#### CORRECTION/AMENDMENT AFFIDAVIT FORM COR-PAC FOR POLITICAL COMMITTEE Filer ID (Ethics Commission Filers) 2 Total pages filed: **OFFICE USE ONLY** 00016047 Date Received COMMITTEE Houston Contractors Assn. PAC **ELECTRONICALLY FILED** NAME 03/14/2024 TREASURER Christman, Casey E. (Ms.) NAME Date Hand-delivered or Date Postmarked **ORIGINAL** January 15 Runoff REPORT TYPE Receipt # Amount July 15 10th day after campaign treasurer resignation 30th day before election Dissolution report Date Processed 8th day before election Other (specify) January 5 ORIGINAL PERIOD Month Year Month Year Day Day Date Imaged **COVERED THROUGH** 11/26/2023 12/25/2023 **EXPLANATION OF CORRECTION** Accidently toggled the button for "10th Day After Campaign Treasurer Termination" Miscategorized Expenditures as Contributions AFFIDAVIT I swear, or affirm, under penalty of perjury, that this corrected report is true and correct. Check the box next to any and all applicable statements:

Semiannual reports: I swear or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report. Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith. Ms. Casey E. Christman Signature of Campaign Treasurer AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said \_\_\_\_, this the \_\_\_ \_\_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office. Title of officer administering oath

> Remember To Attach Any Part Of The Campaign Finance Report Form **Needed To Report And Explain Corrections**

Printed name of officer administering oath

Signature of officer administering oath

#### FORM MPAC MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** Filer ID 2 Total pages filed: The MPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00016047 3 COMMITTEE NAME **OFFICE USE ONLY** Houston Contractors Assn. PAC Date Received **ELECTRONICALLY FILED** 03/14/2024 COMMITTEE ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP **ADDRESS** P.O. Box 920843 Change of Address Houston, TX 77292-0843 Date Hand-delivered or Date Postmarked MS / MRS / MR **CAMPAIGN FIRST** MI **TREASURER** Receipt # Amount Ms. Casey E. NAME Date Processed **NICKNAME SUFFIX** LAST Date Imaged Christman CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 4001 Sherwood Lane STREET **ADDRESS** (Residence or Business) Houston, TX 77092 **CAMPAIGN** STREET ADDRESS OR PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** 4001 Sherwood Lane MAILING **ADDRESS** Change of Address Houston, TX 77092 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** (713) 349-9434 REPORT TYPE 10th day after campaign X Monthly Dissolution (Attach PAC-DR) treasurer termination 10 MONTHLY X January 5 April 5 July 5 October 5 REPORT FILING **DEADLINE** February 5 May 5 August 5 November 5 March 5 September 5 December 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 11/26/2023 12/25/2023

# MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

# FORM MPAC COVER SHEET PG 2

L2 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Houston Contractors Assn. PAC 000				
4 COMMITTEE	1. Candidates	A. Supported	<u> </u>	
ACTIVITY	(Identify by name or, if applicable, classify by party.)			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
		La Comparted		
	Measures     (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	Officeholders     Assisted  (Identify by name or, if applicable, classify by party.)			
F CONTRIBUTION	1	POLITICAL CONTRIBUTIONS (OTLIED THAN		
L <b>5</b> CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	O POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY)  qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA	L CONTRIBUTIONS	\$	0.00
	(OTHER THAN PLE	DGES, LOANS, OR GUARANTEES OF LOANS)		0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES		0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	9,000.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD		T DAY \$	235,614.87
OUTSTANDING LOAN TOTALS		TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		0.00
6 AFFIDAVIT				
		I swear, or affirm, under penalty of p true and correct and includes all info under Title 15, Election Code.		
		Ms. Casey	/ E. Christma	an
		Signature of C	ampaign Trea	surer
AFFIX NOTA	RY STAMP / SEAL ABOVE			
Sworn to and subscrib	ped before me, by the said _		this the	day
		which, witness my hand and seal of office.		
Signature of officer	administering oath	Printed name of officer administering oath	Title of o	fficer administering oath

