### MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

## FORM MPAC COVER SHEET PG 1

Tł	ne MPAC Instruction (	2 Total pages filed: 5					
3	COMMITTEE NAME	OFFICE USE ONLY					
	Texas BOMA PAC						
				Date Received			
				ELECTRONICALLY FILED			
				06/27/2024			
4	COMMITTEE	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP				
	ADDRESS	P.O. Box 1056					
	Change of Address	Leander, TX 78646		Date Hand-delivered or Date Postmarked			
5	CAMPAIGN	MS / MRS / MR FIRST	MI	Date Hand-delivered of Date Postillarked			
ľ	TREASURER		ivii	Receipt # Amount			
	NAME	Mrs. Colleen		Anount Anount			
				Date Processed			
		NICKNAME LAST	SUFF				
		Burrows		Date Imaged			
		Bullows		Date imageu			
-	CAMDAICN						
6	CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #; CITY; S	TATE; ZIP CODE			
	STREET	2100 McKinney Ave. Ste. 700					
	ADDRESS						
	(Residence or Business)	Dallas, TX 75201					
7	CAMPAIGN	STREET ADDRESS OR PO BOX;	APT / SUITE #; CITY; S	TATE; ZIP CODE			
Ľ	TREASURER	2100 McKinney Ave. Ste. 700	,				
	MAILING	2100 Merchiney Ave. Ste. 700					
	ADDRESS Change of Address	Dallas, TX 75201					
8	CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION				
ľ	TREASURER		EXTENSION				
	PHONE	(281) 795-4554					
	REPORT TYPE						
<sup>j</sup>	REFORT TIPE	X Monthly	10th day after campaign treasurer termination	Dissolution (Attach PAC-DR)			
10	MONTHLY		5 101/5				
1	REPORT FILING DEADLINE	January 5 April	5 X July 5	October 5			
1		February 5 May	5 August 5	November 5			
		March 5 June	5 September 5	December 5			
11	L PERIOD	Month Day Year	Month	Day Year			
	COVERED	05/26/2024	THROUGH 06/25	5/2024			
⊢							
	GO TO PAGE 2						
L Fo	Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V4.1.0.d378aba0						

## MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

# FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME 13 File			13 Filer ID	(Ethics Commission Filers)
Texas BOMA PAC 000			0005582	19
14 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. Measures	A. Supported		
	(Describe by date and location of election and nature of issue.)			
		B. Opposed		
	<ol> <li>Officeholders Assisted</li> </ol>			
	(Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA	L CONTRIBUTIONS	\$	60.00
EXPENDITURE TOTALS	`	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	LEXPENDITURES	\$	0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL C OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	6,155.24
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF TREPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT	I		I	
		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.	rjury, that th mation requi	e accompanying report is red to be reported by me
		Mrs Colle	en Burrows	e
		Signature of Ca		
AFFIX NOTARY	STAMP / SEAL ABOVE			
Sworn to and subscribed before me, by the said, this the,				day
of	_, 20, to certify v	which, witness my hand and seal of office.		
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title of o	fficer administering oath
Forms provided by Texas E	thics Commission	www.ethics.state.tx.us		Version V4.1.0.d378aba0

SUBT	FORM MPAC OVER SHEET PG 3		
17 COMMITT Texas B0	(Ethics Commission Filers)		
	LE SUBTOTALS SCHEDULE	1	SUBTOTAL AMOUNT
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	<b>\$</b> 60.00	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.	4. SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION		
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	SANIZATION	\$
7.	7. SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		
8.	8. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION		\$
9.	9. SCHEDULE E: LOANS		\$
10.	10. SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS		
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. X	14. X SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS		<b>\$</b> 2.64
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 4/5 2 FILER NAME Filer ID (Ethics Commission Filers) 3 **Texas BOMA PAC** 00055819 Amount of Contribution (\$) 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 06/24/2024 Galligan, Sean \$20.00 6 Contributor address; City; State; Zip Code San Antonio, TX 78209 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 Owner Servpro of Alamo Ranch Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/24/2024 \$20.00 Gray, Ken Contributor address; City; State; Zip Code San Antonio, TX 78259 Principal occupation / Job title (See Instructions) Employer (See Instructions) Western States Fire Protection Account Manager Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 06/24/2024 Limon, Shalom \$20.00 ..... Contributor address; City; State; Zip Code Von Ormey, TX 78073 Principal occupation / Job title (See Instructions) Employer (See Instructions) Director, Property Management Port San Antonio

## NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

	The Instruction Guide explains how to	complete this form.				
1 Total pages Schedule I: Sch: 1/1 Rpt: 5/5	2 FILER NAME Texas BOMA PAC	3 Filer ID (Ethics Commission Filers) 00055819				
4 Date	5 Payee name					
06/24/2024 6 Amount (\$)	Square					
	7 Payee Address; City; State; Zip					
2.64						
corporate funds	TX					
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Credit Card Merchant Fees				