GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC COVER SHEET PG 1

Th	e GPAC Instruction	Guide explains how to complete this form	1	1 Filer ID (Ethics Commission Filers) 00042938		2 Total pages filed: 20
3	COMMITTEE NAME					OFFICE USE ONLY
	Texas Construction	n Assn. PAC			ł	Date Received
						ELECTRONICALLY FILED
						10/03/2024
Ŀ					_	10/03/2024
4	COMMITTEE ADDRESS		ITY	; STATE; ZIP CODE		
		1011 San Jacinto Blvd., Ste. 330			ľ	Date Hand-delivered or Date Postmarked
	Change of Address					
		Austin, TX 78701-2494				Receipt # Amount
						Date Processed
					ŀ	
						Date Imaged
Ŀ					_	41
5	CAMPAIGN TREASURER	MS/MRS/MR FIRST			ľ	ЛІ
	NAME	Mr. Brian				
		NICKNAME LAST				SUFFIX
		Chester				
_	CAMDAICN		<u>.</u>		<i>.</i>	
6	CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #; CITY	,	STATE; ZIP CODE
	STREET	11540 Plano Rd.				
	ADDRESS					
	(Residence or Business)	Dallas, TX 75243				
7	CAMPAIGN TREASURER	STREET OR PO BOX;		APT / SUITE #; CIT	Y;	STATE; ZIP CODE
	MAILING	1011 San Jacinto Blvd., Ste. 330				
	ADDRESS					
	Change of Address	Austin, TX 78701-2494				
8	CAMPAIGN	AREA CODE PHONE NUMBER	Fک	(TENSION		
ľ	TREASURER	(512) 473-3773	_,			
	PHONE	(0)				
9	REPORT	January 15 X	30th	day before election	-1	Dissolution (Attach PAC-DR)
	TYPE			- L		
		July 15	8th d	day before election		10th day after campaign treasurer termination
			Run	off		
10	PERIOD	Month Day Year		Month Day		Year
1	COVERED	07/01/2024	ТНБ	ROUGH 09/26/20		i cui
				00/20/20		
11	ELECTION	ELECTION DATE		ELECTION TYPE		
		Month Day Year	Prir	mary Runoff		Other
		11/05/2024	- 1 Gei	neral Special		
			1.00			
\vdash						
		GC	т	D PAGE 2		
Foi	rms provided by Tex	xas Ethics Commission www	ethi	ics.state.tx.us		Version V4.1.0.48da51f7

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Texas Construction Ass	n. PAC		00042938	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Ms. Helen Kerwin State Repre	sentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported B. Opposed		
		b. Opposed		
	3. Officeholders Assisted (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 (OTHER THAN PLE	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	18,482.39
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	10,715.62
CONTRIBUTION BALANCE	5. TOTAL POLITICAL C OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST I G PERIOD	DAY \$	99,384.07
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 pen true and correct and includes all inforr under Title 15, Election Code.		
		Mr. Briar	n Chester	
		Signature of Car	npaign Treasu	irer
	STAMP / SEAL ABOVE			
		, th vhich, witness my hand and seal of office.	nis the	day
01	, 20 <u> </u> , to certify (which, whiless my hand and sear of onice.		
Signature of officer ad	ninistering oath	Printed name of officer administering oath	Title of offic	cer administering oath
Forms provided by Texas E	thics Commission	www.ethics.state.tx.us		Version V4.1.0.48da51f7

Page 3 of 20

12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Texas Construction Ass	sn. PAC			00042938	
14 COMMITTEE ACTIVITY	1. 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			
	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.)		The Honorable Ben Bumgarner	State Represe	ntative
COMMITTEE ACTIVITY	1. 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			
	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.)		The Honorable Angie Button Sta	ate Representa	tive
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 (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.)		The Honorable Mark Dorazio St	ate Representa	ative
		1			

Page 4 of 20

12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Texas Construction Ass	sn. PAC			00042938	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported		1	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	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		The Honorable Stan Gerdes Sta	ate Representa	live
COMMITTEE	applicable, classify by party.)				
ACTIVITY	1. 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			
	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.)		The Honorable Charlie Geren S	tate Represent	ative
COMMITTEE		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 (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if		The Honorable Richard Hayes S	State Represen	tative
	applicable, classify by party.)	I			

Page 5 of 20

12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Texas Construction Ass	sn. PAC			00042938	
14 COMMITTEE ACTIVITY	1. 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			
	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		The Honorable Armando Walle	State Represer	ntative
	applicable, classify by party.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Mr. Vince Perez State Represer	ntative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	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.)				
COMMITTEE ACTIVITY	1. 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			
	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.)		The Honorable Jared Patterson	State Represe	ntative
		1			

FORM GPAC

Page 6 of 20

12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
Texas Construction Ass	sn. PAC				00042938	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Mr. Paul Dysor	1 State Represen	tative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	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.)					
	1					
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Mr. Jeff Barry	State Representa	tive	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	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.)					
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 (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if		The Honorable	Phil King State S	Senator	
	applicable, classify by party.)					

