OFFICIAL RECORD CANDIDATE / OFFICEHOLDER FORM C/OH **CAMPAIGN FINANCE REPORT** CITY SECRETARY **COVER SHEET PG 1** FT. WORTH, TX Total pages filed: The C/OH Instruction Guide explains how to complete this form. 27 CANDIDATE / MS/MRS/MR **FIRST** MI OFFICE USE ONLY **OFFICEHOLDER** Mrs. Mattie J. NAME Date Received CSO REC'D NICKNAME JAN 15 '25 PM2:09 LAST SUFFIX Parker CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; ZIP CODE Date Hand-delivered or Date Postmarked OFFICEHOLDER MAILING Receipt# **ADDRESS** Amount Change of Address Date Processed Date Imaged CAMPAIGN MS/MRS/MR **FIRST** MI **TREASURER** Mrs. Skylar В. NAME NICKNAME LAST SUFFIX O'Neal CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY; STATE: ZIP CODE TREASURER **ADDRESS** 306 West 7th Street, Suite 1045 (Residence or Business) Fort Worth, Texas 76102 CAMPAIGN AREA CODE PHONE NUMBER **EXTENSION TREASURER** PHONE (817) 233-8244 REPORT **TYPE** January 15 30th day before election X Runoff 15th day after campaign treasurer appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) reporting limit **PERIOD** Day Month Year Month Year Day COVERED 07/01/2024 THROUGH 12/31/2024 10 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special 11 OFFICE OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) Mayor of Fort Worth, TX Mayor of Fort Worth, TX **GO TO PAGE 2**

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH **COVER SHEET PG 2**

				2 of 27			
13 C / OH NAME	Parker, Mattie J.		14 Filer ID				
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	olitical contributions accepted or political expenditur These expenditures may have been made without the officeholders are required to report this information	ne candidate's or officeho	older's knowledge or			
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME					
	GENERAL	COMMITTEE ADDRESS					
	SPECIFIC	COMMITTEE ADDRESS					
		COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TREASURER ADDRESS	3				
16 CONTRIBUTION TOTALS	TOTAL UNITEMI OR GUARANTEI	ZED POLITICAL CONTRIBUTIONS (OTHER THAN ES OF LOANS, OR CONTRIBUTIONS MADE ELEC	PLEDGES, LOANS, TRONICALLY)	\$ 0.00			
		AL CONTRIBUTIONS LEDGES, LOANS, OR GUARANTEES OF LOANS)	8	\$ 19,150.00			
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 36.71			
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 15,420.91			
CONTRIBUTION BALANCE	5. TOTAL POLITICA REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE LA: RIOD	ST DAY OF THE	\$ 323,657.78			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP. OF THE REPORT	AL AMOUNT OF ALL OUTSTANDING LOANS AS C TING PERIOD	F THE LAST DAY	\$ 0.00			
S S My	th EWs Commission Expires 15/2025 No. 3856250	I swear, or affirm, under penalty of true and correct and includes all i under Title/15, Election Code. Signature of C	of perjury, that the accominformation required to be the control of the control o	e reported by me			
AFFIX NOT	ARY STAMP / SEAL ABO	VE					
Sworn to and subscr	The state of the s	tify which, witness my hand and seal of office.	_, this the 15th	day			
Signature of office	er administering	Beth ELLis Printed name of officer administering	Title of officer as	lmin istering oath			

SUBTOTALS - C/OH

FORM **C/OH**COVER SHEET PG 3

				COVER	3 of 27
ATTENDED TO STATE OF THE STATE	ER NAI	0.000	19 Filer ID		
	arker, M	7907 MANUAL BILLYON.			
1.10-110-110-110-110-110-110-110-110-110		E SUBTOTALS SCHEDULE		SUE	TOTAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	19,150.00	
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$		
3.		\$			
4.		SCHEDULE E: LOANS		\$	
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$	12,814.44
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$		
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.	X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	2,606.47
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF	OF C/OH	\$	
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	NS	\$	
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS FOR TO FILER	RETURNED	\$	

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 1/2 Rpt: 4/27 FILER NAME Filer ID Parker, Mattie J. 4 Date 5 Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/25/2024 Andrews, Michael \$100.00 6 Contributor address; City; State; Zip Code 6455 Kirkwood Road Fort Worth, TX 76116 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date out-of-state PAC (ID#: Full name of contributor Amount of Contribution (\$) 12/31/2024 **BNSF Railway Company RAILPAC** \$5,000.00 Contributor address; City; State; Zip Code P.O. Box 961039 Fort Worth, TX 76161 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 10/24/2024 Broussard, Eddie \$1,000.00 Contributor address; City; State; Zip Code 5005 River Bluff Drive Fort Worth, TX 76132 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 11/25/2024 Colyandro, John \$500.00 Contributor address; City; State; Zip Code 919 Congress Avenue, Suite 550 Austin, TX 78701 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 12/02/2024 Fort Worth Firefighters Committee for Responsible Government \$10,000.00 Contributor address; City; State; Zip Code 3855 Tulsa Way Fort Worth, TX 76107 Principal occupation / Job title (See Instructions) Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 2/2 Rpt: 5/27 2 FILER NAME 3 Filer ID Parker, Mattie J. 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 11/15/2024 Lofton, Dylan \$50.00 6 Contributor address; City; State; Zip Code 425 East Lamar Boulevard, #489 Arlington, TX 76011 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/29/2024 Rosenthal, Billy \$2,500.00 Contributor address; City; State; Zip Code 600 East Exchange Avenue, #200 Fort Worth, TX 76164 Principal occupation / Job title (See Instructions) Employer (See Instructions)

