## MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

## FORM MPAC COVER SHEET PG 1

| Tł                           | The MPAC Instruction Guide explains how to complete this form.       1       Filer ID<br>(Ethics Commission Filers)       2       Total pages filed:         0001 FFee       8 |                                  |       |  |          |                 |   |
|------------------------------|--|----------------------------------|-------|--|----------|-----------------|---|
| 00015566<br>3 COMMITTEE NAME |  |                                  |       |  |          |                 |   |
| ľ                            | Hammer & Nails PAC   |                                  |       |  |          | OFFICE USE ONLY |   |
|                              |  |                                  |       |  |          |                 | Date Received<br>ELECTRONICALLY FILED<br>05/06/2024 |
| 4                            | COMMITTEE  | ADDRESS / PO BOX; APT / SUITE #; | С     | TY; STATE; Z                           | ZIP      |                 |   |
|                              | ADDRESS  | 100 E. 15th St., Ste. 600        |       |  |          |                 |   |
|                              | Change of Address  | Fort Worth, TX 76102             |       |  |          |                 | Date Hand-delivered or Date Postmarked              |
| 5                            | CAMPAIGN   | MS/MRS/MR FIRST                  |       |  | Ν        | 11              | Date Hand delivered of Date Fostmarked              |
|                              | TREASURER  | Robert                           | м     |  |          |                 | Receipt # Amount                                    |
|                              | NAME   |                                  | •1.   |  |          |                 |   |
|                              |  |                                  |       |  |          |                 | Date Processed                                      |
|                              |  | NICKNAME LAST                    |       |  | S        | UFFIX           |   |
|                              |  | Bob Madeja                       |       |  |          |                 | Date Imaged   |
| 6                            | CAMPAIGN   | STREET ADDRESS (NO PO BOX PLEASE | );    | APT / SUITE #;                         | CITY;    | STA             | ATE; ZIP CODE                                       |
|                              | TREASURER<br>STREET  | 6613 Waterwood Circle            |       |  |          |                 |   |
|                              | ADDRESS  |                                  |       |  |          |                 |   |
|                              | (Residence or Business)  | Benbrook, TX 76132               |       |  |          |                 |   |
| 7                            | CAMPAIGN   | STREET ADDRESS OR PO BOX;        |       | APT / SUITE #;                         | CITY;    | ST              | ATE; ZIP CODE                                       |
| ľ                            | TREASURER  | 6613 Waterwood Circle            |       | ALL $\pi$ ,                            | CITT,    | 517             |   |
|                              | MAILING<br>ADDRESS   |                                  |       |  |          |                 |   |
|                              | Change of Address  | Benbrook, TX 76132               |       |  |          |                 |   |
| 8                            | CAMPAIGN   | AREA CODE PHONE NUMBER           |       | EXTEN                                  | ISION    |                 |   |
|                              | TREASURER<br>PHONE   | (817) 269-5100                   |       |  |          |                 |   |
|                              |  | ()                               |       |  |          |                 |   |
| 9                            | REPORT TYPE  | X Monthly                        | [     | 10th day after ca<br>treasurer termina |          | Γ               | Dissolution (Attach PAC-DR)                         |
| 10                           | MONTHLY<br>REPORT FILING   | January 5 Ap                     | ril 5 |  | July 5   |                 | October 5   |
|                              | DEADLINE   | February 5 X Ma                  | v 5   |  | August 5 |                 | November 5  |
|                              |  |                                  |       |  |          |                 |   |
|                              |  |                                  | ne 5  |  | Septembe |                 | December 5  |
| 11                           | L PERIOD<br>COVERED  | Month Day Year                   | ΤН    | ROUGH                                  |          | lonth           | Day Year  |
|                              | COVERED  | 03/26/2024                       |       |  | 0        | 4/25/2          | 2024  |
|                              |  |                                  |       |  |          |                 |   |
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|                              |  | ~~                               | тo    |  |          |                 |   |
|                              | GO TO PAGE 2   |                                  |       |  |          |                 |   |
| Fo                           | orms provided by Texas Ethics Commission www.ethics.state.tx.us Version V4.1.0.e4187d4a  |                                  |       |  |          |                 |   |

## MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

# FORM MPAC COVER SHEET PG 2

| 12 COMMITTEE NAME   |   |  | 13 Filer ID | ) (Ethics Commission Filers) |
|---|---|--|-------------|------------------------------|
| Hammer & Nails PAC  |   |  | 00015       | 566                          |
| 14 COMMITTEE<br>ACTIVITY  | 1. Candidates<br>(Identify by name or, if                               | A. Supported   |             |                              |
|   | applicable, classify by party.)   |  |             |                              |
| (Attach lists on plain<br>paper to complete this<br>report if necessary.) |   | B. Opposed   |             |                              |
|   | 2. Measures   | A. Supported   |             |                              |
|   | (Describe by date and location of election and nature of issue.)        |  |             |                              |
|   |   | B. Opposed   |             |                              |
|   | 3. Officeholders  |  |             |                              |
|   | Assisted<br>(Identify by name or, if<br>applicable, classify by party.) |  |             |                              |
| 15 CONTRIBUTION<br>TOTALS   | PLEDGES, LOANS,<br>CONTRIBUTIONS M                                      | D POLITICAL CONTRIBUTIONS (OTHER THAN<br>OR GUARANTEES OF LOANS, OR<br>ADE ELECTRONICALLY)<br>qualifies for the higher itemization threshold | \$          | 0.00                         |
|   | 2. TOTAL POLITICA   | · · · · ·  | \$          | 0.440.00                     |
|   | (OTHER THAN PLEI  | DGES, LOANS, OR GUARANTEES OF LOANS)   | μ           | 3,410.00                     |
| EXPENDITURE<br>TOTALS   | 3. TOTAL UNITEMIZED   | POLITICAL EXPENDITURES   | \$          | 0.00                         |
|   | 4. TOTAL POLITICA   | L EXPENDITURES   | \$          | 1,046.47                     |
| CONTRIBUTION<br>BALANCE   | 5. TOTAL POLITICAL C<br>OF THE REPORTING                                | CONTRIBUTIONS MAINTAINED AS OF THE LAST<br>G PERIOD  | DAY \$      | 43,664.88                    |
| OUTSTANDING<br>LOAN TOTALS  |   | AMOUNT OF ALL OUTSTANDING LOANS AS OF T<br>REPORTING PERIOD  | THE \$      | 0.00                         |
| 16 AFFIDAVIT  | L   |  | I           |                              |
|   |   | I swear, or affirm, under penalty of pe<br>true and correct and includes all inform<br>under Title 15, Election Code.                        |             |                              |
|   |   |  |             |                              |
|   |   | Robert N<br>Signature of Ca  | M. Madeja   |                              |
|   |   | Signature of Ca  | mpaigit III |                              |
| AFFIX NOTARY  | STAMP / SEAL ABOVE  |  |             |                              |
| Sworn to and subscribed   | before me, by the said  | , tl   | his the     | day                          |
| of  | , 20, to certify v  | which, witness my hand and seal of office.   |             |                              |
|   |   |  |             |                              |
| Signature of officer adr  | ninistering oath  | Printed name of officer administering oath   | Title of    | f officer administering oath |
| Forms provided by Texas E   | thics Commission  | www.ethics.state.tx.us   |             | Version V4.1.0.e4187d4a      |