ADDENDUM

Page 7 of 20

12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Texas Construction Ass	sn. PAC			00042938	
14 COMMITTEE ACTIVITY	1. 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			
	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.)		The Honorable Tan Parker State	e Senator	
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Mr. Brent Hagenbuch State Sen	ator	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	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.)				
COMMITTEE ACTIVITY	1. 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			
	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.)		The Honorable Angelia Orr State	e Representativ	ve
		-			

S	UBT	OTALS - GPAC	C		IEET PG 3 8 of 20
		EE NAME nstruction Assn. PAC	18 Filer ID 00042938	(Ethics Com	mission Filers)
		E SUBTOTALS SCHEDULE		SUBTO	TAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	18,120.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	R	\$	
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA LABOR ORGANIZATION	TION OR	\$	
6.		SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG.	ANIZATION	\$	
7.	Х	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$	362.39
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (ORGANIZATION	\$	
9.		SCHEDULE E: LOANS		\$	
10.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$	10,715.62
11.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
12.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	

17 COMMITTEE NAME

13.

14.

15.

TO FILER

19 SCHEDULE SUBTOTALS NAME OF SCHEDULE

SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD

SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED

\$

\$

\$

			1		
The Instru	ction Guide explains how to complete this f	orm.		Total pages Schedule A1: Sch: 1/5 Rpt: 9/20	
2 FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
	truction Assn. PAC			00042938	5111 11013)
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
08/19/2024	Adams, Norman (Mr.)				\$2,000.00
	6 Contributor address; City; State; Zip Code				
	Houston, TX 77008		Ĺ		
8 Principal occu Insurance	ipation / Job title (See Instructions)	9 Employer (See Instructions Adams Insurance	S)		
Date	Full name of contributor Out-of-state PAC (ID#:)		Amount of Contribution (\$)	
08/23/2024	Ayers, Erica (Ms.)	/		()	\$40.00
00,20,2021					+ 10100
	Contributor address; City; State; Zip Code				
	Dallas TV 75220				
	Dallas, TX 75229		Ĺ		
-	pation / Job title (See Instructions)	Employer (See Instructions	S)		
Contractor					
Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
09/23/2024	Devine, Wesley (Mr.)				\$80.00
	Contributor address; City; State; Zip Code				
	Sachse, TX 75048				
Principal occu	Ipation / Job title (See Instructions)	Employer (See Instructions	s)		
Contractor					
Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
08/07/2024	East, Darlene (Ms.)				\$5,000.00
	Contributor address; City; State; Zip Code		·		
	Cypress, TX 77429				
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
Contractor	······································	Holes Incorporated	-)		
			<u> </u>		
Date	Full name of contributor out-of-state PAC (ID#:_)	'	Amount of Contribution (\$)	¢1 000 00
08/23/2024	Ebner, Clay (Mr.)				\$1,000.00
	Contributor address; City; State; Zip Code				
	Houston, TX 77004				
-	ipation / Job title (See Instructions)	Employer (See Instructions	s)		
Contractor					
		•			

