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) 00017303 3 COMMITTEE NAME **OFFICE USE ONLY** Texas Apartment Assn. PAC Date Received **ELECTRONICALLY FILED** 09/05/2024 COMMITTEE ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP **ADDRESS** 1011 San Jacinto Blvd., Ste. 600 Change of Address Austin, TX 78701 Date Hand-delivered or Date Postmarked MS / MRS / MR **CAMPAIGN FIRST** MI **TREASURER** Receipt # Amount Chris NAME Date Processed **NICKNAME SUFFIX** LAST Date Imaged Newton CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 1011 San Jacinto Blvd., Ste. 600 STREET **ADDRESS** (Residence or Business) Austin, TX 78701 **CAMPAIGN** STREET ADDRESS OR PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** 1011 San Jacinto Blvd., Ste. 600 MAILING **ADDRESS** Change of Address Austin, TX 78701 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** (512) 479-6252 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 X September 5 December 5 March 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 07/26/2024 08/25/2024

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

| 12 COMMITTEE NAME | | | 13 Filer ID |) (Ethics Commission Filers) |
|---|---|--|---------------------------|---|
| Texas Apartment Assn | . PAC | | 00017 | 303 |
| 14 COMMITTEE ACTIVITY | Candidates (Identify by name or, if applicable, classify by party.) | A. Supported | | |
| (Attach lists on plain paper to complete this report if necessary.) | | B. Opposed | | |
| | 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.) | | | |
| 15 CONTRIBUTION TOTALS | PLEDGES, LOANS, CONTRIBUTIONS M check here if this report | D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY) qualifies for the higher itemization threshold | \$ | 310.00 |
| | 2. TOTAL POLITICA (OTHER THAN PLE | IL CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS) | \$ | 4,218.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED | D POLITICAL EXPENDITURES | \$ | 0.00 |
| | 4. TOTAL POLITICA | L EXPENDITURES | \$ | 4,175.92 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL (OF THE REPORTIN | CONTRIBUTIONS MAINTAINED AS OF THE LAST I G PERIOD | DAY \$ | 589,838.12 |
| OUTSTANDING LOAN TOTALS | | AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD | HE \$ | 0.00 |
| 16 AFFIDAVIT | | | | |
| | | I swear, or affirm, under penalty of per true and correct and includes all inforr under Title 15, Election Code. | rjury, that mation req | the accompanying report is uired to be reported by me |
| | | Mr. Chris | s Newton | 1 |
| | | Signature of Car | mpaign Tre | easurer |
| AFFIX NOTARY | / STAMP / SEAL ABOVE | | | |
| | | , th | nis the | day |
| of | _, 20, to certify | which, witness my hand and seal of office. | | |
| Signature of officer ac | dministering oath | Printed name of officer administering oath | Title of | officer administering oath |

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

3 of 10

| | | EE NAME artment Assn. PAC | 18 Filer ID 00017303 | (Ethi | cs Commission Filers) |
|--|---|--|-----------------------------|-------|-----------------------|
| | HEDULI | | SUBTOTAL AMOUNT | | |
| 1. | X | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | | \$ | 4,218.00 |
| 2. | Х | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | | \$ | 0.00 |
| 3. | X | SCHEDULE B: PLEDGED CONTRIBUTIONS | | \$ | 0.00 |
| 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. | 6. SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION | | | | |
| 7. | 7. SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION | | | | |
| 8. | | SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (| ORGANIZATION | \$ | |
| 9. | Х | SCHEDULE E: LOANS | | \$ | 0.00 |
| 10. | Х | SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | S | \$ | 4,175.92 |
| 11. | Х | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | | \$ | 0.00 |
| 12. | Х | SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION | ONS | \$ | 0.00 |
| 13. | X | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | | \$ | 0.00 |
| 14. | | SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION | ONS | \$ | |
| 15. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | | | | \$ | |
| | | | | | |

