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) 00015641 3 COMMITTEE NAME **OFFICE USE ONLY** Consulting Engineers PAC Date Received **ELECTRONICALLY FILED** 07/01/2024 COMMITTEE ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP **ADDRESS** 1001 Congress Ave, #200 Change of Address Austin, TX 78701-2423 Date Hand-delivered or Date Postmarked MS / MRS / MR **CAMPAIGN FIRST** MI **TREASURER** Receipt # Amount Mr. Scott T. NAME Date Processed **NICKNAME SUFFIX** LAST Date Imaged Stewart CAMPAIGN APT / SUITE #; STREET ADDRESS (NO PO BOX PLEASE); CITY; STATE; ZIP CODE **TREASURER** 1001 CONGRESS AVENUE STREET **ADDRESS** SUITE 200 (Residence or Business) AUSTIN, TX 78701 **CAMPAIGN** STREET ADDRESS OR PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** MAILING **ADDRESS** Change of Address TX **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** (512) 474-1474 REPORT TYPE 10th day after campaign X Monthly Dissolution (Attach PAC-DR) treasurer termination 10 MONTHLY January 5 April 5 X 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** 05/26/2024 06/25/2024

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

2 COMMITTEE NAME 13 File				
Consulting Engineers	PAC		0001	5641
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. Measures	A. Supported		
	(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	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) check here if this report qualifies for the higher itemization threshold			\$ 0.00
	2. TOTAL POLITICA			\$ 0.00
EXPENDITURE	· `	D POLITICAL EXPENDITURES	+	
TOTALS				\$ 0.00
	4. TOTAL POLITICA	L EXPENDITURES	:	\$ 1,500.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD			\$ 147,474.65
OUTSTANDING LOAN TOTALS		TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		
6 AFFIDAVIT	I		<u> </u>	
		I swear, or affirm, under penalty o true and correct and includes all in under Title 15, Election Code.	of perjury, that nformation re	t the accompanying report is quired to be reported by me
		Mr Sc	cott T. Stew	vart
			Campaign T	
AFFIX NOTAF	RY STAMP / SEAL ABOVE	o.g.i.adi.o.o.	- Campaign :	. 5.35.21.5.
Sworn to and subscribe	ad bafara ma by the said		this the	dov
		which, witness my hand and seal of office.	, uns uie	day
01		which, which and sear of office.		
Signature of officer a	administering oath	Printed name of officer administering oath	Title o	of officer administering oath

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

				3 of 4
17 COMMI Consul		EE NAME g Engineers PAC	18 Filer ID 00015641	(Ethics Commission Filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT	
1.		SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS			\$	
3.	3. SCHEDULE B: PLEDGED CONTRIBUTIONS			\$
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 ORGA	ANIZATION	\$
7.		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR C	ORGANIZATION	\$
9.		SCHEDULE E: LOANS		\$
10. X	K]	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$ 1,500.00
11.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
12.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$
13.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
14.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$

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 Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
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 Filers)					
Sch: 1/1 Rpt: 4/4	Consulting Engineers PAC 00015641					
4 Date	5 Payee name					
06/05/2024	Lacey Hull for Texas					
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code PO Box 19231					
Expenditure from corporate funds	Houston, TX 77224					
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
OF 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					
	Campaign Contribution					
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
expenditure to benefit C/OH Hull, Lacey (Rep.) State Representative District 138 State Representative						
Date	Payee name					
06/25/2024	Sarah Eckhardt Campaign					
Amount (\$)	Payee address; City; State; Zip Code					
\$1,000.00	P.O. Box 301586					
Expenditure from corporate funds	Austin, TX 78703					
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T.					
	Candidate/Officeholder/Political Committee Campaign Contribution					
	Campaign Continuation					
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
expenditure to benefit C/OI	Eckhardt , Sarah State Senator District 14 State Senator District 14					