SCHEDULE F1

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

Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

	Credit Card Payment		The Instruction Guide explains how to co	mple	ete this form.	
1	Total pages Schedule F1:	2	FILER NAME		3 Filer ID	
	Sch: 1/20 Rpt: 6/27		Parker, Mattie J.			
4	Date	5	Payee name			
	12/30/2024	ı	Adobe Inc.			
6	Amount (\$)	7	Payee address; City; State; Zip Co	de		
	\$21.64		345 Park Avenue			
		l				
			San Jose, CA 95110			
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description	
	OF EXPENDITURE		Office Overhead/Rental Expense		Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITORE				Check if Austin, TX, officeholder living expense	
					Campaign software subscription	
_	Complete ONLY if direct	Ļ	Condidate/Officeholder name		Office held	
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholder name Office sou	gnt	Office held	
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	Date		Payee name Adobe Inc.			
	11/29/2024	_				
	Amount (\$)		Payee address; City; State; Zip Co	de		
	\$21.64		345 Park Avenue			
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			San Jose, CA 95110			
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	EXPENDITURE		Office Overhead/Rental Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
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	Amount (\$)		Payee address; City; State; Zip Coo	de		
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			San Jose, CA 95110			
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description	
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	Complete ONLY if direct expenditure to benefit C/OH		andidate/Officeholder name Office sout	ght	Office held	
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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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	y - al Con	nmittee	Gift/Awards/Memorials E Legal Services The Instruction Guid	15 		Vages	s/Contract Labor		Travel Out of District OTHER (enter a category not lis	ted above)
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	
	Sch: 2/20 Rpt: 7/27		Parker, Mat	tie J.							
4	Date	5	Payee name								
	09/30/2024		Adobe Inc.								
6	Amount (\$)	7	Payee addres	s; City;	State;	Zip Co	de				
	\$21.64	l	345 Park Av	renue							
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SCHEDULE F1

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services The Instruction Guide e	Salaries/	Wage:	s/Contract Labor		OTHER (enter a category no	t listed above)
1	Total pages Schedule F1: Sch: 3/20 Rpt: 8/27	2 FILER NAM Parker, Ma					3	Filer ID	
	Date 07/01/2024	5 Payee name Adobe Inc.							
6	Amount (\$) \$21.64	7 Payee addre 345 Park A San Jose,	venue	State; Zip Co	ode				
8	PURPOSE OF EXPENDITURE		See Categories listed at the top rhead/Rental Expens		(b)	Check if Austin,	TX,	de of Texas. Complete Schedu officeholder living expense are subscription	ıle T.
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ficeholder name	Office sou	ıght			Office held	
	Date 10/24/2024	Payee name Anedot Inc							
	Amount (\$) \$173.59		ess; City; ras Street, Suite 1770 ns, LA 70112	State; Zip Co	ode				
	PURPOSE OF EXPENDITURE	(a) Category (s Fees	See Categories listed at the top o	of this schedule)	(b)	Check if Austin, Processing fe	TX,	de of Texas. Complete Schedu officeholder living expense for online/credit card .0/24/24 to 11/25/24	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		iceholder name	Office sou	ight			Office held	
	Date 07/19/2024	Payee name Box and Sh							
	Amount (\$) \$311.53	00 8000 80a	Bowie Boulevard, #	State; Zip Co 114	ode				
		Fort Worth,	TX 76107						
	PURPOSE OF EXPENDITURE		iee Categories listed at the top o rhead/Rental Expense		(b)		TX,	de of Texas. Complete Schedu officeholder living expense campaign	le T.
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Off	iceholder name	Office sou	ght			Office held	
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SCHEDULE F1

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

Event Expense
Fees
Food/Beverage Expense
Glft/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services The Instruction Guide	Salaries/\	Wages	s/Contract Labor		OTHER (enter a cates	gory not listed above)
1	Total pages Schedule F1:	2 FILER NA	ME		(10)		3	Filer ID	
	Sch: 4/20 Rpt: 9/27	Parker, M							
4	Date	5 Payee nan	ne						
	08/01/2024	20000000000000000000000000000000000000	Fort Worth Hotel						
6	Amount (\$)	7 Payee add	5	State; Zip Co	ode				
	\$93.59	3300 Car	np Bowie Boulevard						
		Fort Wort	th, TX 76107						
8	PURPOSE OF	(a) Category	(See Categories listed at the to	op of this schedule)	(b)	Description			
	EXPENDITURE	Food/Bev	erage Expense					de of Texas. Complete	
	2003-2000 020-210-4 (2008) Cife a commission a soutraine-co	(6)						officeholder living expensions	
						Meeting with	COL	istituerits regard	aing campaign
9	Complete ONLY if direct expenditure to benefit C/Oh		Officeholder name	Office sou	.ght			Office held	
	Date	Payee nan	ne						
	12/04/2024	Dropbox	Inc.						
	Amount (\$)	Payee add	Iress; City;	State; Zip Co	ode				
	\$12.79		nan Street						
			cisco, CA 94107						
	PURPOSE OF		(See Categories listed at the to		(b)	Description			
	EXPENDITURE	Office Ov	erhead/Rental Expen	ise				le of Texas. Complete	
						Cloud storage		officeholder living expe r campaign	nse
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	Complete ONLY if direct expenditure to benefit C/OF		Officeholder name	Office sou	ight			Office held	
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	Amount (\$)	Payee add	ress; City;	State; Zip Co	ode				
	\$12.78	333 Branı	nan Street						
		San Fran	cisco, CA 94107						
	PURPOSE	(a) Category	(See Categories listed at the to	p of this schedule)	(b)	Description			
	OF EXPENDITURE		erhead/Rental Expen					e of Texas. Complete 5	
	EXPENDITORE		TAPATA APAR PARPATA TIATA ARABISTAN SANTAN TARAK TARAK SANTAN SANTAN SANTAN SANTAN SANTAN SANTAN SANTAN SANTAN	econor.		_		officeholder living expe	nse
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SCHEDULE F1

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID	
	Sch: 5/20 Rpt: 10/27	Parker, Mattie J.	
4	Date	5 Payee name	
	10/07/2024	Dropbox Inc.	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$12.79	333 Brannan Street	
		San Francisco, CA 94107	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	
		Check if Austin, TX, officeholder living expense	
		Cloud storage for campaign	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	experiditure to benefit C/O		
	Date	Payee name	
	09/04/2024	Dropbox Inc.	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$12.79	333 Brannan Street	
	N.		
		San Francisco, CA 94107	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Office Overhead/Rental Expense	
		Check if Austin, TX, officeholder living expense Cloud storage for campaign	
		Cloud storage for campaign	
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	\$12.79	333 Brannan Street	
		San Francisco, CA 94107	
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SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense
Salaries/Wages/C