| | MONET | ARY POLITICAL CONTRI | IBUTION | IS | | SCHEDUL | E A1 |
|---|---|--|---------------|---|--------------------------------------|--|-------------|
| | The Instru | ction Guide explains how to compl | ete this forr | n. | 1 | Total pages Schedule A1: Sch: 1/3 Rpt: 4/10 | |
| 2 | FILER NAME Texas Apartment Assn. PAC | | | 3 | Filer ID (Ethics Commission 00017303 | n Filers) | |
| 4 | | | 7 | Amount of Contribution (\$) | \$100.00 | | |
| 8 | Principal occu | Lewisville, TX 75077 pation / Job title (See Instructions) | ام | Employer (See Instructions | <u>-)</u> | | |
| 0 | Sales | pation / Job title (See Instructions) | J | MFI | >) | | |
| | Date Full name of contributor out-of-state PAC (ID#:) 08/18/2024 Flores, Michele Contributor address; City; State; Zip Code | | | • | Amount of Contribution (\$) | \$200.00 | |
| | | Mansfield, TX 76063 | | | | | |
| | Principal occu COO | pation / Job title (See Instructions) | | Employer (See Instructions Brazos Residential Man | | ement | |
| | Date 08/15/2024 | Full name of contributor out-of-state French, Paul D. Contributor address; City; State; Zip Code | te PAC (ID#: | | • | Amount of Contribution (\$) | \$100.00 |
| | | Amarillo, TX 79109 | | | | | |
| | Principal occu Owner | pation / Job title (See Instructions) | | Employer (See Instructions French and Company, F | - | ultors | |
| | Date 07/27/2024 | Garza, Izzy | |) | • | Amount of Contribution (\$) | \$125.00 |
| | Principal occu Sales | pation / Job title (See Instructions) | | Employer (See Instructions | <u>l</u> s) | | |
| | Date 08/18/2024 | Glover, Cara | te PAC (ID#: |) | | Amount of Contribution (\$) | \$250.00 |
| | | pation / Job title (See Instructions) Iultifamily Operations | | Employer (See Instructions Hillwood | 5) | | |
| | | | I | | | | |

| | MONET | ARY POLITICAL CONTRIBU | JTION | IS | | SCHEDUL | E A1 |
|--|--|--|--|--|--------------------------------------|--|-------------|
| | The Instruc | ction Guide explains how to complete | this for | n. | 1 | Total pages Schedule A1: Sch: 2/3 Rpt: 5/10 | |
| 2 | Priler NAME Texas Apartment Assn. PAC | | | 3 | Filer ID (Ethics Commission 00017303 | n Filers) | |
| 4 | Date 07/27/2024 5 Full name of contributor out-of-state PAC (ID#:) Keck, Adam 6 Contributor address; City; State; Zip Code | | 7 | Amount of Contribution (\$) | \$100.00 | | |
| 8 | Principal occu | Argyle, TX 76226 pation / Job title (See Instructions) | la la | Employer (See Instructions | ;) | | |
| Ü | | count Manager | | HD Supply | " | | |
| | Date Full name of contributor out-of-state PAC (ID#:) 08/01/2024 McCurdy, Char Contributor address; City; State; Zip Code | | | • | Amount of Contribution (\$) | \$833.00 | |
| | | Rockwall, TX 75087 | | | | | |
| Principal occupation / Job title (See Instructions) President Employer (See Instructions) Summit Property Man | | | Employer (See Instructions Summit Property Manag | | nent | | |
| | Date 08/14/2024 | Full name of contributor out-of-state PA McKay, Allyson Contributor address; City; State; Zip Code | AC (ID#: |) | • | Amount of Contribution (\$) | \$125.00 |
| | Deinsinal assu | New Braunfels, TX 78130 | | Franksian (Cook batusations | <u></u> | | |
| | Managing Di | pation / Job title (See Instructions) irector | | Employer (See Instructions EMBREY | >) | | |
| | Date 08/24/2024 | Full name of contributor out-of-state PA Paneral, Jenifer Contributor address; City; State; Zip Code Houston, TX 77027 | |) | • | Amount of Contribution (\$) | \$250.00 |
| | Principal occu Property Mai | pation / Job title (See Instructions) | | Employer (See Instructions Dayrise | <u>l</u> S) | | |
| | Date 08/04/2024 | Full name of contributor out-of-state PA Reed, Cindi Contributor address; City; State; Zip Code Cedar Park, TX 78613 | |) | • | Amount of Contribution (\$) | \$100.00 |
| | Principal occu Vice Preside | pation / Job title (See Instructions) | | Employer (See Instructions Apartmentdata.com | 5) | | |
| | | | <u> </u> | , | | | |

| | MONET | ARY POLITICAL CONTRIBUTION | DNS | | SCHEDI | JLE A1 |
|---|---|--|--------------------------------------|----------------------------|--|---------------|
| | The Instruction Guide explains how to complete this form. | | | | Total pages Schedule A1: Sch: 3/3 Rpt: 6/10 | |
| 2 | FILER NAME Texas Apart | ment Assn. PAC | | 3 | Filer ID (Ethics Commis 00017303 | sion Filers) |
| 4 | | | 7 | Amount of Contribution (\$ | \$100.00 | |
| 8 | Principal occu VP | Grand Prairie, TX 75051 spation / Job title (See Instructions) | 9 Employer (See Instructions WAK | s) | | |
| | Date 08/09/2024 | Full name of contributor out-of-state PAC (ID#:_ Tilley, Mat Contributor address; City; State; Zip Code Houston, TX 77079 | | | Amount of Contribution (\$ | \$625.00 |
| | Principal occu Business Ov | pation / Job title (See Instructions) | Employer (See Instructions WeDoTrash | <u> </u> s) | | |
| | Date 08/18/2024 | Full name of contributor out-of-state PAC (ID#:_ Vo, Jessica Contributor address; City; State; Zip Code Coppell, TX 75019 | | • | Amount of Contribution (\$ | \$1,000.00 |
| | Principal occu Sales | pation / Job title (See Instructions) | Employer (See Instructions Comm-fit | <u>l</u> S) | | |
| | | | | | | |