2 FILER NAME 3 Filer ID (Ethics Commission Filers) Texas Construction Assn. PAC 00042938	The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 2/5 Rpt: 10/20	
Texas Construction Assn. PAC 00042938 4 Date 5 Full name of contribution out-attate PAC (DIII) 7 Amount of Contribution (\$) 68/23/2024 6 Contribution address; City; State; Zip Code 7 Amount of Contribution (\$) \$80.00 7 Amount of Contribution 9 Employer (See Instructions) 9 Employer (See Instructions) 7 Amount of Contribution (\$) 7 Or/01/2024 Full name of contributor out-of-state PAC (DIII) Amount of Contribution (\$) 7 Or/01/2024 Full name of contributor out-of-state PAC (DIII) Amount of Contribution (\$) 7 Or/01/2024 Full name of contributor out-of-state PAC (DIII) Amount of Contribution (\$) 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (DIII) 08/05/2024 Full name of contributor out-of-state PAC (DIII) Amount of Contribution (\$) \$100.00 09/02/2024 Full name of contributor out-of-state PAC (DIII) Amount of Contribution (\$) \$100.00 09/02/2024 Full name of contributor out-of-state PAC (DIII) Amount of Contribution (\$) \$100.00 09/02/2024 Full name of contributor out-of-state PAC (DIII) Amount of Co	2 FILER NAME			·	on Filers)
08/23/2024 Guian, Lexie (Ms.) \$80.00 6 Contributor address; City; State; Zip Code \$80.00 7 Frincipal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date O7/01/2024 Full name of contributor out-of-state PAC (IDIR Amount of Contribution (S) Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (S) Principal occupation / Job title (See Instructions) Employer (See Instructions) Higginbotham Date Full name of contributor out-of-state PAC (IDIR Amount of Contribution (S) S100.00 Contributor address; City; State; Zip Code Amount of Contribution (S) \$100.00 Date Full name of contributor out-of-state PAC (IDIR Amount of Contribution (S) \$100.00 Insurance Full name of contributor out-of-state PAC (IDIR Amount of Contribution (S) \$100.00 Date Pull name of contributor out-of-state PAC (IDIR Amount of Contribution (S) \$100.00 09/02/2024 Full name of contributor out-of-state PAC (IDIR Amount of Contribution (S) \$100.00 09/02/2024 Full name of contributor					
6 Contributor address; City; State; Zip Code Farmers Branch, TX 75234 Perployer (See Instructions) Contractor Pathenaped occupation / Job title (See Instructions) Date Full name of contributor	4 Date	5 Full name of contributor out-of-state PAC (ID#	:)	7 Amount of Contribution (\$)	
	08/23/2024				\$80.00
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (Def:) Amount of Contribution (\$) 07/01/2024 Full name of contributor out-of-state PAC (Def:) Amount of Contribution (\$) 07/01/2024 Full name of contributor out-of-state PAC (Def:) Amount of Contribution (\$) 1 Subon Full name of contributor out-of-state PAC (Def:) Amount of Contribution (\$) 1 Full name of contributor out-of-state PAC (Def:) Amount of Contribution (\$) \$100.00 08/05/2024 Full name of contributor out-of-state PAC (Def:) Amount of Contribution (\$) \$100.00 08/05/2024 Full name of contributor out-of-state PAC (Def:) Amount of Contribution (\$) \$100.00 08/05/2024 Full name of contributor out-of-state PAC (Def:) Amount of Contribution (\$) \$100.00 09/02/2024 Full name of contributor out-of-state PAC (Def:) Amount of Contribution (\$) \$100.00 09/02/2024 Full name of contributor out-of-state PAC (Def:) Amount of Contribution (\$) \$1,000.00					
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (Der) Amount of Contribution (\$) 07/01/2024 Full name of contributor out-of-state PAC (Der) Amount of Contribution (\$) 07/01/2024 Full name of contributor out-of-state PAC (Der) Amount of Contribution (\$) 1 Contributor address; City; State; Zip Code Austin, TX 78746 Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) 1 Subon of contributor out-of-state PAC (Der) Amount of Contribution (\$) 08/05/2024 Full name of contributor out-of-state PAC (Der) Amount of Contribution (\$) 1 Contributor address; City; State; Zip Code Austin, TX 78746 Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) 08/02/2024 Full name of contributor out-of-state PAC (Der) Amount of Contribution (\$) 09/02/2024 Full name of contributor out-of-state PAC (Der) Amount of Contribution (\$)					
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (Def:) Amount of Contribution (\$) 07/01/2024 Full name of contributor out-of-state PAC (Def:) Amount of Contribution (\$) 07/01/2024 Full name of contributor out-of-state PAC (Def:) Amount of Contribution (\$) 1 Subon Full name of contributor out-of-state PAC (Def:) Amount of Contribution (\$) 1 Full name of contributor out-of-state PAC (Def:) Amount of Contribution (\$) \$100.00 08/05/2024 Full name of contributor out-of-state PAC (Def:) Amount of Contribution (\$) \$100.00 08/05/2024 Full name of contributor out-of-state PAC (Def:) Amount of Contribution (\$) \$100.00 08/05/2024 Full name of contributor out-of-state PAC (Def:) Amount of Contribution (\$) \$100.00 09/02/2024 Full name of contributor out-of-state PAC (Def:) Amount of Contribution (\$) \$100.00 09/02/2024 Full name of contributor out-of-state PAC (Def:) Amount of Contribution (\$) \$1,000.00					
Contractor Date Full name of contributor out-of-state PAC (IDI:				\	
Date Full name of contributor out-of-state PAC (Der) Amount of Contribution (\$) 07/01/2024 Holt, Parker (Mr.) \$100.00 Contributor address; City; State; Zip Code Amount of Contribution (\$) \$100.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Insurance Full name of contributor out-of-state PAC (Der) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (Der) Amount of Contribution (\$) 08/05/2024 Holt, Parker (Mr.) Contributor address; City; State; Zip Code Amount of Contribution (\$) 1nsurance Full name of contributor out-of-state PAC (ID#) Amount of Contribution (\$) 1nsurance Full name of contributor out-of-state PAC (ID#) Amount of Contribution (\$) 0s/02/2024 Holt, Parker (Mr.) Contributor address; City; State; Zip Code Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) \$1,000.00 Insurance Austin, TX 78746 Employer (See Instructions) \$1,000.00 09/26/2024 Full name of contributor out-of-state PAC (ID#		ipation / Job title (See Instructions)	9 Employer (See Instructions	5)	
