor out-of-state PAC (ID#:_ Danielle Weston for RRIS School Board Contributor address; City; State; Zip Code)		Amount of Contribution (\$) \$1	.,000.00
		Round Rock, TX 78681				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/28/2023	Full name of contributor out-of-state PAC (ID#:_Farris, Jill Contributor address; City; State; Zip Code Round Rock, TX 78681			Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/31/2023	Full name of contributor out-of-state PAC (ID#:_ Gunter, Patricia Contributor address; City; State; Zip Code Round Rock, TX 78681			Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 2/5 Rpt: 5/15	
2	FILER NAME Bone, Mary	Α.	3	Filer ID (Ethics Commission 00088231	on Filers)	
4					Amount of Contribution (\$)	\$100.00
_		Round Rock, TX 78664				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)	5)		
	Date 12/21/2023	Full name of contributor out-of-state PAC (ID#:_ Lusby, Lisa Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$100.00	
	Principal occu	Autsin, TX 78717 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Date 12/24/2023	Full name of contributor out-of-state PAC (ID#: Martinson, Alan Contributor address; City; State; Zip Code Round Rock, TX 78681			Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 12/01/2023	Full name of contributor out-of-state PAC (ID#:_ Mary Bone Campaign Contributor address; City; State; Zip Code Round Rock, TX 78664			Amount of Contribution (\$)	\$4,965.07
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	i)		
	Date 12/21/2023	Full name of contributor out-of-state PAC (ID#:_ Mason, Jill Contributor address; City; State; Zip Code Round Rock, TX 78664)		Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	()		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 3/5 Rpt: 6/15	
2	FILER NAME Bone, Mary	۹.	3	Filer ID (Ethics Commission 00088231	n Filers)	
4					Amount of Contribution (\$)	\$25.00
_	Deignigal	Round Rock, TX 78681	O Faralayar (Good Instructions			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))		
	Date 12/21/2023	Full name of contributor out-of-state PAC (ID#:_ Sellers, Sarah Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$50.00	
	Principal occu	Round Rockt , TX 78664 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/21/2023	Full name of contributor out-of-state PAC (ID#:_ Steele, Dawn Contributor address; City; State; Zip Code Round Rock, TX 78681)		Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/23/2023	Full name of contributor out-of-state PAC (ID#:_ Strickler, Marcia Contributor address; City; State; Zip Code austin, TX 78717			Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/21/2023	Full name of contributor out-of-state PAC (ID#:_ Turnipseed, Michelle Contributor address; City; State; Zip Code Hutto, TX 78634)		Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 4/5 Rpt: 7/15	
2	FILER NAME Bone, Mary	۹.	3	Filer ID (Ethics Commission 00088231	n Filers)	
4					Amount of Contribution (\$)	\$50.00
_		Round Rock, TX 78664				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))		
	Date 12/21/2023	Full name of contributor out-of-state PAC (ID#:_ White, Jennifer Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00
	Principal occu	Round Rock, TX 78665 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/26/2023	Full name of contributor out-of-state PAC (ID#: Williams, Mike Contributor address; City; State; Zip Code Georgetown, TX 78628			Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/22/2023	Full name of contributor out-of-state PAC (ID#:_ Withey, Susan Contributor address; City; State; Zip Code Round Rock, TX 78665)		Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/21/2023	Full name of contributor out-of-state PAC (ID#:_Zimmerman, Don Contributor address; City; State; Zip Code Austin, TX 78726)		Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE A1
The Instru	ction Guide explains how to complete this		Total pages Schedule A1: Sch: 5/5 Rpt: 8/15	
		3	Filer ID (Ethics Commission Filers) 00088231	
Date 12/28/2023	 Full name of contributor	7	Amount of Contribution (\$) \$500.0	
	chilhowee, MO 64733			
Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	s)	
	The Instru FILER NAME Bone, Mary Date 12/28/2023	The Instruction Guide explains how to complete this FILER NAME Bone, Mary A. Date 12/28/2023 5 Full name of contributor out-of-state PAC (ID# keenan, dawn 6 Contributor address; City; State; Zip Code	Bone, Mary A. Date 12/28/2023 5 Full name of contributor out-of-state PAC (ID#:) keenan, dawn 6 Contributor address; City; State; Zip Code chilhowee, MO 64733	The Instruction Guide explains how to complete this form. FILER NAME Bone, Mary A. Date 12/28/2023 Chilhowee, MO 64733 1 1 1 1 1 1 1 1 1 1 1 1

	LOANS					SCHEDULE E
	The Instruction	on Guide explains how to co	orm.	•	ages Schedule E: /1 Rpt: 9/15	
2	FILER NAME Bone, Mary A.					(Ethics Commission Filers)
4	TOTAL OF UN	NITEMIZED LOANS			I	\$
5	Date of loan 12/31/2023	7 Name of lender [Bone, Mary (Dr.)	out-of-state PA	C (ID#:		9 Loan Amount (\$) \$10,000.00
6	Is lender a financial institution?	8 Lender address; City;	State;	Zip Code		10 Interest Rate
	No	Round Rock, TX 78664				11 Maturity Date
12	Principal occupati	on / Job title (See Instructions)		13 Employer (See Instru	ctions)	
14	Description of Col	lateral		15 Check if personal fun	ds were deposite	d into political account (See Instructions)
16	GUARANTOR	17 Name of guarantor		<u> </u>		19 Amount Guaranteed (\$)
	INFORMATION X not applicable	18 Guarantor address; City;	State;	Zip Code		
20	Principal occupati	on		21 Employer (See Instru	ctions)	
				ı		