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a set of control of the c

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID
	Sch: 6/20 Rpt: 11/27	Parker, Mattie J.
4	Date	5 Payee name
	07/05/2024	Dropbox Inc.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$12.79	333 Brannan Street
		San Francisco, CA 94107
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Cloud storage for campaign
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/03/2024	Eagle Self Storage
	Amount (\$)	Payee address; City; State; Zip Code
	\$87.00	4450 Rivertree Boulevard
		Fort Worth, TX 76109
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Campaign storage expense
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	
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	ALEXANDER SALES AND	N. SPETRIS. SPETRIS SELECTION TO
	Amount (\$) \$87.00	Payee address; City; State; Zip Code 4450 Rivertree Boulevard
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	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign storage expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Loan Repa Fees Office Over Food/Beverage Expense Polling Exp Gitt/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1: Sch: 7/20 Rpt: 12/27	2 FILER NAME Parker, Mattie J. 3 Filer ID	
4	Date 10/02/2024	5 Payee name Eagle Self Storage	
6	Amount (\$) \$87.00	7 Payee address; City; State; Zip Code 4450 Rivertree Boulevard Fort Worth, TX 76109	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign storage expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H	
	Date 09/04/2024	Payee name Eagle Self Storage	
	Amount (\$) \$87.00	Payee address; City; State; Zip Code 4450 Rivertree Boulevard Fort Worth, TX 76109	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign storage expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	Date 08/02/2024	Payee name Eagle Self Storage	
	Amount (\$) \$87.00	Payee address; City; State; Zip Code 4450 Rivertree Boulevard	
		Fort Worth, TX 76109	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign storage expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held	

SCHEDULE F1

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politics Credit Card Payment	al Committee Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Travel Out of District OTHER (enter a category not listed above)
1	Sch: 8/20 Rpt: 13/27	2 FILER NAME Parker, Mattie J.	Filer ID
4	07/02/2024	5 Payee name Eagle Self Storage	
6	Amount (\$) \$87.00	7 Payee address; City; State; Zip Code 4450 Rivertree Boulevard Fort Worth, TX 76109	
8	PURPOSE OF EXPENDITURE		de of Texas. Complete Schedule T. officeholder living expense ge expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 08/09/2024	Payee name Fitzgerald	
	Amount (\$) \$35.98	Payee address; City; State; Zip Code 6115 Camp Bowie Blvd, #104 Fort Worth, TX 76116	
	PURPOSE OF EXPENDITURE	Check if Austin, TX,	de of Texas. Complete Schedule T. officeholder living expense ıstituents regarding campaign
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought H	Office held
	Date 11/06/2024	Payee name Flowers on the Square	
	Amount (\$) \$389.70	Payee address; City; State; Zip Code 4401 White Settement Road	
		Fort Worth, TX 76114	
	PURPOSE OF EXPENDITURE	Cital interior content	ie of Texas. Complete Schedule T. officeholder living expense tituent funeral
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held

SCHEDULE F1

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services The Instruction Guide	SalariesA	Wages	s/Contract Labor		OTHER (enter a cate	egory not listed above)
1	Total pages Schedule F1:	2 FILER NAI	ME				3	Filer ID	
	Sch: 9/20 Rpt: 14/27	Parker, M	lattie J.						
4	Date	5 Payee nan	ne						
	12/31/2024	Frost Ban	ık						
6	Amount (\$)	7 Payee add	lress; City;	State; Zip Co	ode				
	\$5.00	P.O. Box	1600						
			nio, TX 78296		1000				
8	PURPOSE OF		(See Categories listed at the to	op of this schedule)	(b)	Description	- 4-1		
	EXPENDITURE	Accountin	ng/Banking					de of Texas. Complete officeholder living exp	
								arge for campa	
9	Complete ONLY if direct expenditure to benefit C/OH		Officeholder name	Office sou	ıght			Office held	
	expenditure to benefit Gron	1. 							
	Date	Payee nam	ne						
	12/31/2024	Frost Ban	ik						
	Amount (\$)	Payee add	lress; City;	State; Zip Co	ode				
	\$10.00	P.O. Box	1600						
		San Anto	nio, TX 78296						
	PURPOSE OF		(See Categories listed at the to	op of this schedule)	(b)	Description	Note the second		NAMES 434 137 157 157 153
	EXPENDITURE	Accountin	ng/Banking					de of Texas. Complete	
						_		officeholder living exp arge for campa	
						Dank Scryico	61.10	arge for campa	igii account
_	Complete ONLY if direct	Candidate/C	Officeholder name	Office sou	laht		_	Office held	
	expenditure to benefit C/OF				9			100000000000000000000000000000000000000	
	Date	Payee nam	ne						
	11/29/2024	Frost Ban	k						
	Amount (\$)	Payee add	ress; City;	State; Zip Co	de				
	\$5.00	P.O. Box	1600						
		W. Sparier summers							
		San Antor	nio, TX 78296		w				
	PURPOSE	(a) Category	(See Categories listed at the to	op of this schedule)	(b)	Description	11. 70	or seems — sep 30 s	83.50 - 92. (0 - 15g
	OF EXPENDITURE	Accountin	ıg/Banking	.85		_		de of Texas. Complete	
								officeholder living exp arge for campa	
				-		Bank Service	SHE	irge for campa	ign account
	Complete ONLY if direct	Candidate/C	Officeholder name	Office sou	abt		_	Office held	
	expenditure to benefit C/OF		miceriolder hame	Office Sou	gnı			Office field	
	- POSSET BUTCH STOP GOTA MODERNU POSSET TOTAL PAR ON HOUR TOP PARAMETERS	×					_		

