CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to complete th	is form. 1 Filer ID (Ethics Commi 00057485		2 Total pages filed: 14
3 CANDIDATE /	MS / MRS / MR FIR:		MI	OFFICE USE ONLY
OFFICEHOLDER NAME	Mrs. Bar	bara L.		Date Received
				ELECTRONICALLY FILED
	NICKNAME LAS		SUFFIX	02/25/2024
	Mai	lory Caraway		
4 CANDIDATE /	ADDRESS / PO BOX; APT / SUI	TE#; CITY;	ZIP CODE	Date Hand-delivered or Date Postmarked
OFFICEHOLDER MAILING	PO Box 398136			
ADDRESS				Receipt # Amount
Change of Address	Dallas, TX 75339			
	Danas, 17, 75055			Date Processed
				Date Imaged
5 CAMPAIGN TREASURER	MS / MRS / MR FIRS		MI	
NAME	Mr. Ray	L.		
	NICKNAME LAS	Т	SUFFIX	
	Willi	ams Sr.		
6 CAMPAIGN	STREET ADDRESS (NO PO BOX	PLEASE); AP	Γ / SUITE #; CITY;	STATE; ZIP CODE
TREASURER ADDRESS	1419 Oakbrook St.			
(Residence or Business)	Lancaster, TX 75134			
	Lancaster, 17, 75154			
7 CAMPAIGN	AREA CODE PHONE NU	MBER EXTENSION		
TREASURER PHONE	(214) 537-8094			
PHONE				
8 REPORT				
TYPE	January 15	Oth day before election	Runoff	15th day after campaign treasurer
				appointment (officeholder only)
	July 15 X 8t	h day before election	Exceeded modified reporting limit	Final Report (Attach C/OH-FR)
9 PERIOD COVERED	Month Day Year		Month Day	Year
COVERED	01/26/2024	THROUGH	02/24/2024	1
		1		
10 ELECTION	ELECTION DATE	1 <u> </u>	ELECTION TYPE	_
	Month Day Year	X Primary	Runoff	Other
	03/05/2024	General	Special	
		"		
11 OFFICE	OFFICE HELD (if any)	1	12 OFFICE SOUGHT	(if known)
	State Representative District 1:	10	State Representa	
		GO TO PAGE 2		

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 14

13 C / OH NAME	Mallory Caraway, Ba	rbara L. (Mrs.)		14 Filer ID 00057485	(Ethics Com	mission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	These expenditures	accepted or political expenditumay have been made without equired to report this information	the candidate's or offic	eholder's kno	wledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAM	E			
	GENERAL					
	_	COMMITTEE ADD	RESS			
	SPECIFIC					
		COMMITTEE CAM	PAIGN TREASURER NAME			
		COMMITTEE CAM	PAIGN TREASURER ADDRES	SS		
16 CONTRIBUTION TOTALS			ONTRIBUTIONS (OTHER THA CONTRIBUTIONS MADE ELE		\$	0.00
		CAL CONTRIBUTION PLEDGES, LOANS,	NS OR GUARANTEES OF LOANS	5)	\$	10,000.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES					0.00
	4. TOTAL POLITIC	CAL EXPENDITURE	S		\$	4,918.42
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE		S MAINTAINED AS OF THE L	AST DAY OF THE	\$	1,088.76
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR		L OUTSTANDING LOANS AS	OF THE LAST DAY	\$	0.00
17 AFFIDAVIT		1	l swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.			
		_	Mrs. Barba	ara L. Mallory Caraw	/ay	
			Signature of	Candidate or Officeho	lder	_
AFFIX NO	TARY STAMP / SEAL AB	OVE				
Sworn to and subs	cribed before me, by the s	aid		, this the		_ day
			my hand and seal of office.	Title of affice		
Signature of offi	cer administering	Printed name	of officer administering	Title of office	r administerii	ng oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

3 of 14

					3 01 14	
18 FIL	ER NAN	ME	19 Filer ID	(Ethics Commission Filers)		
Ма	allory C	_				
		E SUBTOTALS SCHEDULE		s	UBTOTAL AMOUNT	
INA	IME OF					
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	10,000.00	
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$		
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS	\$			
4.	Х	SCHEDULE E: LOANS	\$	500.00		
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	\$	4,572.42		
6.	X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	173.00		
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	\$			
8.	X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	173.00		
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$		
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$		
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$		
12.	X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	200.00	
				•		

	MONET	ARY POLITICAL (SCHEDULE A1				
	The Instru	ction Guide explains how	v to complete this fo	orr	n.	1	Total pages Schedule A1: Sch: 1/2 Rpt: 4/14	
2	FILER NAME Mallory Cara	away, Barbara L. (Mrs.)				3	Filer ID (Ethics Commission 00057485	on Filers)
4	Date 5 Full name of contributor out-of-state PAC (ID#:) O2/23/2024 Aranza, Gilbert 6 Contributor address; City; State; Zip Code					7	Amount of Contribution (\$)	\$3,500.00
8	Principal occu	Dallas, TX 75360 pation / Job title (See Instruction	e) l	<u> </u>	Employer (See Instructions	;) 		
•	CEO	pation / 300 title (See Instruction	5)		Airman Services	•)		
	Date 02/06/2024	Full name of contributor Brown, Michael Contributor address; City; S)		Amount of Contribution (\$)	\$100.00
	Dringing! goog	Dallas, TX 75216	a) I		Employer (See Instructions	<u></u>		
	Principal occu	pation / Job title (See Instruction	5)		Employer (See Instructions	»)		
	Date 02/06/2024	Full name of contributor Buchanon, Victor Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$500.00
		Lancaster, TX 75134						
	Principal occu Mediator/Pre	pation / Job title (See Instruction esident/CEO	s)		Employer (See Instructions Buchanon Mediation	5)		
	Date Full name of contributor out-of-state PAC (ID#:_ 02/22/2024 Bush, Charles (CEO))		Amount of Contribution (\$)	\$500.00
	Principal occu President/CE	pation / Job title (See Instruction EO	s)		Employer (See Instructions Charles Bush Consultin			
	Date 02/23/2024	Full name of contributor Gibson, Fan Charm Contributor address; City; S Garland, TX 75040	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instruction	s)		Employer (See Instructions	5)		
			-					

TARY POLITICAL CONTRIBUTIO	NS	SCHEDULE A1
iction Guide explains how to complete this fo	1 Total pages Schedule A1: Sch: 2/2 Rpt: 5/14	
		3 Filer ID (Ethics Commission Filers) 00057485
5 Full name of contributor out-of-state PAC (ID#: Juma, Samir		7 Amount of Contribution (\$) \$300.00
Colleyville, TX 76034		
upation / Job title (See Instructions)	9 Employer (See Instructions Samjuma Enterprises	5)
Kirk Jr., Harris (Mr.)		Amount of Contribution (\$) \$5,000.00
Plano, TX 75093 upation / Job title (See Instructions)	Employer (See Instructions	5)
	The Horse Park	
	away, Barbara L. (Mrs.) 5 Full name of contributor out-of-state PAC (ID#:_ Juma, Samir 6 Contributor address; City; State; Zip Code Colleyville, TX 76034 upation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Kirk Jr., Harris (Mr.) Contributor address; City; State; Zip Code	away, Barbara L. (Mrs.) 5 Full name of contributor out-of-state PAC (ID#:) Juma, Samir 6 Contributor address; City; State; Zip Code Colleyville, TX 76034 upation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:) Kirk Jr., Harris (Mr.) Contributor address; City; State; Zip Code

	LOANS					SCHEDULE E
	The Instruction	on Guide explains how to complete	this form.		I	ges Schedule E: 1 Rpt: 6/14
2	FILER NAME Mallory Caraway	y, Barbara L. (Mrs.)				(Ethics Commission Filers)
4	TOTAL OF UN	IITEMIZED LOANS				\$
5	Date of loan 02/02/2024	7 Name of lender out-of-s Mallory Caraway, Barbara	state PAC (ID#:)	9 Loan Amount (\$) \$500.00
6	Is lender a financial institution?	8 Lender address; City; S	state; Zip	Code		10 Interest Rate
	No	Dallas, TX 75203				11 Maturity Date
12	Principal occupation	on / Job title (See Instructions)	1	oyer (See Instructions		
	Consultant		Barb	ara Mallory Carawa	ay & Associ	ates
14	Description of Coll X None	lateral	15 Chec	k if personal funds we	re deposited	l into political account (See Instructions)
16	GUARANTOR INFORMATION	17 Name of guarantor				19 Amount Guaranteed (\$)
	X not applicable	18 Guarantor address; City; S	state; Zip	Code		
20	Principal occupation	on	21 Empl	oyer (See Instructions	s)	

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 C

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services 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: 1/5 Rpt: 7/14	Mallory Caraway, Barbara L. (Mrs.) 00057485
4	Date	5 Payee name
	02/01/2024	7 Eleven
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$12.00	2400 W. Ledbetter Dr.
		Dallas , TX 75233
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Transportation Equipment & Related Check if travel outside of Texas. Complete Schedule T.
		Expense
		Sus For O Hadi Netum
_	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/20/2024	7 Eleven
	Amount (\$)	Payee address; City; State; Zip Code
	\$42.85	1410 E. Ledbetter Ave
		Dallas , TX 75216
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Transportation Equipment & Related Check if travel outside of Texas. Complete Schedule T. Expense Check if Austin, TX, officeholder living expense
		Expense
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	<u> </u>	
	Date	Payee name
	02/05/2024	Campaign Verity
	Amount (\$)	Payee address; City; State; Zip Code
	\$95.00	1215 31st Street NW
		P. O. Box 3554
		Washington, DC 20007
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Advertising Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Verification for Texting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/OI	<u> </u>

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

bursement Solicitation/Fundraising Expense
I Expense Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_	T	<u>.</u>
1	Total pages Schedule F1: Sch: 2/5 Rpt: 8/14	2 FILER NAME Mallory Caraway, Barbara L. (Mrs.) 3 Filer ID (Ethics Commission Filers) 00057485
4	Date	5 Payee name
	02/05/2024	Caraway, Dwaine
6	Amount (\$) \$332.48	7 Payee address; City; State; Zip Code 1934 Argyle Ave Dallas, TX 75203
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Reimbursement for U-Haul Rental and volunteer
		food
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/06/2024	Costco
	Amount (\$)	Payee address; City; State; Zip Code
	\$60.00	250 W. Hwy 67
		Duncanville, TX 75137
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Membership
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/30/2024	Gipson Grocery
	Amount (\$)	Payee address; City; State; Zip Code
	\$278.00	1701 Shaw St.
	Φ210.00	1/01 Stidw St.
		Dallas, TX 75212
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		Food For January 27th - Meet & Greet
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

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	/ - al Con	nmittee	Legal Se		·		/ages	/Contract Labor		Travel O OTHER		strict category not listed above)	
L					struction Gui	ide explains	now to co	mple	te this form.	_				
1	Total pages Schedule F1:	ı								3			(Ethics Commission Filers)	
	Sch: 3/5 Rpt: 9/14	⊢	Mallory Car	away,	Barbara L	. (Mrs.)					00057	485		
4	Date	ı	Payee name											
	02/08/2024		Henderson,	Jerry										
6	Amount (\$)	7	Payee addres	ss;	City;	State	; Zip Co	de						
	\$500.00		7272 Marvii	n D. Lo	ove Frwy									
					•									
			Dallas, TX 7	75237										
8	PURPOSE	├	Category (Se		arian listad -+ "	o top of this - 1	odule)	(b)	Description					+
	OF		Salaries/Wa				ieduie)	(~)	_ `	outsi	de of Texa	as. Com	plete Schedule T.	
	EXPENDITURE		Jaian 63/ VV	.gca/C	oniiaol La				Check if Austin					
									Funds to pay	ca	mpaigr	n Wall	kers	
9	Complete ONLY if direct		Candidate/Offi	ceholde	er name	(Office sou	ght			Of	fice he	eld	1
	expenditure to benefit C/O	Н												
T	Date		Payee name											╡
	02/09/2024		Henderson,	Jerry										
H	Amount (\$)	H	Payee addres	SS;	City;	State	; Zip Co	de						┥
	\$500.00	l	7272 Marvii		•	Ciato	,p 50							
	Ψ500.00		· L · L · IVIUI VII	. J. L(240 1 1VV y									
			Dallac TV	75005										
		├	Dallas, TX 7											
	PURPOSE OF		Category (Se				nedule)	(b)	Description					
	EXPENDITURE		Salaries/Wa	ages/C	ontract La	bor							plete Schedule T.	
									Check if Austin					
									i unus to pay	ua	πραιζί	ı vvaik	NOI 3	
\vdash	Complete ONLY if direct	<u> </u>	Candidate/Offi	cohold	er name		Office sou	ah+			Of	fice he	ald	4
	Complete ONLY if direct expenditure to benefit C/OH		ai iuiuate/UIII	CELIOIU	ci name	(Jilice Sou	yııı			UI	nce HE	สน	
		_												4
	Date		Payee name	_										
	02/14/2024		Henderson,	Jerry										
	Amount (\$)		Payee addres	ss;	City;	State	; Zip Co	de						
	\$500.00		7272 Marvii	ո D. Lo	ove Frwy									
			Dallas, TX 7	75237										
	PURPOSE	(a)	Category (Se	ee Catego	ories listed at the	e top of this sch	nedule)	(b)	Description					
	OF EXPENDITURE		Salaries/Wa							outsi	de of Texa	as. Com	plete Schedule T.	
	EXPENDITURE			-					Check if Austin					
									Funds to pay	ca	mpaigr	n walk	ers.	
	Complete ONLY if direct		Candidate/Offi	ceholde	er name	(Office sou	ght			Of	fice he	eld	
	expenditure to benefit C/O	н												
														┛