| PLEDGED CONTRIBUTIONS | | | | SCHEDULE | В |
|--|--|-------|-------------------------------------|--|-----------|
| The Instruction Guide explains how to comp | olete this form. | 1 | Total pages Sche Sch: 1/1 Rpt: 7 | | |
| 2 FILER NAME Texas Apartment Assn. PAC | | | | nics Commission Filers) | |
| 4 TOTAL OF UNITEMIZED PLEDGES | | | \$ | | 0.00 |
| | Out-of-state PAC (ID#:) City; State; Zip Code | | Amount of pledge (\$) | 9 In-kind description (If applicable) | |
| 10 Principal occupation / Job title (See Instructions) | 11 Employer (See Instr | uctio | | side of Texas. Complete Scl | hedule T. |
| | | | | | |

| LOANS | | | | SCHEDULE E | |
|--------------------------------------|--|------------------------------|-------------------|--|--|
| The Instruction | The Instruction Guide explains how to complete this form. 1 Total page Sch: 1/1 | | | | |
| 2 FILER NAME Texas Apartmer | nt Assn. PAC | | 3 Filer ID 000173 | (Ethics Commission Filers) | |
| 4 TOTAL OF UN | NITEMIZED LOANS | | | \$ 0.00 | |
| 5 Date of loan | 7 Name of lender out-of-state | PAC (ID#: |) | 9 Loan Amount (\$) | |
| 6 Is lender a financial institution? | 8 Lender address; City; State | e; Zip Code | | 10 Interest Rate | |
| | | | | 11 Maturity Date | |
| 12 Principal occupation | on / Job title (See Instructions) | 13 Employer (See Instruction | ns) | | |
| 14 Description of Col | lateral | 15 Check if personal funds | were deposited | d into political account (See Instructions) | |
| 16 GUARANTOR INFORMATION | 17 Name of guarantor | <u> </u> | | 19 Amount Guaranteed (\$) | |
| not applicable | 18 Guarantor address; City; State | e; Zip Code | | | |
| 20 Principal occupation | on | 21 Employer (See Instruction | ns) | | |
| | | | | | |

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 Cor Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services 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

| Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | |
|--|--|
| 1 Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| Sch: 1/2 Rpt: 9/10 | Texas Apartment Assn. PAC 00017303 |
| 4 Date | 5 Payee name |
| 08/01/2024 | Anedot |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code |
| \$175.92 | 1920 McKinney |
| Expenditure from | 7th Floor |
| corporate funds | Dallas, TX 75201 |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Accounting/Banking |
| EXPENDITORE | Check if Austin, TX, officeholder living expense |
| | Service fees |
| | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/Ol | Candidate/Officeholder name Office sought Office held |
| Date | Payee name |
| 08/14/2024 | Gregory Johnson for Bell County |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$1,500.00 | P.O. Box 101 |
| Evnanditura from | |
| Expenditure from corporate funds | Killeen, TX 76540 |
| 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 |
| Operation ONE Wife discont | On didn't Office helder game |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| Date | Payee name |
| 08/20/2024 | John Lujan Campaign |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$1,000.00 | P.O. Box 14479 |
| | |
| Expenditure from corporate funds | San Antonio, TX 78214 |
| 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 ONE VIII | Condidate/Officeholder name |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| , | |
| | |
| | |

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
OTHER (setter a extension pat listed above)

| Candidate/Officeholder/Politica Credit Card Payment | al Committee Legal Services Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |
|---|--|--|
| • | 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: 10/10 | Texas Apartment Assn. PAC | 00017303 |
| 4 Date | 5 Payee name | |
| 08/20/2024 | Josey Garcia Campaign | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code | |
| \$750.00 | 718 Amber Knoll | |
| ******* | | |
| Expenditure from corporate funds | San Antonio, TX 78251 | |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| OF EXPENDITURE | Contributions/Donations Made By | vel outside of Texas. Complete Schedule T. |
| LXI ENDITORE | _ · · · · · · · · · · · · · · · · · · · | stin, TX, officeholder living expense |
| | Campaign | Contribution |
| | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought H | Office held |
| Date | Payee name | |
| 08/20/2024 | Liz Campos Campaign | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| \$750.00 | 1028 Rigsby | |
| 4.00.00 | | |
| Expenditure from corporate funds | San Antonio, TX 78210 | |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| OF EXPENDITURE | Contributions/Bonations wade by | vel outside of Texas. Complete Schedule T. |
| LAI LIIDITORE | Garialdato, Gillodi Gilliota Gorilliato | stin, TX, officeholder living expense |
| | Campaign | Contribution |
| | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought H | Office held |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |