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) 00015566 3 COMMITTEE NAME **OFFICE USE ONLY** Hammer & Nails PAC Date Received **ELECTRONICALLY FILED** 06/05/2024 COMMITTEE ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP **ADDRESS** 100 E. 15th St., Ste. 600 Change of Address Fort Worth, TX 76102 Date Hand-delivered or Date Postmarked MS / MRS / MR **CAMPAIGN FIRST** MI **TREASURER** Receipt # Amount Robert M. NAME Date Processed NICKNAME **SUFFIX** LAST Bob Date Imaged Madeja CAMPAIGN APT / SUITE #; STREET ADDRESS (NO PO BOX PLEASE); CITY; STATE; ZIP CODE **TREASURER** 6613 Waterwood Circle STREET **ADDRESS** (Residence or Business) Benbrook, TX 76132 **CAMPAIGN** STREET ADDRESS OR PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** 6613 Waterwood Circle MAILING **ADDRESS** Change of Address Benbrook, TX 76132 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** (817) 269-5100 REPORT TYPE 10th day after campaign X Monthly Dissolution (Attach PAC-DR) treasurer termination 10 MONTHLY January 5 April 5 July 5 October 5 REPORT FILING **DEADLINE** February 5 May 5 August 5 November 5 September 5 December 5 March 5 X June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 04/26/2024 05/25/2024

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

| 2 COMMITTEE NAME | | | | 13 Filer ID | (Ethics Commission Filers) |
|---|--|-------------------------------------|---|------------------------------------|--|
| Hammer & Nails PAC | | | | 0001556 | 6 |
| 4 COMMITTEE | 1. Candidates | A. Supported | | | |
| ACTIVITY | (Identify by name or, if applicable, classify by party.) | | | | |
| (Attach lists on plain paper to complete this report if necessary.) | | B. Opposed | | | |
| | 2 Manauran | A. Supported | | | |
| | 2. Measures (Describe by date and location of election and nature of issue.) | A. Supported | | | |
| | | B. Opposed | | | |
| | 3. Officeholders Assisted | | | | |
| | (Identify by name or, if applicable, classify by party.) | | | | |
| 5 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED PLEDGES, LOANS, CONTRIBUTIONS M | OR GUARANTEES (NADE ELECTRONICA | ALLY) | \$ | 0.00 |
| | 2. TOTAL POLITICA | | | \$ | 4.050.00 |
| | (OTHER THAN PLEI | DGES, LOANS, OR (| GUARANTEES OF LOANS) | | 4,858.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED | D POLITICAL EXPEN | NDITURES | \$ | 0.00 |
| | 4. TOTAL POLITICA | L EXPENDITURE | S | \$ | 1,804.75 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL (OF THE REPORTING | | AINTAINED AS OF THE LAST | r DAY \$ | 46,718.13 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL A LAST DAY OF THE I | | UTSTANDING LOANS AS OF D | THE \$ | 0.00 |
| 6 AFFIDAVIT | | | | <u> </u> | |
| | | true ar | ar, or affirm, under penalty of p nd correct and includes all info Title 15, Election Code. | erjury, that the rmation requir | e accompanying report is ed to be reported by me |
| | | | Robert | M. Madeja | |
| | | | Signature of Ca | | surer |
| AFFIX NOTARY | STAMP / SEAL ABOVE | | | | |
| Sworn to and subscribed | hefore me, by the said | | | this the | day |
| of | | | | | uuy |
| | | | | | |
| Signature of officer ad | ministering oath | Printed name of office | cer administering oath | Title of of | ficer administering oath |

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

| | | 3 of 9 |
|--|----------------|----------------------------|
| 17 COMMITTEE NAME | 18 Filer ID | (Ethics Commission Filers) |
| Hammer & Nails PAC | 00015566 | |
| 19 SCHEDULE SUBTOTALS NAME OF SCHEDULE | · | SUBTOTAL AMOUNT |
| 1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | | \$ 4,858.0 |
| 2. X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | | \$ 0.0 |
| 3. X SCHEDULE B: PLEDGED CONTRIBUTIONS | | \$ 0.0 |
| 4. SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LA ORGANIZATION | BOR | \$ |
| 5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPO | PRATION OR | \$ |
| 6. SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR OF | RGANIZATION | \$ |
| 7. SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABO ORGANIZATION | OR | \$ |
| 8. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABO | R ORGANIZATION | \$ |
| 9. X SCHEDULE E: LOANS | | \$ 0.0 |
| 10. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION | ONS | \$ 1,804.7 |
| 11. X SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | | \$ 0.0 |
| 12. X SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBU | JTIONS | \$ 0.0 |
| 13. X SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | | \$ 0.0 |
| 14. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBU | ITIONS | \$ |
| 15. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION TO FILER | IS RETURNED | \$ |