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
vertising Expense Event Expense Loan Repayment/Reimbu

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

Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services 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/Officenoider/Politica 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)
	Sch: 4/5 Rpt: 10/14	Mallory Caraway, Barbara L. (Mrs.) 00057485
4	Date	5 Payee name
	01/29/2024	Metro by T-Mobile
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$40.00	2310 MLK Blvd
		Dallas, TX 75215
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Phone Service
		I have seened
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Davies warms
	02/14/2024	Payee name Print City
		·
	Amount (\$)	Payee address; City; State; Zip Code
	\$421.09	3160 Commonwealth Dr. #100
		Dallas, TX 75247
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Flyers
		1.95.5
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
	Data	
	Date	Payee name Shall Can Station
	02/20/2024	Shell Gas Station
	Amount (\$)	Payee address; City; State; Zip Code
	\$30.00	440 W. Kiest Blvd
		Dallas, TX 75224
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment & Related
		Expense Coo for Volunteer
		Gas for Volunteer
	Complete ONLY if direct	Condidate/Office helder no rec
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
	<u> </u>	

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

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
Transport in District Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica		Travel Out of District OTHER (enter a category not listed above)
	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 5/5 Rpt: 11/14	Mallory Caraway, Barbara L. (Mrs.)	00057485
4	Date	5 Payee name	
	02/15/2024	Spectrum	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$1,500.00	13727 Noel Rc	
		Dallas, TX 75240	
8	PURPOSE		
o	OF	, , , , , , , , , , , , , , , , , , ,	outside of Texas. Complete Schedule T.
	EXPENDITURE	Advertising Expense	TX, officeholder living expense
		Advertising	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	02/23/2024	U-Haul	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$251.00	930 E. 8th Street	
		Dallas, TX 75203	
	PURPOSE		
	OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Transportation Equipment & Related	outside of Texas. Complete Schedule T.
	EXPENDITURE	Transportation Equipment & Related	TX, officeholder living expense
		U-Haul Renta	l
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	02/15/2024	Wells Fargo	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$10.00	18599 Marsh Lane	
		Dallas, TX 75287	
	PURPOSE	<u> </u>	
	OF	·	outside of Texas. Complete Schedule T.
	EXPENDITURE		TX, officeholder living expense
		Service Fee -	Cashier's Check
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	

UNPAID INCURRED OBLIGATIONS SCHEDULE F2 **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. Total pages Schedule F2: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 1/1 Rpt: 12/14 Mallory Caraway, Barbara L. (Mrs.) 00057485 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS \$ 5 Date Payee name 02/05/2024 Access Storage Amount (\$) Payee address; City; State; Zip Code \$167.00 3427 Mavin D. Love Frwy Dallas, TX 75224 TYPE OF Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Storage 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 02/03/2024 Shell Gas Station Amount (\$) Payee address; City; State; Zip Code \$6.00 3102 W. Camp Wisdom Dallas, TX 75232 TYPE OF Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Transportation Equipment & Related **EXPENDITURE** Check if Austin, TX, officeholder living expense Expense Gas Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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 Inst	ruction Guide explains how	to complete this form.	(.,	,
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethi	ics Commiss	sion Filers)
Sch: 1/1 Rpt: 13/14	Mallory Caraway, B	Barbara L. (Mrs.)		00057485		
4 CREDIT CARD ISSUER		ncial institution America	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid		
	\$6.00	02/01/2024				
7 PAYEE	(a) Payee name Shell Gas Station		(b) Payee address; 3102 W. Camp Wisdom	City,	State,	Zip Code
0. 0.100000000	(a) Cataman		Dallas, TX 75232			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Gas for return U-Hau;			
	Transportation Equip		Gas for feluiti O-nau,			
X Political	Expense					
Non-Political	1	of Texas. Complete Schedule T.		, officeholder living exp	oense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder		e sought	Office held		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid		
	\$167.00	02/05/2024				
PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code
	Access Self Storag	e Oak Cliff	3427 Marvin D. Lover Fr	vy		
			Dallas, TX 75228			
PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE	(See Categories listed at the top Office Overhead/Ren		Storage			
X Political	Office Overfiedd/Neri	tai Experise				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living ex	oense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held		

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: 14/14 2 FILER NAME Filer ID (Ethics Commission Filers) Mallory Caraway, Barbara L. (Mrs.) 00057485 5 Name of person from whom amount is received 8 Amount (\$) Date 02/05/2024 \$200.00 Mallory Caraway, Barbara 6 Address of person from whom amount is received; City; State; Zip Code Dallas, TX 75203 Purpose for which amount is received Check if political contribution returned to filer Mistakenly withdrawal from candidates other Wellsfargo Account