### **SUBTOTALS - MPAC**

# FORM MPAC COVER SHEET PG 3

4 of 7					
17 COMMITTEE NAME Houston Contractors Assn. PAC 18 Filer ID 00016047				(Ethics Commission Filers)	
l	HEDULI	SUBTOTAL AMOUNT			
1.		\$			
_				\$	
	2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS				
3.	3. SCHEDULE B: PLEDGED CONTRIBUTIONS			\$	
4.	4. SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION			\$	
5.	5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION			\$	
6.		SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$	
7.	7. SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION			\$	
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (	ORGANIZATION	\$	
9.		SCHEDULE E: LOANS		\$	
10.	X	\$ 9,000.00			
11.	11. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS			\$	
12.	12. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS			\$	
13.	13. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD			\$	
14.	14. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS			\$	
15.	X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	<b>\$</b> 232.41	

## POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

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

Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Loan Services Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (outpers extrapply not listed above)

Credit Card Payment	The Instruction Guide explains how to complete this form.	OTTIEN (etitet a category not listed above)			
1 Total pages Schedule F1:	<u> </u>	3 Filer ID (Ethics Commission Filers)			
Sch: 1/2 Rpt: 5/7	Houston Contractors Assn. PAC	00016047			
4 Date	5 Payee name				
12/20/2023	Castillo, Mario (Mr.)				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
\$2,000.00					
+=,=====					
Expenditure from corporate funds	Houston, TX 77256				
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
OF EXPENDITURE	Contributions/Donations Made By	el outside of Texas. Complete Schedule T.			
	Candidate/Officeholder/Political Committee	tin, TX, officeholder living expense			
	Political Col	Hillbuttoff			
• • • • • • • • • • • • • • • • • • •		000			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held			
	Castillo, Mario (Mr.) Houston City Council Dis	SUICUH			
Date	Payee name				
12/20/2023	Davis, Willie (Mr.)				
Amount (\$)	Payee address; City; State; Zip Code				
\$2,500.00	11410 Martin Luther King Blvd.				
Expenditure from corporate funds	Houston, TX 77048				
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
OF EXPENDITURE	Continuations/Bonditions wade by	el outside of Texas. Complete Schedule T.			
	Candidate/Officeholder/Political Committee Check if Aust Political Committee	tin, TX, officeholder living expense			
	r Ultileat Cot	HIIIDUUOII			
One of the ONE Wife disease	Out distant 10ff and all an arrange	Office held			
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held			
	Davis, Willie (Mr.) Houston City Council Dis	tilict At-			
Date	Payee name				
12/20/2023	Flickinger, Fred (Mr.)				
Amount (\$)	Payee address; City; State; Zip Code				
\$2,000.00	PO BOX 545				
Expenditure from corporate funds	Kingwood, TX 77325				
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
OF		el outside of Texas. Complete Schedule T.			
EXPENDITURE		tin, TX, officeholder living expense			
	Political Con	ntribution			
Complete ONLY if direct Candidate/Officeholder name Office sought Office held					
expenditure to benefit C/OH Flickinger, Fred (Mr.) Houston City Council District E					

### POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic	Food/Beverage Expense Polling y - Gift/Awards/Memorials Expense Printing	Diverhead/Rental Expense Transportation Equipment & Related Expense Expense Travel in District g Expense Travel Out of District s/Wages/Contract Labor OTHER (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains how to	complete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 2/2 Rpt: 6/7	Houston Contractors Assn. PAC	00016047
4 Date	5 Payee name	-
12/20/2023	Ramirez, Julian (Mr.)	
6 Amount (\$)	7 Payee address; City; State; Zip (	Code
\$2,500.00	PO BOX 55484	
·		
Expenditure from corporate funds	Houston, TX 77255	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description
EXPENDITURE	Contributions/Donations Made By	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Candidate/Officeholder/Political Committee	Political Contribution
		T SINGUL CONTINUES.
9 Complete ONLY if direct	Candidate/Officeholder name Office so	ought Office held
expenditure to benefit C/O		on City Council District A1-
	, , , , ,	

## 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: 7/7 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Houston Contractors Assn. PAC 00016047 8 Amount (\$) Date 5 Name of person from whom amount is received 12/20/2023 LPL Investments \$168.85 6 Address of person from whom amount is received; City; State; Zip Code Houston, TX 77098 Purpose for which amount is received ☐ Check if political contribution returned to filer **Dividend Income** Amount (\$) Name of person from whom amount is received Date 12/20/2023 Trustmark Bank \$63.56 Address of person from whom amount is received; City; State; Zip Code Houston, TX 77069 Purpose for which amount is received Check if political contribution returned to filer Interest on MM Account