## FORM MPAC COVER SHEET PG 3

3 of 8

| 17 COMMITT  | (Ethics Commission Filers)   |              |      |          |  |  |
|---|--|--------------|------|----------|--|--|
| Hammer  | -  |              |      |          |  |  |
| 19 SCHEDUL<br>NAME OF   | SUBTOTAL AMOUNT  |              |      |          |  |  |
| 1. X  | 1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                   |              |      | 3,410.00 |  |  |
| 2. X  | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                          |              | \$   | 0.00     |  |  |
| 3. X  | SCHEDULE B: PLEDGED CONTRIBUTIONS  |              | \$   | 0.00     |  |  |
| 4.  | SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABC ORGANIZATION            | R            | \$   |          |  |  |
| 5.  | SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA<br>LABOR ORGANIZATION | TION OR      | \$   |          |  |  |
| 6.  | SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG                          | ANIZATION    | \$   |          |  |  |
| 7.  | SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION             |              | \$   |          |  |  |
| 8.  | SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (                        | ORGANIZATION | \$   |          |  |  |
| 9. X  | 9. X SCHEDULE E: LOANS   |              | \$   | 0.00     |  |  |
| 10. X   | SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION                      | 5            | \$   | 1,046.47 |  |  |
| 11. X   | 11. X SCHEDULE F2: UNPAID INCURRED OBLIGATIONS                                       |              | \$   | 0.00     |  |  |
| 12. X SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS |  | \$           | 0.00 |          |  |  |
| 13. X   | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD  |              | \$   | 0.00     |  |  |
| 14.   | SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION                   | DNS          | \$   |          |  |  |
| 15.   | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I<br>TO FILER       | RETURNED     | \$   |          |  |  |
|   |  |              | -    |          |  |  |
|   |  |              |      |          |  |  |
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|   |  |              |      |          |  |  |
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**SUBTOTALS - MPAC** 

## MONETARY POLITICAL CONTRIBUTIONS

#### SCHEDULE A1

| The Instruction Guide explains how to complete this form.   | 1 Total pages Schedule A1:<br>Sch: 1/2 Rpt: 4/8 |  |  |
|---|---|--|--|
| 2 FILER NAME 3  | <b>3</b> Filer ID (Ethics Commission Filers)    |  |  |
| Hammer & Nails PAC  | 00015566  |  |  |
| 4 Date 5 Full name of contributor out-of-state PAC (ID#:) 7   | 7 Amount of Contribution (\$)                   |  |  |
| 04/04/2024 Clegg, Travis  | \$500.00  |  |  |
| 6 Contributor address; City; State; Zip Code  |   |  |  |
|   |   |  |  |
|   |   |  |  |
| Keller, TX 76244  |   |  |  |
| 8         Principal occupation / Job title (See Instructions)         9         Employer (See Instructions) |   |  |  |
| Civil Engineer Westwood Professional S  | Services  |  |  |
| Date Full name of contributor out-of-state PAC (ID#:)   | Amount of Contribution (\$)                     |  |  |
| 03/26/2024 Couto, Couto   | \$1,000.00                                      |  |  |
| Contributor address; City; State; Zip Code  |   |  |  |
|   |   |  |  |
|   |   |  |  |
| Granbury, TX 76049  |   |  |  |
| Principal occupation / Job title (See Instructions) Employer (See Instructions)                             |   |  |  |
| Owner Couto Homes   |   |  |  |
| Date     Full name of contributor     out-of-state PAC (ID#:)   | Amount of Contribution (\$)                     |  |  |
| 03/27/2024 Dubose, Curt   | \$500.00  |  |  |
| Contributor address; City; State; Zip Code  |   |  |  |
|   |   |  |  |
|   |   |  |  |
| Southlake, TX 76092   |   |  |  |
| Principal occupation / Job title (See Instructions) Employer (See Instructions)                             |   |  |  |
| President PentaVia Custom Homes   | ;   |  |  |
| Date     Full name of contributor     out-of-state PAC (ID#:)   | Amount of Contribution (\$)                     |  |  |
| 04/04/2024 Leonard, Carol   | \$100.00  |  |  |
| Contributor address; City; State; Zip Code  |   |  |  |
|   |   |  |  |
| Haltom City, TX 76137   |   |  |  |
| Principal occupation / Job title (See Instructions) Employer (See Instructions)                             |   |  |  |
| Territory Manager Crystal Windows & Door S  | Systems   |  |  |
|   |   |  |  |
| Date Full name of contributor out-of-state PAC (ID#:)   | Amount of Contribution (\$)                     |  |  |
| 04/22/2024 Madeja, Robert   | \$250.00  |  |  |
| Contributor address; City; State; Zip Code  |   |  |  |
|   |   |  |  |
| Fort Worth, TX 76147  |   |  |  |
| Principal occupation / Job title (See Instructions) Employer (See Instructions)                             |   |  |  |
| President Phoenix Homes & Constr  |   |  |  |
|   | ruction   |  |  |
|   |   |  |  |

