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) 00017315 3 COMMITTEE NAME **OFFICE USE ONLY** HOMEPAC of the HBA of Greater Dallas Date Received **ELECTRONICALLY FILED** 09/05/2024 COMMITTEE ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP **ADDRESS** 5816 W. Plano Pkwy. #101 Change of Address Plano, TX 75093-4636 Date Hand-delivered or Date Postmarked MS / MRS / MR **CAMPAIGN FIRST** MI **TREASURER** Receipt # Amount David NAME Date Processed **NICKNAME** LAST **SUFFIX** Date Imaged Lehde CAMPAIGN APT / SUITE #; STREET ADDRESS (NO PO BOX PLEASE); CITY; STATE; ZIP CODE TREASURER 5816 West Plano Parkway STREET **ADDRESS** (Residence or Business) Plano, TX 75093 **CAMPAIGN** STREET ADDRESS OR PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** 5816 West Plano Parkway MAILING **ADDRESS** Change of Address Plano, TX 75093 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** (972) 931-4840 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

| | | | | 1 | |
|---|--|-----------------------|--|-----------------------------------|---|
| L2 COMMITTEE NAME | | | | 13 Filer ID | (Ethics Commission Filers) |
| HOMEPAC of the HBA | of Greater Dallas | | | 000173 | 15 |
| 4 COMMITTEE ACTIVITY | 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 | | | |
| | 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 | L CONTRIBUTION | NS | \$ | 0.00 |
| | (OTHER THAN PLEI | DGES, LOANS, OR C | GUARANTEES OF LOANS) | | 0.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | | | \$ | 0.00 |
| | 4. TOTAL POLITICA | L EXPENDITURES | S | \$ | 5.00 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | | | T DAY \$ | 33,099.13 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | | | THE \$ | 0.00 |
| 6 AFFIDAVIT | | | | <u>_</u> | |
| | | true ar | r, or affirm, under penalty of p nd correct and includes all info Title 15, Election Code. | perjury, that th ormation requ | ne accompanying report is iired to be reported by me |
| | | | Dav | id Lehde | |
| | | | Signature of C | ampaign Tre | asurer |
| AFFIX NOTARY | STAMP / SEAL ABOVE | | | | |
| Sworn to and subscribed | hefore me, by the said | | , | this the | day |
| | _, 20, to certify \ | | | uns urc | uuy |
| | <u> </u> | , | | | |
| Signature of officer ad | lministering oath | Printed name of offic | er administering oath | Title of | officer administering oath |

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

| | | | | | 3 of 5 |
|---------------|---|--|----------------|---------|--------------------|
| 17 COM | MITTE | EE NAME | 18 Filer ID | (Ethics | Commission Filers) |
| HOM | IEPA(| C of the HBA of Greater Dallas | 00017315 | | |
| 19 SCH | EDULE E OF S | SI | JBTOTAL AMOUNT | | |
| 1. | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | | | | 0.00 |
| 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. | 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. | | \$ | | | |
| 8. | | SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR C | ORGANIZATION | \$ | |
| 9. | Х | SCHEDULE E: LOANS | | \$ | 0.00 |
| 10. | X | SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | 5 | \$ | 5.00 |
| 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 | \$ | |
| | | | | | |

| | LOANS | | | | | SCHEDULE E | | |
|-----|---|---------------------------------|-----------------|-------------------------|--|---|--|--|
| • | The Instruction Guide explains how to complete this form. | | | | l l | 1 Total pages Schedule E: Sch: 1/1 Rpt: 4/5 | | |
| | FILER NAME HOMEPAC of the HBA of Greater Dallas | | | | 3 Filer ID (Ethics Commission Filers) 00017315 | | | |
| 4 . | | | | | I | \$ 0.00 | | |
| 5 1 | Date of loan | 7 Name of lender | out-of-state PA | C (ID#: | | 9 Loan Amount (\$) | | |
| 1 | ls lender a financial institution? | 8 Lender address; | City; State; | Zip Code | | 10 Interest Rate | | |
| | | | | | | 11 Maturity Date | | |
| 12 | Principal occupation | on / Job title (See Instruction | ns) | 13 Employer (See Instru | uctions) | | | |
| 14 | Description of Coll | lateral | | 15 Check if personal fu | nds were deposite | ed into political account (See Instructions) | | |
| | GUARANTOR INFORMATION | 17 Name of guarantor | | | | 19 Amount Guaranteed (\$) | | |
| [| not applicable | 18 Guarantor address; | City; State; | Zip Code | | | | |
| 20 | Principal occupation | on | | 21 Employer (See Instru | uctions) | | | |
| | | | | | | | | |

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

| Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment | y - Git al Committee Le | od/Beverage Expense ft/Awards/Memorials Expense gal Services ne Instruction Guide explains | Polling Expense Printing Expense Salaries/Wages/Contract Labor how to complete this form. | Travel in District Travel Out of District OTHER (enter a category not listed above) |
|---|----------------------------|---|---|---|
| 1 Total pages Schedule F1: | 2 FILER NAME | | | 3 Filer ID (Ethics Commission Filers) |
| Sch: 1/1 Rpt: 5/5 | | the HBA of Greater Dal | las | 00017315 |
| 4 Date | 5 Payee name | | | 1 |
| 08/02/2024 | Authorize.net | | | |
| 6 Amount (\$) | 7 Payee address; | City; State | ; Zip Code | |
| \$5.00 | PO Box 947 | Oity, Otatio | , Zip Code | |
| 40.00 | | | | |
| Expenditure from corporate funds | American For | k, UT 84003 | | |
| 8 PURPOSE | (a) Category (See (| Categories listed at the top of this sch | nedule) (b) Description | |
| OF EXPENDITURE | Fees | | . | l outside of Texas. Complete Schedule T. |
| | | | Credit card f | n, TX, officeholder living expense |
| | | | Great cara i | |
| 9 Complete ONLY if direct | Candidate/Office | holder name | | Office held |
| expenditure to benefit C/O | | noider name | Office 30dgfft | Office field |
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