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Event Expense Fees

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

Printing Expense

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 1/3 Rpt: 10/15	Bone, Mary A. 00088231
4	Date	5 Payee name
	12/31/2023	Anedot Inc.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$21.20	1340 Poydras Street Suite 1770
		New Orleans, LA 70112
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Online giving payment fees
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	12/29/2023	Griffin Communications LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,500.00	7111 Harvest Trail Dr
		Austin, TX 78736
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign Consulting Retainer
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	12/29/2023	Griffin Communications LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,750.00	7111 Harvest Trail Dr
		Austin, TX 78736
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Website - Design & Development
		vvebsite - Design & Development
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense 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)

Credit Card Payment	The Instruction Guide explains how to co	omplete t	this form.		
1 Total pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)
Sch: 2/3 Rpt: 11/15	Bone, Mary A.			00088231	
4 Date	5 Payee name		<u> </u>		
12/29/2023	Griffin Communications LLC				
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode			
\$450.00	7111 Harvest Trail Dr				
	Austin, TX 78736				
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) De	escription		
OF EXPENDITURE	Consulting Expense		Check if travel outside		
			Check if Austin, TX,		
		DI	anuing - Logo	Design, 30	cial Media Assets
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	ught		Office he	2ld
expenditure to benefit C/O		ugni		Office fit	siu .
Date	Pausa nama				
12/29/2023	Payee name Griffin Communications LLC				
Amount (\$)	Payee address; City; State; Zip Co	odo.			
\$500.00	7111 Harvest Trail Dr	oue			
ψ300.00	7111 Haivest Haii Di				
	Austin, TX 78736				
PURPOSE		(h) p			
OF	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) De	escription Check if travel outsid	de of Texas. Com	plete Schedule T.
EXPENDITURE	Consulting Expense		Check if Austin, TX,		
		De	esign - Push C	ard	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ught		Office he	eld
experionare to benefit C/O					
Date	Payee name				
12/29/2023	Griffin Communications LLC				
Amount (\$)	Payee address; City; State; Zip Co	ode			
\$1,189.82	7111 Harvest Trail Dr				
	Austin, TX 78736				
PURPOSE	(a) Category (See Categories listed at the top of this schedule)		escription		
OF EXPENDITURE	Advertising Expense		Check if travel outside		
		∐ Pri	Check if Austin, TX, inting - Pushca		g expense
		'"	inting - r usince	arus	
Complete ONLY if direct	Candidate/Officeholder name Office sou	<u>l</u> uaht		Office he	eld
expenditure to benefit C/O		-9		200 11	

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment			mmittee	Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Expense Printing Expense			Travel in Distric Travel Out of Di	
l	Credit Card Fayinent			The Instruction Guide explains h	now to comple	ete this form.			
1	Total pages Schedule F1:	2	FILER NAME	E			3	Filer ID	(Ethics Commission Filers)
l	Sch: 3/3 Rpt: 12/15		Bone, Mary	/ A.			1	00088231	
4	Date	5	Payee name	<u> </u>					
ľ	12/08/2023			Party of Texas					
Ļ		<u> </u>			Zin Codo				
ľ٩	Amount (\$)	 ′	Payee addre		Zip Code				
l	\$300.00		211 E 7th S	ot .					
			Ste. 915						
			Austin, TX	78701					
8	PURPOSE	(a)	Category (S	See Categories listed at the top of this sch	edule) (b)	Description			
l	OF		Fees	g	,		outs	ide of Texas. Con	nplete Schedule T.
	EXPENDITURE					_	n, TX	, officeholder livin	g expense
						Filling Fee			
9	Complete ONLY if direct		Candidate/Off	iceholder name C	Office sought			Office h	eld
	expenditure to benefit C/O	Н							
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EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Bone, Mary A. 00088231 Sch: 1/1 Rpt: 13/15 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 12/20/2023 Walgreens Amount (\$) Payee address; City; State; Zip Code \$15.58 119 ED SCHMIDT BLVD Hutto, TX 78634 TYPE OF Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF feat Check if travel outside of Texas. Complete Schedule T. **Printing Expense EXPENDITURE** Check if Austin, TX, officeholder living expense campaign cards 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Advertising Expense Accounting/Banking Event Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: FILER NAME Filer ID (Ethics Commission Filers) Sch: 1/1 Rpt: 14/15 Bone, Mary A. 00088231 Date Payee name Wells fargo 12/29/2023 6 Amount (\$) Payee address; City; State; Zip Code \$15.58 2000 E Palm Valley Blvd Reimbursement from political contributions intended Х Round Rock, TX 78665 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. 8 OF Check if Austin, TX, officeholder living expense Credit Card Payment **EXPENDITURE** Payment of credit card bill for political advertising materials Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 15/15 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Bone, Mary A. 00088231 4 Date 8 Amount (\$) 5 Name of person from whom amount is received 12/31/2023 \$0.16 rbfcu 6 Address of person from whom amount is received; City; State; Zip Code Plugerville, TX 78660 Purpose for which amount is received Check if political contribution returned to filer Dividend