| MONETARY POLITICAL CONTRIBUTIONS | | | | | SCHEDULE A1 | | |
|----------------------------------|---|--|------------------------|--|-----------------------------|---|------------|
| | The Instruc | ction Guide explains how to complete this form. | | | | Total pages Schedule A1: Sch: 1/2 Rpt: 4/9 | |
| 2 | FILER NAME Hammer & N | lails PAC | | | 3 | Filer ID (Ethics Commission 00015566 | on Filers) |
| 4 | Date 05/07/2024 | 5 Full name of contributor out-of-state PAC (ID#:) Andrews, Stanton 6 Contributor address; City; State; Zip Code | | 7 | Amount of Contribution (\$) | \$8.00 | |
| _ | 5 | Haslet, TX 76052 | | 5 1 (0 1 1 1 | | | |
| 8 | Sales | pation / Job title (See Instructions) | | Employer (See Instructions Village Cupboards |) | | |
| | Date 05/07/2024 | Full name of contributor | out-of-state PAC (ID#: | | | Amount of Contribution (\$) | \$100.00 |
| | Principal occu | Benbrook, TX 76116 pation / Job title (See Instructions) | | Employer (See Instructions |) | | |
| | Builder | paner, 900 and (000 monation) | | Bettis Construction | , | | |
| | Date 05/02/2024 | | | | Amount of Contribution (\$) | \$2,500.00 | |
| | | Fort Worth, TX 76116 | | | | | |
| | Principal occu CEO | pation / Job title (See Instructions) | | Employer (See Instructions Riverside Homebuilders | | | |
| | Date Full name of contributor out-of-state PAC (ID#:) 04/29/2024 Garabedian, Michael Contributor address; City; State; Zip Code Southlake, TX 76092 | | | Amount of Contribution (\$) | \$1,000.00 | | |
| | Principal occu President | pation / Job title (See Instructions) | | Employer (See Instructions Garabedian Properties |) | | |
| | Date Full name of contributor out-of-state PAC (ID#:) 05/24/2024 Sandlin, Scott Contributor address; City; State; Zip Code Fort Worth, TX 76180 | | | Amount of Contribution (\$) | \$1,000.00 | | |
| | Principal occu Developer/B | pation / Job title (See Instructions) uilder | | Employer (See Instructions Sandlin Homes Inc |) | | |
| | | | 1 | | | | |

| | MONETARY POLITICAL CONTRIBUTIONS | SCHEDULE A1 |
|---|---|---|
| | The Instruction Guide explains how to complete this form. | 1 Total pages Schedule A1: Sch: 2/2 Rpt: 5/9 |
| 2 | FILER NAME Hammer & Nails PAC | 3 Filer ID (Ethics Commission Filers) 00015566 |
| 4 | Date 05/07/2024 5 Full name of contributor out-of-state PAC (ID#: Terzis, Aristotle 6 Contributor address; City; State; Zip Code | 7 Amount of Contribution (\$) \$150 |
| | Celina, TX 75009 | |
| 8 | Principal occupation / Job title (See Instructions) Program Insurance Group 9 Employer (See Instructions) Producer | uctions) |
| | Date Full name of contributor out-of-state PAC (ID#: | _) Amount of Contribution (\$) \$100 |
| | Contributor address; City; State; Zip Code Fort Worth, TX 76161 | |
| | Principal occupation / Job title (See Instructions) President Employer (See Instru Jetstream Outdoor | |
| | | |
| | | |

| PLE | DGED CONTRIBU | TIONS | | | SCHEDULE B | | |
|---|--|-----------------------|----------------------|---------|---|--|--|
| The Instruction Guide explains how to complete this form. | | | | 1 | Total pages Schedule B: Sch: 1/1 Rpt: 6/9 | | |
| | Parties Name Hammer & Nails PAC | | | 3 | Filer ID (Ethics Commission Filers) 00015566 | | |
| 4 TOTAL | OF UNITEMIZED PLEDG | GES | | | \$ 0. | | |
| 5 Date | 6 Full name of pledgor 7 Pledgor Address; | out-of-state PAC (ID# | | 8 | Amount of pledge (\$) | | |
| 40.51 1 | | | Taa |][| Check if travel outside of Texas. Complete Schedu | | |
| 10 Principai | occupation / Job title (See Instru | Ctions) | 11 Employer (See In: | structi | ons) | | |
| | | | | | | | |
| | | | | | | | |