07/01/2024 Holt, Parker (Mr.) \$100.00 Contributor address; City; State; Zip Code Austin, TX 78746 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (S) Date Full name of contributor out-of-state PAC (ID#:					
Contributor address; City; State; Zip Code Austin, TX 78746 Principal occupation / Job title (See Instructions) Insurance Higginbotham Date Full name of contributor			:)	Amount of Contribution (\$)	¢100.00
Austin, TX 78746 Principal occupation / Job title (See Instructions) Insurance Employer (See Instructions) Higginbotham Date Full name of contributor of contributor of contribution (\$) Amount of Contribution (\$) 08/05/2024 Full name of contributor of contributor of contributor of contributor of contributor address; City; State; Zip Code Amount of Contributor (\$) Principal occupation / Job title (See Instructions) Insurance Employer (See Instructions) Higginbotham Amount of Contribution (\$) Date Oate Full name of contributor of out-of-state PAC (ID#:	07/01/2024				\$100.00
Principal occupation / Job title (See Instructions) Insurance Employer (See Instructions) Higginbotham Date Full name of contributor out-of-state PAC (D#: 08/05/2024 Holt, Parker (Mr.) Amount of Contribution (\$) Contributor address; City; State; Zip Code Amount of Contribution (\$) Austin, TX 78746 Employer (See Instructions) Higginbotham Date Full name of contributor out-of-state PAC (D#: Insurance Higginbotham Date Full name of contributor out-of-state PAC (D#: 09/02/2024 Full name of contributor out-of-state PAC (D#: 09/02/2024 Holt, Parker (Mr.) Amount of Contribution (\$) S100.00 Contributor address; City; State; Zip Code Amount of Contribution (\$) Austin, TX 78746 Employer (See Instructions) Higginbotham \$100.00 Principal occupation / Job title (See Instructions) Insurance Employer (See Instructions) Higginbotham Amount of Contribution (\$) 09/26/2024 Full name of contributor out-of-state PAC (ID#:		Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions) Insurance Employer (See Instructions) Higginbotham Date Full name of contributor out-of-state PAC (D#:					
Insurance Higginbotham Date 08/05/2024 Full name of contributor		Austin, TX 78746			
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 08/05/2024 Holt, Parker (Mr.) \$100.00 Contributor address; City; State; Zip Code Austin, TX 78746 \$100.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Higginbotham Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 09/02/2024 Holt, Parker (Mr.) Employer (See Instructions) Amount of Contribution (\$) 09/02/2024 Holt, Parker (Mr.) S100.00 Contributor address; City; State; Zip Code Amount of Contribution (\$) \$100.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$100.00 Insurance Holt, Parker (Mr.) Employer (See Instructions) \$100.00 Insurance Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$1,000.00 09/26/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$1,000.00 Og/26/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$1,000.00	Principal occu	I Ipation / Job title (See Instructions)	Employer (See Instructions) 3)	
08/05/2024 Holt, Parker (Mr.) \$100.00 Contributor address; City; State; Zip Code Austin, TX 78746 \$100.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Higginbotham Date Full name of contributor out-of-state PAC (ID#; Amount of Contribution (\$) \$100.00 09/02/2024 Full name of contributor out-of-state PAC (ID#; Amount of Contribution (\$) \$100.00 Contributor address; City; State; Zip Code Amount of Contribution (\$) \$100.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$100.00 Insurance Higginbotham \$100.00 \$100.00 Og/02/2024 Full name of contributor out-of-state PAC (ID#; Amount of Contribution (\$) Insurance Full name of contributor out-of-state PAC (ID#;	Insurance		Higginbotham		
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Contributor address; City; State; Zip Code Austin, TX 78746 Principal occupation / Job title (See Instructions) Employer (See Instructions) Insurance Full name of contributor out-of-state PAC (ID#:) Date Full name of contributor out-of-state PAC (ID#:) 09/02/2024 Holt, Parker (Mr.) Amount of Contribution (\$) Contributor address; City; State; Zip Code Austin, TX 78746 Principal occupation / Job title (See Instructions) Employer (See Instructions) Insurance Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Insurance Full name of contributor out-of-state PAC (ID#:) Date Full name of contributor out-of-state PAC (ID#:) Mount of Contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 09/26/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 09/26/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 09/26/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) Houston, TX 77043	08/05/2024				\$100.00
Principal occupation / Job title (See Instructions) Insurance Employer (See Instructions) Higginbotham Date Full name of contributor out-of-state PAC (ID#:) 09/02/2024 Holt, Parker (Mr.) Amount of Contribution (\$) Contributor address; City; State; Zip Code Austin, TX 78746 Principal occupation / Job title (See Instructions) Insurance Employer (See Instructions) Higginbotham Date Full name of contributor out-of-state PAC (ID#:) Higginbotham Date Full name of contributor out-of-state PAC (ID#:) Higginbotham Date Full name of contributor out-of-state PAC (ID#:) Higginbotham 09/26/2024 Full name of contributor out-of-state PAC (ID#:) Higginbotham Date Full name of contributor out-of-state PAC (ID#:) Karsten, Laura (Ms.) Amount of Contribution (\$) \$1,000.00 Contributor address; City; State; Zip Code Houston, TX 77043 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions)					
Principal occupation / Job title (See Instructions) Insurance Employer (See Instructions) Higginbotham Date Full name of contributor out-of-state PAC (ID#:) 09/02/2024 Holt, Parker (Mr.) Amount of Contribution (\$) Contributor address; City; State; Zip Code Austin, TX 78746 Principal occupation / Job title (See Instructions) Insurance Employer (See Instructions) Higginbotham Date Full name of contributor out-of-state PAC (ID#:) Higginbotham Date Full name of contributor out-of-state PAC (ID#:) Higginbotham Date Full name of contributor out-of-state PAC (ID#:) Karsten, Laura (Ms.) Amount of Contribution (\$) \$1,000.00 Contributor address; City; State; Zip Code Houston, TX 77043 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions)					