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

Event Expense Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

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		egal Services The Instruction Guide		1000 Top	Contract Labor ete this form.	OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2 FILER NAME					3 Filer ID	
	Sch: 10/20 Rpt: 15/27	Parker, Matti	e J.					
4	Date	5 Payee name						
	11/29/2024	Frost Bank						
6	Amount (\$)	7 Payee address	s; City;	State; Zip Co	ode			
	\$10.00	P.O. Box 160	00					
		San Antonio,	TX 78296					
8	PURPOSE	(a) Category (See	Categories listed at the top	o of this schedule)	(b)	Description		
	OF EXPENDITURE	Accounting/B			10-12-53		utside of Texas. Complete Schedule T.	
		385					TX, officeholder living expense	
						Bank service	charge for campaign account	
					L			
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Office	eholder name	Office sou	ıght		Office held	
	experience to believe or or	··						
	Date	Payee name						
	10/31/2024	Frost Bank						
	Amount (\$)	Payee address	; City;	State; Zip Co	ode			
	\$5.00	P.O. Box 160	00					
		San Antonio,	TX 78296					
_	PURPOSE	(a) Category (See	Categories listed at the tor	of this schedule)	(b)	Description		
	OF		Categories listed at the top	of this schedule)	(b)	Description Check if travel or	tside of Texas. Complete Schedule T.	
		(a) Category (See Accounting/B		o of this schedule)	(b)	Check if travel ou Check if Austin,	X, officeholder living expense	
	OF			o of this schedule)	(b)	Check if travel ou Check if Austin,	Section of the control of the contro	
	OF	Accounting/B	anking	of this schedule)	(b)	Check if travel ou Check if Austin,	X, officeholder living expense	
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	OF EXPENDITURE	Accounting/B	anking			Check if travel ou Check if Austin,	X, officeholder living expense harge for campaign account	
	OF EXPENDITURE Complete ONLY if direct	Accounting/B	anking			Check if travel ou Check if Austin,	X, officeholder living expense harge for campaign account	
	OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/Oh	Accounting/B Candidate/Office	anking			Check if travel ou Check if Austin,	X, officeholder living expense harge for campaign account	
	OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF	Candidate/Office	anking sholder name		ight	Check if travel ou Check if Austin,	X, officeholder living expense harge for campaign account	
	OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/Oh Date 10/31/2024	Candidate/Office Payee name Frost Bank	eholder name	Office sou	ight	Check if travel ou Check if Austin,	X, officeholder living expense harge for campaign account	
	OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF Date 10/31/2024 Amount (\$)	Candidate/Office Payee name Frost Bank Payee address	eholder name	Office sou	ight	Check if travel ou Check if Austin,	X, officeholder living expense harge for campaign account	
	OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF Date 10/31/2024 Amount (\$)	Candidate/Office Payee name Frost Bank Payee address	eholder name ; City;	Office sou	ight	Check if travel ou Check if Austin,	X, officeholder living expense harge for campaign account	
	OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF Date 10/31/2024 Amount (\$) \$10.00	Candidate/Office Payee name Frost Bank Payee address P.O. Box 160 San Antonio,	eholder name ; City; 0 TX 78296	Office sou State; Zip Co	ght	Check if travel ou Check if Austin,	X, officeholder living expense harge for campaign account	
	OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF Date 10/31/2024 Amount (\$) \$10.00	Candidate/Office Payee name Frost Bank Payee address P.O. Box 160 San Antonio,	eholder name ; City; 0 TX 78296 Categories listed at the top	Office sou State; Zip Co	ght	Check if travel or Check if Austin, Bank service or Check if Description	tside of Texas. Complete Schedule T.	
	OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF Date 10/31/2024 Amount (\$) \$10.00	Candidate/Office Payee name Frost Bank Payee address P.O. Box 160 San Antonio, (a) Category (See	eholder name ; City; 0 TX 78296 Categories listed at the top	Office sou State; Zip Co	ght (b)	Check if travel or Check if Austin, Description Check if travel or Check if Austin, Check if Austin,	tside of Texas. Complete Schedule T.	
	OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF Date 10/31/2024 Amount (\$) \$10.00	Candidate/Office Payee name Frost Bank Payee address P.O. Box 160 San Antonio, (a) Category (See	eholder name ; City; 0 TX 78296 Categories listed at the top	Office sou State; Zip Co	ght (b)	Check if travel or Check if Austin, Description Check if travel or Check if Austin, Check if Austin,	tside of Texas. Complete Schedule T.	
	OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF Date 10/31/2024 Amount (\$) \$10.00 PURPOSE OF EXPENDITURE	Candidate/Office Payee name Frost Bank Payee address P.O. Box 160 San Antonio, (a) Category (See Accounting/B	anking cholder name ; City; 0 TX 78296 Categories listed at the top anking	Office sou	ght (b)	Check if travel or Check if Austin, Description Check if travel or Check if Austin, Check if Austin,	tside of Texas. Complete Schedule T. X, officeholder living expense	
	OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/On Date 10/31/2024 Amount (\$) PURPOSE OF EXPENDITURE Complete ONLY if direct	Candidate/Office Payee name Frost Bank Payee address P.O. Box 160 San Antonio, (a) Category (See Accounting/B	anking cholder name ; City; 0 TX 78296 Categories listed at the top anking	Office sou State; Zip Co	ght (b)	Check if travel or Check if Austin, Description Check if travel or Check if Austin, Check if Austin,	tside of Texas. Complete Schedule T.	
	OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF Date 10/31/2024 Amount (\$) \$10.00 PURPOSE OF EXPENDITURE	Candidate/Office Payee name Frost Bank Payee address P.O. Box 160 San Antonio, (a) Category (See Accounting/B	anking cholder name ; City; 0 TX 78296 Categories listed at the top anking	Office sou	ght (b)	Check if travel or Check if Austin, Description Check if travel or Check if Austin, Check if Austin,	tside of Texas. Complete Schedule T. X, officeholder living expense	
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	OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/On Date 10/31/2024 Amount (\$) PURPOSE OF EXPENDITURE Complete ONLY if direct	Candidate/Office Payee name Frost Bank Payee address P.O. Box 160 San Antonio, (a) Category (See Accounting/B	anking cholder name ; City; 0 TX 78296 Categories listed at the top anking	Office sou	ght (b)	Check if travel or Check if Austin, Description Check if travel or Check if Austin, Check if Austin,	tside of Texas. Complete Schedule T. X, officeholder living expense	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	mittee	Gift/Awards/Memorials E Legal Services The Instruction Gu			Vages	s/Contract Labor		Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2	FILER NAME	·					3	Filer ID
	Sch: 11/20 Rpt: 16/27		Parker, Mati						_	
4	Date	5	Payee name							
	09/30/2024	1	Frost Bank							
6	Amount (\$)	7 1	Payee addres	s; City;	State;	Zip Co	de			
	\$5.00		P.O. Box 16	00						
		Ι,	San Antonio	TV 78206						
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8	PURPOSE OF			e Categories listed at the	e top of this sche	edule)	(b)	Description		
	EXPENDITURE	/	Accounting/I	Banking						de of Texas. Complete Schedule T. officeholder living expense
										arge for campaign account
									0	a go tor campaign account
9	Complete ONLY if direct		andidate/Offic	eholder name	0	ffice sou	abt		_	Office held
,	expenditure to benefit C/OI		andidate/Onic	enolder name	O	nice sou	gnt			Office field
	Date	F	Payee name							
	08/30/2024	F	Frost Bank							
-	Amount (\$)	-	Payee addres	s; City;	State:	Zip Co	de			
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	Ψ0.00	Ι΄	.O. DOX 10	30						
		١,		TV 70000						
		,	San Antonio	, 1X 78296						
	PURPOSE OF			Categories listed at the	e top of this sche	dule)	(b)	Description		
	EXPENDITURE	1	Accounting/E	Banking						le of Texas. Complete Schedule T.
								_		officeholder living expense urge for campaign account
								Dank Service (ulla	inge for campaign account
_	Complete ONI V if direct		ndidata/Offia	eholder name		Waa aau	- lo t			Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		andidate/Onic	enoider name	Oi	ffice sou	gnt			Office held
	25/									
	Date	500	Payee name							
	07/31/2024	F	rost Bank							
	Amount (\$)	F	ayee addres	s; City;	State;	Zip Co	de			
	\$5.00	F	P.O. Box 160	00						
		5	San Antonio	TX 78296						
	PURPOSE	(a) (Category (See	Categories listed at the	top of this sched	dule)	(b)	Description		
	OF EXPENDITURE	F	Accounting/E	Banking		5993				e of Texas. Complete Schedule T.
	EXI ENDITORE									officeholder living expense
								Bank service o	cha	rge for campaign account
	Complete ONLY if direct expenditure to benefit C/OH		andidate/Offic	eholder name	Of	fice sou	ght			Office held
	experiorure to benefit C/OF	3								