| L | LOANS | | | | | SCHEDU | JLE E |
|-------------|--|-----------------------------------|-----------------|------------------------------|------------------|---|-----------|
| 1 | The Instruction Guide explains how to complete this form | | | | 1 | ages Schedule E: /1 Rpt: 7/9 | |
| | ILER NAME lammer & Nails | PAC | | | 3 Filer ID 00015 | (Ethics Commission 566 | n Filers) |
| 4 T | OTAL OF UN | IITEMIZED LOANS | | | | \$ | 0.00 |
| 5 D | Date of loan | 7 Name of lender | out-of-state PA | C (ID#: | | 9 Loan Amount (\$) |) |
| fi | s lender a nancial nstitution? | 8 Lender address; C | ity; State; | Zip Code | | 10 Interest Rate | |
| | | | | | | 11 Maturity Date | |
| 12 F | rincipal occupation | on / Job title (See Instructions) | | 13 Employer (See Instruction | ıs) | | |
| 14 [| Description of Coll None | ateral | | 15 Check if personal funds w | ere deposite | d into political account (See Instructions | |
| | SUARANTOR NFORMATION | 17 Name of guarantor | | | | 19 Amount Guarant | eed (\$) |
| | not applicable | | ity; State; | Zip Code | | | |
| | | | | | | | |
| 20 P | Principal occupation | on | | 21 Employer (See Instruction | s) | | |
| | | | | | | | |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committ Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

ent Solicitation/Fundraising Expense
se Transportation Equipment & Related Expense
Travel in District
Travel Out of District
Travel Out of District

| Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | |
|--|--|
| 1 Total pages Cabadula F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| 1 Total pages Schedule F1: Sch: 1/2 Rpt: 8/9 | 2 FILER NAME Hammer & Nails PAC 3 Filer ID (Ethics Commission Filers) 00015566 |
| 4 Date | 5 Payee name |
| 04/30/2024 | Bush Rudnicki Shelton, P.C. |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code |
| \$375.00 | 200 N. Mesquite St., Ste 200 |
| | |
| Expenditure from corporate funds | Arlington, TX 76011 |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF | Legal Services Check if travel outside of Texas. Complete Schedule T. |
| EXPENDITURE | Check if Austin, TX, officeholder living expense |
| | SOS - documents review |
| | |
| Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| Date | Payee name |
| 05/14/2024 | HomePac/Texas Association of Builders |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$358.00 | 313 E. 12th Street |
| | Suite 210 |
| Expenditure from corporate funds | Austin, TX 78701 |
| PURPOSE | I |
| OF | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Contributions/Donations Made By |
| EXPENDITURE | Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | Contribution |
| | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | |
| Date | Payee name |
| 04/26/2024 | Lauersdorf, Charles |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$1,000.00 | 7916 Rampston Pl. |
| - " | |
| Expenditure from corporate funds | Fort Worth, TX 76137 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Contributions/Donations Made By |
| | Candidate/Officeholder/Political Committee |
| | Campaign Contribution |
| | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| experience to belieff C/OI | · |
| | |
| | |
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POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense
Printing Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District Travel in District
Travel Out of District

| Candidate/Officeholder/Politica Credit Card Payment | | |
|--|---|-----|
| 1 Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filer | rs) |
| Sch: 2/2 Rpt: 9/9 | Hammer & Nails PAC 00015566 | |
| 4 Date | 5 Payee name | |
| 04/29/2024 | SquareUp.com | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code | |
| \$29.30 | 1455 Market St | |
| Expenditure from corporate funds | San Francisco, CA 94103 | |
| 8 PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| EXPENDITURE | Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |
| | Merchant Fees | |
| | | |
| Complete ONLY if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought Office held H | |
| Date | Payee name | |
| 05/06/2024 | SquareUp.com | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| \$7.30 | 1455 Market St | |
| Expenditure from corporate funds | San Francisco, CA 94103 | |
| PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| EXPENDITURE | Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |
| | Merchant Fees | |
| | | |
| Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held | |
| Date | Payee name | |
| 05/24/2024 | SquareUp.com | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| \$35.15 | 1455 Market St | |
| Expenditure from corporate funds | San Francisco, CA 94103 | |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| OF EXPENDITURE | Accounting/Banking Check if travel outside of Texas. Complete Schedule T. | |
| LA LIBITORE | Check if Austin, TX, officeholder living expense | |
| | Merchant Fees | |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | |
| expenditure to benefit C/Oł | | |
| | | |
| | | |
| | | |