Principal occupation / Job title (See Instructions) Insurance Employer (See Instructions) Higginbotham Date Full name of contributor out-of-state PAC (ID#:) 09/02/2024 Holt, Parker (Mr.) Amount of Contribution (\$) Contributor address; City; State; Zip Code Austin, TX 78746 Principal occupation / Job title (See Instructions) Insurance Employer (See Instructions) Higginbotham Date Full name of contributor out-of-state PAC (ID#:) Higginbotham Date Full name of contributor out-of-state PAC (ID#:) Higginbotham Date Full name of contributor out-of-state PAC (ID#:) Higginbotham 09/26/2024 Full name of contributor out-of-state PAC (ID#:) Higginbotham Date Full name of contributor out-of-state PAC (ID#:) Karsten, Laura (Ms.) Amount of Contribution (\$) \$1,000.00 Contributor address; City; State; Zip Code Houston, TX 77043 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions)					
Insurance Higginbotham Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 09/02/2024 Holt, Parker (Mr.) \$100.00 Contributor address; City; State; Zip Code Austin, TX 78746 Principal occupation / Job title (See Instructions) Employer (See Instructions) Insurance Full name of contributor out-of-state PAC (ID#:) Date Full name of contributor out-of-state PAC (ID#:) Main of Contributor address; City; State; Zip Code Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) 09/26/2024 Full name of contributor out-of-state PAC (ID#:) 09/26/2024 Full name of contributor out-of-state PAC (ID#:) Notice Contributor address; City; State; Zip Code Amount of Contribution (\$) Houston, TX 77043 Employer (See Instructions) \$1,000.00 Principal occupation / Job title (See Instructions) Employer (See Instructions)				\	
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 09/02/2024 Holt, Parker (Mr.) \$100.00 Contributor address; City; State; Zip Code Austin, TX 78746 Principal occupation / Job title (See Instructions) Employer (See Instructions) Insurance Full name of contributor out-of-state PAC (ID#:) Date Full name of contributor out-of-state PAC (ID#:) 09/26/2024 Full name of contributor out-of-state PAC (ID#:) 09/26/2024 Full name of contributor out-of-state PAC (ID#:) Mount of Contribution (\$) \$1,000.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Houston, TX 77043 Employer (See Instructions)		ipation / Job title (See Instructions)	, , ,	5)	
09/02/2024 Holt, Parker (Mr.) \$100.00 Contributor address; City; State; Zip Code Austin, TX 78746 Principal occupation / Job title (See Instructions) Employer (See Instructions) Insurance Higginbotham Date Full name of contributor out-of-state PAC (ID#:) 09/26/2024 Karsten, Laura (Ms.) Amount of Contribution (\$) Contributor address; City; State; Zip Code Amount of Contribution (\$) Houston, TX 77043 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions)				1	
Contributor address; City; State; Zip Code Austin, TX 78746 Principal occupation / Job title (See Instructions) Insurance Date Full name of contributor out-of-state PAC (ID#:) Karsten, Laura (Ms.) Contributor address; City; State; Zip Code Houston, TX 77043 Principal occupation / Job title (See Instructions) Employer (See Instructions) Bernologic (See Instructions) Employer (See Instructions) Meduation (S) Karsten, Laura (Ms.) Contributor address; City; State; Zip Code Houston, TX 77043 Principal occupation / Job title (See Instructions) Employer (See Instructions)			:)	Amount of Contribution (\$)	# 100.00
Austin, TX 78746 Principal occupation / Job title (See Instructions) Insurance Employer (See Instructions) Higginbotham Date Full name of contributor out-of-state PAC (ID#:) Karsten, Laura (Ms.) Amount of Contribution (\$) Karsten, Laura (Ms.) 09/26/2024 Full name of contributor out-of-state PAC (ID#:) Houston, TX 77043 Amount of Contribution (\$) S1,000.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions)	09/02/2024				\$100.00
Principal occupation / Job title (See Instructions) Employer (See Instructions) Insurance Higginbotham Date Full name of contributor out-of-state PAC (ID#:) 09/26/2024 Karsten, Laura (Ms.) Contributor address; City; State; Zip Code Amount of Contribution (\$) Houston, TX 77043 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions)		Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions) Employer (See Instructions) Insurance Higginbotham Date Full name of contributor out-of-state PAC (ID#:) 09/26/2024 Karsten, Laura (Ms.) Contributor address; City; State; Zip Code Amount of Contribution (\$) Houston, TX 77043 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions)					
Insurance Higginbotham Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 09/26/2024 Karsten, Laura (Ms.) \$1,000.00 Contributor address; City; State; Zip Code Houston, TX 77043 Principal occupation / Job title (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions)		Austin, TX 78746			
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 09/26/2024 Karsten, Laura (Ms.) \$1,000.00 Contributor address; City; State; Zip Code Houston, TX 77043 Principal occupation / Job title (See Instructions) Employer (See Instructions)	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions) 5)	
09/26/2024 Karsten, Laura (Ms.) \$1,000.00 Contributor address; City; State; Zip Code Houston, TX 77043 Principal occupation / Job title (See Instructions) Employer (See Instructions)	Insurance		Higginbotham		
09/26/2024 Karsten, Laura (Ms.) \$1,000.00 Contributor address; City; State; Zip Code Houston, TX 77043 Principal occupation / Job title (See Instructions) Employer (See Instructions)	Date	Full name of contributor out-of-state PAC (ID#	:)	Amount of Contribution (\$)	
Houston, TX 77043 Principal occupation / Job title (See Instructions) Employer (See Instructions)	09/26/2024				\$1,000.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)		Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions) Employer (See Instructions)					
Principal occupation / Job title (See Instructions) Employer (See Instructions)					
Contractor	-	ipation / Job title (See Instructions)	Employer (See Instructions	3)	
	Contractor				