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

EXPENDITURE CATEGORIES FOR BOX 8(a) 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	Cal Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed about the Instruction Guide explains how to complete this form.	ove)
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID	
	Sch: 12/20 Rpt: 17/27	Parker, Mattie J.	
4	Date	5 Payee name	
L	12/04/2024	Gladney Center	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$5,000.00	6300 John Ryan Drive	
		Fort Worth, TX 76132	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense	on bobalf
		Sponsorship of charitable event / attended of campaign	on benaii
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
,	expenditure to benefit C/O		
H	Date	Paris and the second se	
	09/04/2024	Payee name Hudson House	
H	APPROPRIATION OF THE PROPRIATION		
	Amount (\$)	Payee address; City; State; Zip Code	
	\$134.34	4600 Dexter Avenue	
		Fort Worth, TX 76107	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Meeting with constituents regarding campai	an
		Mocting With constituents regarding campai	gii
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		
_	Date	Payee name	
	12/13/2024	Joe T. Garcia's	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$427.73	2201 North Commerce Street	
	Ψ-27.75	2201 Notal Commerce Street	
		Fort Worth, TX 76164	
_	DUDDOOF	86.1901/9.02/1900/F-9005 - 6028/480/430/6644-190	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Meeting with constituents regarding campai	gn
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OF	Н	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Fees Food/Beverage Expense

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services The Instruction Guide	Salaries/	Wages	s/Contract Labor		ravel Out of District DTHER (enter a category not listed at	oove)
1	Total pages Schedule F1:	2 FILER NAM	1E				3 F	iler ID	
	Sch: 13/20 Rpt: 18/27	Parker, M	attie J.						
4	Date	5 Payee nam	e						
	12/23/2024	Kimpton F							
6	Amount (\$) \$155.83	7 Payee addr 714 Main Fort Worth		State; Zip Co	ode				
8	PURPOSE	(a) Category	See Categories listed at the t	op of this schedule)	(b)	Description			
	OF EXPENDITURE		erage Expense	20° 00'00 / 490 300 0500 60 050 40 040 050 70 V	5000 50	Check if travel o	outside	of Texas. Complete Schedule T.	
	EXPENDITORE		5) 9		l	Check if Austin,	TX, of	ficeholder living expense	
					l	Meeting with	cons	tituents regarding campa	aign
					l				
9	Complete ONLY if direct expenditure to benefit C/O		fficeholder name	Office sou	ught			Office held	
Г	Date	Payee nam	e						
	12/04/2024	LS Nation	al Cowgirl						
_	2		- 5	State: 71- O					
	Amount (\$)	Payee addr		State; Zip Co	oae				
	\$1,035.00	1720 Gen	dy Street						
	100								
			ı, TX 76107						
	PURPOSE OF		See Categories listed at the to	op of this schedule)	(b)	Description			
	EXPENDITURE	Advertising	g Expense		l			of Texas. Complete Schedule T.	
					l	_		ficeholder living expense	2.5
							of ch	aritable event / attended	on behalf
						of campaign			
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		ficeholder name	Office sou	ight			Office held	
	Date	Payee name	e						*
	09/03/2024	La Madele							
_			ANGE						
	Amount (\$)	Payee addr	**************************************	State; Zip Co	ode				
	\$28.47	6140 Cam	p Bowie Boulevard						
		Fort Worth	, TX 76116						
_	DUIDDOCT	10 100100000000000000000000000000000000	9 CONTROL DESCRIPTION OF THE PROPERTY OF THE P			Mahawas object to the first			
	PURPOSE OF		See Categories listed at the to	p of this schedule)	(a)	Description	200	<u> </u>	
	EXPENDITURE	Food/Beve	erage Expense					of Texas. Complete Schedule T.	
								iceholder living expense	¥20000
						Meeting with o	cons	tituents regarding campa	ign
	Complete ONLY if direct	Candidate/Of	ficeholder name	Office sou	ight			Office held	
	expenditure to benefit C/OF		2000-1200-1200-1200-1200-150-500-150-500-150-500-150-500-150-500-150-500-150-500-150-500-150-500-150-500-150-5	(M.D.) 11 (F.) (T.) (T.)	-				
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SCHEDULE F1

