

# 48-HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

|                                                                                                                                                                         |             |                    |                                                             |                           |                                                                                                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------------|-------------------------------------------------------------|---------------------------|-------------------------------------------------------------------------------------------------------------|
| <b>1. NAME OF COMMITTEE IN FULL</b><br>Barbara Mallory Caraway for Congress                                                                                             |             |                    |                                                             |                           |                                                                                                             |
| <b>ADDRESS</b> (number and street) 1934 Argyle Ave                                                                                                                      |             |                    |                                                             |                           |                                                                                                             |
| <b>CITY</b><br>Dallas                                                                                                                                                   |             | <b>STATE</b><br>TX |                                                             | <b>ZIP CODE</b><br>75203  |                                                                                                             |
| <b>2. NAME OF CANDIDATE</b><br>Mallory Caraway, Barbara, , ,                                                                                                            |             |                    | <b>3. OFFICE SOUGHT</b> (State and District)<br>House TX 30 |                           | <b>4. FEC IDENTIFICATION NUMBER</b><br>C00931261                                                            |
| <b>5. IS THIS AN AMENDMENT?</b> <input type="checkbox"/> NO, THIS IS A NEW FILING <input checked="" type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON 04 / 15 / 2026 |             |                    |                                                             |                           |                                                                                                             |
| <b>A. FULL NAME</b><br>Brown, Mason, , , Jr.                                                                                                                            |             |                    | Name of Employer<br>Retired                                 |                           | Date (month, day, year)<br>02/25/2026                                                                       |
| MAILING ADDRESS<br>5610 Harbor Town                                                                                                                                     |             |                    | Transaction ID : F6.4311                                    |                           | Amount<br>2000.00                                                                                           |
| CITY<br>Dallas                                                                                                                                                          | STATE<br>TX | ZIP CODE<br>75287  | Occupation                                                  |                           |                                                                                                             |
| <b>B. FULL NAME</b><br>Brown, Mason (Trey), , ,                                                                                                                         |             |                    | Name of Employer<br>Big City Crush                          |                           | Date (month, day, year)<br>02/19/2026                                                                       |
| MAILING ADDRESS<br>P.O. Box 29615                                                                                                                                       |             |                    | Transaction ID : F6.4312                                    |                           | Amount<br>1000.00                                                                                           |
| CITY<br>Dallas                                                                                                                                                          | STATE<br>TX | ZIP CODE<br>75229  | Occupation<br>President                                     |                           |                                                                                                             |
| <b>C. FULL NAME</b>                                                                                                                                                     |             |                    | Name of Employer                                            |                           | Date (month, day, year)                                                                                     |
| MAILING ADDRESS                                                                                                                                                         |             |                    |                                                             |                           | Amount                                                                                                      |
| CITY                                                                                                                                                                    | STATE       | ZIP CODE           | Occupation                                                  |                           |                                                                                                             |
| <b>D. FULL NAME</b>                                                                                                                                                     |             |                    | Name of Employer                                            |                           | Date (month, day, year)                                                                                     |
| MAILING ADDRESS                                                                                                                                                         |             |                    |                                                             |                           | Amount                                                                                                      |
| CITY                                                                                                                                                                    | STATE       | ZIP CODE           | Occupation                                                  |                           |                                                                                                             |
| <b>E. FULL NAME</b>                                                                                                                                                     |             |                    | Name of Employer                                            |                           | Date (month, day, year)                                                                                     |
| MAILING ADDRESS                                                                                                                                                         |             |                    |                                                             |                           | Amount                                                                                                      |
| CITY                                                                                                                                                                    | STATE       | ZIP CODE           | Occupation                                                  |                           |                                                                                                             |
| <b>SIGNATURE (optional)</b><br>Mallory Caraway, Barbara, , ,                                                                                                            |             |                    |                                                             | <b>DATE</b><br>07/15/2026 | For further information,<br>contact the Federal Election Commission<br>at 800-424-9530 or visit www.fec.gov |

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Any information copied from reports and statements filed under the Federal Election Campaign Act may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes other than using the name and address of any political committee to solicit contributions from such committee.

**FEC FORM 6**  
(Revised 03/2016)