## MONETARY POLITICAL CONTRIBUTIONS

| SCHEDULE | A1 |
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|----------|----|

| The Instruction Guide explains how to complete this form. |   |   | 1  | Total pages Schedule A1: |                             |            |  |
|---|---|---|--|--------------------------|-----------------------------|------------|--|
|   | The instruction outde explains now to complete this form. |   |  |                          | Sch: 2/2 Rpt: 5/8           |            |  |
| 2   | FILER NAME  |   |  | 3                        | Filer ID (Ethics Commissio  | on Filers) |  |
|   | Hammer & N  | lails PAC   |  |                          | 00015566                    |            |  |
| 4   | Date  | 5 Full name of contributor out-of-state PAC (ID#: | )  | 7                        | Amount of Contribution (\$) |            |  |
|   | 04/25/2024  | Scott, Kaleigh                                    |  |                          |                             | \$30.00    |  |
|   |   | 6 Contributor address; City; State; Zip Code      |  |                          |                             |            |  |
|   |   |   |  |                          |                             |            |  |
|   |   |   |  |                          |                             |            |  |
|   |   | Fort Worth, TX 76107                              |  |                          |                             |            |  |
| ŀ   | Principal occu  | l   | <ul> <li>Employer (See Instructions</li> </ul> |                          |                             |            |  |
| l°  | President   |   | Routine Clean                                  | )                        |                             |            |  |
|   | President   |   |  |                          |                             |            |  |
|   | Date  | Full name of contributor 🛛 out-of-state PAC (ID#: | )  |                          | Amount of Contribution (\$) |            |  |
|   | 03/27/2024  | Waldrop, Meg                                      |  |                          |                             | \$30.00    |  |
|   |   | Contributor address; City; State; Zip Code        |  |                          |                             |            |  |
|   |   |   |  |                          |                             |            |  |
|   |   |   |  |                          |                             |            |  |
|   |   | Fort Worth, TX 76107                              |  |                          |                             |            |  |
| ⊢   | Principal occu  | pation / Job title (See Instructions)             | Employer (See Instructions                     | )                        |                             |            |  |
|   | Owner   |   | Trinity Design Build                           | ,                        |                             |            |  |
| ╞   |   |   |  |                          |                             |            |  |
|   | Date  | Full name of contributor out-of-state PAC (ID#:   | )  |                          | Amount of Contribution (\$) | ** *** *** |  |
|   | 04/04/2024  | Westwood Professional Services                    |  |                          | \$1,000.00                  |            |  |
|   |   | Contributor address; City; State; Zip Code        |  |                          |                             |            |  |
|   |   |   |  |                          |                             |            |  |
|   |   |   |  |                          |                             |            |  |
|   |   | Fort Worth, TX 76102                              |  |                          |                             |            |  |
|   | Principal occu  | pation / Job title (See Instructions)             | Employer (See Instructions                     | )                        |                             |            |  |
|   |   |   |  |                          |                             |            |  |
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| PLEDGED CONTRIBUTIONS SCHEDULE B         |                              |                          |  |  |
|--|------------------------------|--------------------------|--|--|
| The Instruction                          | Guide explains how to comple | ete this form.           | 1 Total pages Schedule B:<br>Sch: 1/1 Rpt: 6/8                   |  |
| 2 FILER NAME<br>Hammer & Nails PAC       |                              |                          | 3 Filer ID (Ethics Commission Filers)<br>00015566                |  |
| <sup>4</sup> TOTAL OF UNITEMIZ           | ED PLEDGES                   |                          | \$ 0.00  |  |
| 5 Date 6 Full name of 7 Pledgor Ad       |                              |                          | 8 Amount of 9 In-kind description<br>pledge (\$) (If applicable) |  |
| <b>10</b> Principal occupation / Job tit | le (See Instructions)        | 11 Employer (See Instruc | Check if travel outside of Texas. Complete Schedule T.           |  |
|  |                              |                          |  |  |