Advertising Expense Accounting/Banking

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	nmittee	Food/Beverage Exper Gift/Awards/Memorial Legal Services The Instruction G	s Expense		Expens Wages	se s/Contract Labor		Travel in District Travel Out of District OTHER (enter a category not list	ed above)	
1	Total pages Schedule F1:	2	FILER NAME	.					3	Filer ID	
	Sch: 14/20 Rpt: 19/27		Parker, Ma	ttie J.							
4	Date	5	Payee name								
	08/08/2024		Lilis Bistro								
6	Amount (\$)	7	Payee addre	ss; City;	State;	Zip C	ode				
	\$48.05		1310 W Ma	gnolia Avenue							
			Fort Worth,	TX 76104							
8	PURPOSE	(a)	Category (S	ee Categories listed at	the top of this sch	edule)	(b)	Description			
	OF EXPENDITURE			age Expense			8.8		outsi	de of Texas. Complete Schedule T	
	EXPENDITORE									officeholder living expense	
								Meeting with	cor	nstituents regarding car	npaign
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Offi	ceholder name	C	Office so	ught			Office held	
	Date		Payee name								
	12/17/2024		Mailchimp								
	Amount (\$)		Payee addre	ss; City;	State;	Zip C	ode				
	\$47.97		675 Ponce	de Leon Ave N	E, Suite 500	0					
			Atlanta, GA	30308							
	PURPOSE OF			ee Categories listed at		edule)	(b)	Description			
	EXPENDITURE		Office Over	head/Rental Ex	pense					de of Texas. Complete Schedule T	
								Campaign em		officeholder living expense	
								our paign on		oyoto	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	10.7%	andidate/Offi	ceholder name	O	office sou	ught			Office held	
_	Date		Payee name						_		
	11/18/2024		Mailchimp								
	Amount (\$)		Payee addres	ss; City;	Ctato	Zip Co	odo				
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	ψ47.57		075 Folice	de Leon Ave IVI	L, Suite 5000						
			Atlanta, GA	30308							
	PURPOSE	(a)	Category (Se	e Categories listed at t	the top of this sche	edule)	(b)	Description			
	OF EXPENDITURE		Office Over	nead/Rental Ex	pense					de of Texas. Complete Schedule T	
										officeholder living expense	
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_	Complete ONLY if direct		andidate/Offic	ceholder name	0	ffice sou	ight		_	Office held	
	expenditure to benefit C/OF		a. randato/Offic	zenolaei name	O	300	agrit			Office field	
		_							_		

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

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

	Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID
	Sch: 15/20 Rpt: 20/27	Parker, Mattie J.
4	Date	5 Payee name
	10/17/2024	Mailchimp
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$47.97	675 Ponce de Leon Ave NE, Suite 5000
		Atlanta, GA 30308
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
		Campaign email system
•	Complete ONLY if direct	Condidate/Officeholder years Office county Office
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/17/2024	Mailchimp
	Amount (\$)	Payee address; City; State; Zip Code
	\$47.97	675 Ponce de Leon Ave NE, Suite 5000
		Atlanta, GA 30308
	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 Campaign email system
		Campaign chair system
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payes name
	08/19/2024	Payee name Mailchimp
		ASSECTION AND SECULATION
	Amount (\$)	Payee address; City; State; Zip Code
	\$47.97	675 Ponce de Leon Ave NE, Suite 5000
		Atlanta, GA 30308
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Campaign email system
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
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	me provided by Toyas Et	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Gitt/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.						avel Out of District THER (enter a category no	ot listed above)
1	Total pages Schedule F1:	2	FILER NAME					:	3 Fi	ler ID	
	Sch: 16/20 Rpt: 21/27	L	Parker, Mat	tie J.							
4	Date	5	Payee name								
	07/17/2024		Mailchimp								
6	Amount (\$)	7	Payee addres	ss; City;	State; 2	Zip Co	de				
	\$47.97		675 Ponce	de Leon Ave NE, S	Suite 5000						
			Atlanta, GA	30308							
8	PURPOSE	(a)	Category (Se	ee Categories listed at the to	p of this schedu	ule)	(b)	Description			
	OF EXPENDITURE			head/Rental Expen		0000				of Texas. Complete Sched	lule T.
	EM EMBITORE							_		ceholder living expense	
								Campaign em	all sy	stem	
		L									
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offi	ceholder name	Offi	ce souç	ght			Office held	
	experientare to belief crof										
	Date		Payee name								
	12/20/2024		Mark & Gra	ham							
	Amount (\$)		Payee addres	ss; City;	State; 2	Zip Cod	de				
	\$874.56		151 Union S	Street							
			San Francis	co, CA 94111							
	PURPOSE OF	(a)		e Categories listed at the to		ıle)	(b)	Description			100000
	EXPENDITURE		Gift/Awards	Memorials Expens	se					f Texas. Complete Sched ceholder living expense	ule T.
						- 1				items to be given	on hehalf of
						- 1		campaign		items to be given	on benan or
	Complete ONLY if direct		andidate/Offic	ceholder name	Offic	ce soug	ht	Carlo Calegoria Portation		Office held	
	expenditure to benefit C/O	-									
	Date		Payee name								
	11/18/2024		Parker, Mat	tie							
	Amount (\$)		Payee addres	ss; City;	State; Z	Zip Cod	de				
	\$250.00		4455 Camp	Bowie Boulevard,	#114-127						
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,										
		1	Fort Worth,	TX 76107							
	PURPOSE	(a)	Category (Se	e Categories listed at the top	p of this schedul	le) ((b)	Description	associate con		
	OF EXPENDITURE		Loan Repay	ment/Reimbursem	ent					f Texas. Complete Sched	ule T.
										eholder living expense	A construct a to a
								event as report		catering staff for on Schedule G	iundraising
_	Complete CALLY 1/2 -12	_	landid-t-10ff	abaldar						THE PROPERTY OF THE PROPERTY O	
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Offic	eholder name	Offic	ce soug	nt			Office held	
-	me provided by Tayon Et						_				