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	The Instru	ction Guide explains how to complete	te this fo	orm.	1	Total pages Schedule A1: Sch: 3/5 Rpt: 11/20	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
		truction Assn. PAC				00042938	-
4	Date	5 Full name of contributor Out-of-state F	PAC (ID#:)	7	Amount of Contribution (\$)	
	08/23/2024	Kelly, Kyle (Mr.)					\$80.00
		6 Contributor address; City; State; Zip Code	,				
8	Dringing occu	Dallas, TX 75206 Ipation / Job title (See Instructions)		9 Employer (See Instructions	<u> </u>		
°	Insurance A			March & McLennan Age		V	
╞			- : 2 //D//-			-	
	Date 09/18/2024	Full name of contributor out-of-state F Kennedy, Martin (Mr.)	PAC (ID#:)		Amount of Contribution (\$)	¢1 000 00
	09/10/2024	· · · ·					\$1,000.00
		Contributor address; City; State; Zip Code					
		Spring, TX 77373					
	Principal occu	Ipation / Job title (See Instructions)		Employer (See Instructions			
	Contractor	•					
╞	Date	Full name of contributor Out-of-state F	PAC (ID#:_)		Amount of Contribution (\$)	
	07/24/2024	Killingsworth, Misti (Ms.)					\$100.00
		Contributor address; City; State; Zip Code					
		Pflugerville, TX 78691					
	•	upation / Job title (See Instructions)		Employer (See Instructions)		
	Contractor						
	Date		PAC (ID#:)		Amount of Contribution (\$)	
	08/23/2024	Killingsworth, Misti (Ms.)					\$100.00
		Contributor address; City; State; Zip Code					
		Pflugerville, TX 78691					
_	Drincinal occu	ipation / Job title (See Instructions)	r	Employer (See Instructions	<u> </u>		
	Contractor				9		
╞		Full name of contributor Out-of-state F				Amount of Contribution (\$)	
	Date 09/23/2024	Full name of contributor out-of-state F Killingsworth, Misti (Ms.)	PAC (ID#)			\$100.00
	0012012021	Contributor address; City; State; Zip Code					Ψ100.00
		Continuation address, City, State, Zip Code					
		Pflugerville, TX 78691					
⊢	Principal occu	Ipation / Job title (See Instructions)		Employer (See Instructions			
	Contractor						
┢			1				