| LOANS  |                      | SCHED                                       | ULE E      |
|--|----------------------|---|------------|
| The Instruction Guide explains how to complete this form.       1 Total pa         Sch: 1/2  |                      |   |            |
| Hammer & Nails PAC   | 3 Filer ID<br>000155 | (Ethics Commissio                           | n Filers)  |
| <sup>4</sup> TOTAL OF UNITEMIZED LOANS   |                      | \$  | 0.00       |
| 5 Date of loan 7 Name of lender Out-of-state PAC (ID#:   | )                    | 9 Loan Amount (\$                           | 5)         |
| 6 Is lender a<br>financial<br>institution? 8 Lender address; City; State; Zip Code   |                      | 10 Interest Rate                            |            |
|  |                      | <b>11</b> Maturity Date                     |            |
| 12 Principal occupation / Job title (See Instructions)       13 Employer (See Instructions)  | )                    |   |            |
| 14 Description of Collateral     15 Check if personal funds we       None  | re deposited         | l into political accour<br>(See Instruction |            |
| Image: state |                      | 19 Amount Guaran                            | iteed (\$) |
| not applicable <b>18</b> Guarantor address; City; State; Zip Code  |                      |   |            |
|  |                      |   |            |
| 20 Principal occupation     21 Employer (See Instructions)   | )                    |   |            |
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## POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

| EXPENDITURE CATEGORIES FOR BOX 8(a)  |   |  |  |  |  |
|--|---|--|--|--|--|
| Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/ Donations Made B<br>Candidate/Officeholder/Politica<br>Credit Card Payment | Event Expense     Loan Repayment/Reimbursement     Solicitation/Fundraising Expense       Fees     Office Overhead/Rental Expense     Transportation Equipment & Related Expense       Food/Beverage Expense     Polling Expense     Travel in District       Gift/Awards/Memorials Expense     Printing Expense     Travel Out of District |  |  |  |  |
| <b>1</b> Total pages Schedule F1:  | 2 FILER NAME 3 Filer ID (Ethics Commission Filers)  |  |  |  |  |
| Sch: 1/1 Rpt: 8/8  | Hammer & Nails PAC 00015566   |  |  |  |  |
| 4 Date   | 5 Payee name  |  |  |  |  |
| 04/17/2024   | Crain, Michael  |  |  |  |  |
| 6 Amount (\$)<br>\$1,000.00  | <ul> <li>7 Payee address; City; State; Zip Code</li> <li>4450 Oak Park Ln. #100427</li> </ul>   |  |  |  |  |
| \$1,000.00   | 4450 Oak Park LII. #100427  |  |  |  |  |
| Expenditure from<br>corporate funds  | Fort Worth, TX 76109  |  |  |  |  |
| 8 PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |  |  |  |  |
| OF<br>EXPENDITURE  | Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee   |  |  |  |  |
|  | Campaign Contribution   |  |  |  |  |
|  |   |  |  |  |  |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/O  | Candidate/Officeholder name Office sought Office held   |  |  |  |  |
| Date   | Payee name  |  |  |  |  |
| 03/26/2024   | SquareUp.com  |  |  |  |  |
| Amount (\$)  | Payee address; City; State; Zip Code  |  |  |  |  |
| \$45.27  | 1455 Market St  |  |  |  |  |
| Expenditure from corporate funds   | San Francisco, CA 94103   |  |  |  |  |
| PURPOSE<br>OF<br>EXPENDITURE   | <ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Accounting/Banking</li> <li>(b) Description</li> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Merchant Fees</li> </ul>  |  |  |  |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O  | Candidate/Officeholder name Office sought Office held   |  |  |  |  |
| Date   | Payee name  |  |  |  |  |
| 04/24/2024   | SquareUp.com  |  |  |  |  |
| Amount (\$)  | Payee address; City; State; Zip Code  |  |  |  |  |
| \$1.20   | 1455 Market St  |  |  |  |  |
| Expenditure from corporate funds   | San Francisco, CA 94103   |  |  |  |  |
| PURPOSE<br>OF<br>EXPENDITURE   | <ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Accounting/Banking</li> <li>(b) Description</li> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Merchant Fees</li> </ul>  |  |  |  |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O  | Candidate/Officeholder name Office sought Office held   |  |  |  |  |
|  |   |  |  |  |  |