SCHEDULE F1

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

Event Expense Fees Food/Beverage Expense Gilt/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Gift/Awards/Memor Legal Services The Instruction		Wages	s/Contract Labor	(Contract Labor OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID		_
17700	Sch: 17/20 Rpt: 22/27		Parker, Mat	ttie J.						7 110. 12	<u> </u>	
4	Date	5	Payee name									
	11/18/2024		Parker, Mat	ttie								
6	Amount (\$)	7	Payee addres			; Zip Co	ode					
	\$150.00		4455 Camp	Bowie Boule	vard, #114-12	27						
_		.,	Fort Worth,	300000000000000000000000000000000000000			1	NYS SERIE				
8	PURPOSE OF	(a)			at the top of this sch	nedule)	(b)	Description				
	EXPENDITURE		Loan Repay	yment/Reimbi	ursement					de of Texas. Complete S officeholder living exper		
	ESPECIAL CONTRACTOR STORY CONTRACTOR OF THE CONT									for catering staff		
										d on Schedule G		
9	Complete ONLY if direct		`andidate/Offi	ceholder name		Office sou	ight	<u> </u>		Office held		_
_	expenditure to benefit C/O		zandidato/ Om	Ceriolaer name	3	JIIICE SOU	igin			Office field		
	Date		Payee name									
	10/02/2024		Parker, Mat	tie								
	Amount (\$)		Payee addres	ss; City;	State;	; Zip Co	ode					
	\$1,553.00		4455 Camp	Bowie Boule	vard, #114-12	27						
			Fort Worth,	TX 76107								
	PURPOSE OF	2 - 10 10 10 10			at the top of this sch	edule)	(b)	Description				
	EXPENDITURE		Loan Repay	/ment/Reimbu	ursement					le of Texas. Complete S		
	y to the latter of the second second control of the second									officeholder living expen		
										for catering staff d on Schedule G		
_	Complete ONLY if direct		Candidate/Offi	ceholder name		Office coll	-cht	7.0.1000.715	200.00	Office held	8	_
	expenditure to benefit C/OF		andidate/Oin	cenoider hame		Office sou	igni			Office field		
	Date	_	Davisa nama				_					_
	09/04/2024		Payee name Parker, Matt	tio								
	1999	_										_
	Amount (\$)		Payee addres	1979 : 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		; Zip Co	ode					
	\$653.47		4455 Camp	Bowie Boule	vard, #114-12	7						
			Fort Worth,	TX 76107								
	PURPOSE	(a)	Category (Se	e Categories listed	at the top of this sche	edule)	(b)	Description				٦
	OF EXPENDITURE			ment/Reimbu		0				e of Texas. Complete S		
	M/11 M1107.1 G.1.									officeholder living expen		
										for food and bev t as reported on		
								Turiuraising ev	CIT		Scriedule G	
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Offic	ceholder name	0	Office sou	ght			Office held		
_		_										