The Instru	iction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 4/5 Rpt: 12/20	
2 FILER NAME			3 Filer ID (Ethics Commission Filers	5)
	struction Assn. PAC		00042938	,
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
08/23/2024			\$80	0.00
	6 Contributor address; City; State; Zip Code			
	Plano, TX 75024			
8 Principal occ	upation / Job title (See Instructions)	9 Employer (See Instructions)	
Contractor				
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
09/23/2024		······································	\$1,000	0.00
	Contributor address, City, State, Zip Code			
	Houston, TX 77064			
Dringing og	upation / Job title (See Instructions)	Employer (See Instructions	\ \	
Contractor	upation / Job title (See Instructions)	Restoration Services, In	·	
Contractor				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
07/08/2024	Rex, Glenn (Mr.)		\$5,000	0.00
	Contributor address; City; State; Zip Code			
	Houston, TX 77066			
Principal occ	upation / Job title (See Instructions)	Employer (See Instructions)	
Association	Manager	Rex Association Manage	ement	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
08/23/2024	Reynal, Beverly (Ms.)		\$80	0.00
	Contributor address; City; State; Zip Code			
	Southlake, TX 76092			
Principal occ	upation / Job title (See Instructions)	Employer (See Instructions)	
Executive D	Director	ASA-North Texas		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
08/23/2024)		0.00
00/23/2024			400	0.00
	Contributor address; City; State; Zip Code			
	Lewisville, TX 75057			
	upation / Job title (See Instructions)	Employer (See Instructions)	
Contractor				