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Fees Food/Beverage Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID
	Sch: 18/20 Rpt: 23/27	Parker, Mattie J.
4	Date	5 Payee name
	12/03/2024	Ridglea North
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$141.00	6124 Curzon Avenue
		Fort Worth, TX 76116
8	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
		Sponsorship of event / attended on behalf of campaign
		, ,
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experialture to beliefit C/Or	
	Date	Payee name
	12/23/2024	Salesforce
	Amount (\$)	Payee address; City; State; Zip Code
	\$37.31	415 Mission Street, 3rd Floor
	407.02	The state of the s
		San Francisco CA 0410E
		San Francisco, CA 94105
	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
		Campaign database
		Sampaigh database
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
_	B-1-	
	Date	Payee name
	11/25/2024	Salesforce
	Amount (\$)	Payee address; City; State; Zip Code
	\$37.31	415 Mission Street, 3rd Floor
		San Francisco, CA 94105
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Campaign database
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
	experience to benefit C/OF	
-	me provided by Toyon F	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment									Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	
	Sch: 19/20 Rpt: 24/27		Parker, Mat	tie J.							
4	Date	5	Payee name								
	10/23/2024		Salesforce								
6	Amount (\$)	7	Payee addres	ss; City;	State; Z	ip Co	de				
	\$37.31		415 Mission	Street, 3rd Floor							
			San Francis	co, CA 94105							
8	PURPOSE	(a)	Category (Se	e Categories listed at the t	op of this schedul	le)	(b)	Description			
	OF EXPENDITURE			nead/Rental Expe		200				de of Texas. Complete Schedule T.	
										officeholder living expense	
								Campaign dat	tab	ase	
_											
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offi	ceholder name	Offic	ce souç	ght			Office held	
	experialture to benefit croi										
	Date		Payee name								
	09/23/2024		Salesforce								
	Amount (\$)		Payee addres	ss; City;	State; Z	ip Cod	de				
	\$37.31		415 Mission	Street, 3rd Floor							
	36.8 (19.00) (19.00) (19.00)			OF THE STATE OF TH							
			San Francis	co, CA 94105							
	PURPOSE	(a)	Category (Se	e Categories listed at the t	op of this schedule	e)	(b)	Description			
	OF EXPENDITURE	Sep rate		nead/Rental Exper						de of Texas. Complete Schedule T.	
	EXI ENDITORE									officeholder living expense	
								Campaign dat	tab	ase	
		_				\perp					
	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Offic	ceholder name	Offic	e soug	ght			Office held	
	Date		Payee name								"
	08/23/2024		Salesforce								
	Amount (\$)		Payee addres	s; City;	State; Z	ip Cod	de				
	\$37.31		415 Mission	Street, 3rd Floor							
			San Francis	co, CA 94105							
	PURPOSE	(a)	Category (Se	e Categories listed at the to	op of this schedule	e) ((b)	Description			
	OF EXPENDITURE		Office Overh	ead/Rental Exper	ise					le of Texas. Complete Schedule T.	
	EXI ENDITORE									officeholder living expense	
								Campaign dat	aba	ase	
										·	
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Offic	eholder name	Offic	e soug	ht			Office held	
	S. pondicare to beliefit 0/01	_									
	me provided by Toyas Et	1-1-			, othics state		_				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	d Co		Legal Services The Instruct	morials Expense	Printin Salarie		se s/Contract Labor		Travel in Di Travel Out OTHER (er		ed above)
1	Total pages Schedule F1:	2	FILER NAME					<u> </u>	3	Filer ID		
	Sch: 20/20 Rpt: 25/27		Parker, Ma	ttie J.				<u> </u>	L			
4	Date	5	Payee name	N								
	07/23/2024		Salesforce									
6	Amount (\$)	7	Payee addre	_		ate; Zip	Code					
	\$37.31		415 Mission	n Street, 3rd	d Floor							
			San Francis									
8	PURPOSE OF	(a)	Category (S	ee Categories lis	ted at the top of this	schedule)	(b)	Description				
	EXPENDITURE		Office Over	head/Renta	l Expense			Check if travel Check if Austin			Complete Schedule T	
								Campaign da			gp-ilios	
								F - 87				
9	Complete ONLY if direct expenditure to benefit C/O	4	Candidate/Offi	iceholder nar	ne	Office s	ought			Offic	e held	

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

Advertising Expense

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

Solicitation/Fundraising Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			Polling Ex Printing E Salaries/V	Expense Wages/Contract Labor		Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
L			The Instruction Guide explains h	now to co	omplete this form.						
1	Total pages Schedule G: Sch: 1/2 Rpt: 26/27	2	FILER NAME Parker, Mattie J.			3	Filer ID				
4	NC+ 440. 32 - 3390 (1991) 6 Pt OLYMON- (1990) 4001	15	Payee name			上					
	09/03/2024	5	Payee name My Sweet Roots								
6	Amount (\$)	7	Payee address; City; State;	Zip Co	ode						
	\$653.47	A	8445 Camp Bowie W Boulevard	98							
	Reimbursement from political contributions intended		Fort Worth, TX 76116								
8	PURPOSE		Category (See Categories listed at the top of this sche	edule)	(b) Description	7 ci	heck if travel outside of Texas. Complete Schedule T.				
Pho.	OF		Event Expense	une,	[,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	_	heck if Austin, TX, officeholder living expense				
	EXPENDITURE		Event arpents		Food and bevera	_	for fundraising event				
9	Complete ONLY if direct	Car	adidata/Officeholder name		Office sought	_	Office held				
٥	expenditure to benefit C/OH	—	ididate/Oniceriolaer name		Office Sought		Office neid				
	Date		Payee name			_					
	09/30/2024		Teresa's Catering Services								
	Amount (\$)	+		Zip Co	ode						
	\$250.00	1	2709 Scott Avenue	190							
	Reimbursement from		JAMES SAN AND								
	X political contributions intended		Fort Worth, TX 76103								
	PURPOSE OF		Category (See Categories listed at the top of this scheduler)	dule)	Description	_	neck if travel outside of Texas. Complete Schedule T.				
	OF EXPENDITURE		Event Expense		L		neck if Austin, TX, officeholder living expense				
	NASSOCIONIONI PROCESSA STRANSFERSIONI			1	Catering staff for	fun	draising event				
		\perp									
	Complete ONLY if direct expenditure to benefit C/OH	Can	ndidate/Officeholder name		Office sought		Office held				
	Date	$\overline{}$	Payee name			=					
	09/30/2024		Teresa's Catering Services			_					
	Amount (\$)	1		Zip Co	ode						
	\$150.00	1	2709 Scott Avenue								
	X Reimbursement from political contributions intended		Fort Worth, TX 76103								
	PURPOSE		Category (See Categories listed at the top of this sched	dule)	Description	1 Ch	neck if travel outside of Texas. Complete Schedule T.				
	OF EXPENDITURE		Event Expense			_	eck if Austin, TX, officeholder living expense				
	EXPENDITORL		•		Catering staff for t	fund	draising event				
	Complete ONLY if direct expenditure to benefit C/OH	Can	ndidate/Officeholder name		Office sought		Office held				

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	y - al Co	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains h	Office Ov Polling Ex Printing E Salaries/	Expense Wages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule G:	2	The state of the s	1000 10 00	ompiete this form.	_	Files 10
ľ	Sch: 2/2 Rpt: 27/27	2	Parker, Mattie J.			3	Filer ID
4	Date	5	Payee name			_	
	09/30/2024		Teresa's Catering Services				
6	Amount (\$)	7	Payee address; City; State;	Zip Co	ode		
	\$1,553.00		2709 Scott Avenue				
	Reimbursement from political contributions intended		Fort Worth, TX 76103				
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	dule)	(b) Description	С	heck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	100 0	Event Expense] c	heck if Austin, TX, officeholder living expense
					Catering staff for	fur	ndraising event
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Car	ndidate/Officeholder name		Office sought		Office held