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 **1** Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 5/5 Rpt: 13/20 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Texas Construction Assn. PAC 00042938 4 Date 5 Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 7 09/23/2024 \$1,000.00 Wells, Scott (Mr.) 6 Contributor address; City; State; Zip Code Cypress, TX 77429 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Contractor

NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C4

Γ	The Instruction Guide explains how to complete this form.		1 Total pages Schedule C4: Sch: 1/1 Rpt: 14/20			
2	FILER NAME		3	Filer ID	(Ethics Commission Filers)	
	Texas Construction Assn. PAC			00042938		
4	Date	5 Corporation / Labor Organization name	6	Amount (\$)		
L	07/01/2024	Texas Construction Association				54.13
F	Date	Corporation / Labor Organization name		Amount (\$)		
	08/01/2024	Texas Construction Association				54.13
	Date	Corporation / Labor Organization name		Amount (\$)		
	09/01/2024	Texas Construction Association				54.13
F	Date	Corporation / Labor Organization name		Amount (\$)		
	09/26/2024	Texas Construction Association			:	200.00

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food//Beverage Expense Polling Expense Travel in District - Gift/Awards/Memorials Expense Printing Expense		
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)		
Sch: 1/6 Rpt: 15/20	Texas Construction Assn. PAC 00042938		
4 Date	5 Payee name		
09/17/2024	Barry, Jeff (Mr.)		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$500.00	4418 Broadway St.		
Expenditure from corporate funds	Pearland, TX 77581		
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description		
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense		
	Campaign contribution		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought Office held		
Date	Payee name		
09/17/2024	Bumgarner, Ben (Rep.)		
Amount (\$)	Payee address; City; State; Zip Code		
\$500.00	5150 Kensington Ct.		
Expenditure from corporate funds	Flower Mound, TX 75022		
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign contribution 		
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		
Date	Payee name		
09/17/2024	Button, Angie (The Honorable)		
Amount (\$)	Payee address; City; State; Zip Code		
\$1,000.00	P.O. Box 832748		
Expenditure from corporate funds	Richardson, TX 75083		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description		
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held		

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			
1 Total pages Cabadula E1	2 FILER NAME 3 Filer ID (Ethics Commission Filers)		
1 Total pages Schedule F1: Sch: 2/6 Rpt: 16/20	2 FILER NAME 3 Filer ID (Ethics Commission Filers) Texas Construction Assn. PAC 00042938		
4 Date	5 Payee name		
09/17/2024	Dorazio, Mark (The Honorable)		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$1,000.00	P.O. Box 461341		
Expenditure from corporate funds	San Antonio, TX 78246		
8 PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign contribution 		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held		
Date	Payee name		
09/17/2024	Dyson, Paul (Mr.)		
Amount (\$)	Payee address; City; State; Zip Code		
\$500.00			
\$500.00	4040 Hwy. 6		
Expenditure from corporate funds	Suite 200 College Station, TX 77845		
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign contribution 		
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held		
Date	Payee name		
09/17/2024	Gerdes, Stan (The Honorable)		
Amount (\$)	Payee address; City; State; Zip Code		
\$500.00	P.O. Box 1060		
Expenditure from corporate funds	Smithville, TX 78957		
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign contribution 		
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held		

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimb Fees Office Overhead/Rental Food/Beverage Expense Polling Expense - Gift/Awards/Memorials Expense Printing Expense	ursement Solicitation/Fundraising Expense Expense Transportation Equipment & Related Expense Travel in District Travel Out of District t Labor OTHER (enter a category not listed above)	
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
Sch: 3/6 Rpt: 17/20	Texas Construction Assn. PAC	00042938	
4 Date	5 Payee name		
09/17/2024	Geren, Charlie (The Honorable)		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$500.00	P.O. Box 1440		
Expenditure from corporate funds	Fort Worth, TX 76101		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descri	iption	
OF EXPENDITURE		eck if travel outside of Texas. Complete Schedule T.	
		eck if Austin, TX, officeholder living expense	
	Cam	paign contribution	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held	
Date	Payee name		
09/17/2024	Hagenbuch, Brent (Mr.)		
Amount (\$)	Payee address; City; State; Zip Code		
\$1,000.00	2800 Shoreline Dr.		
φ1,000.00			
Expenditure from corporate funds	#310 Denton, TX 76210		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descr	iption	
OF EXPENDITURE		eck if travel outside of Texas. Complete Schedule T.	
		eck if Austin, TX, officeholder living expense	
	Cam	paign contributions	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held	
Date	Payee name		
09/17/2024	Hayes, Richard (The Honorable)		
Amount (\$)	Payee address; City; State; Zip Code		
\$500.00	P.O. Box 2818		
φ500.00	F.O. D0X 2010		
Expenditure from corporate funds	Denton, TX 76202		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descr	iption	
OF EXPENDITURE		eck if travel outside of Texas. Complete Schedule T.	
EAPENDITUKE	Candidate/Officeholder/Political Committee	eck if Austin, TX, officeholder living expense	
	Cam	paign contribution	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held	

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1 Total pages Schedule F1:	FILER NAME	3	Filer ID (Ethics Commission Filers)
Sch: 4/6 Rpt: 18/20	Texas Construction Assn. PAC		00042938
4 Date	Payee name		
09/17/2024	Kerwin, Helen (Ms.)		
6 Amount (\$)	Payee address; City; State;	Zip Code	
\$500.00	420 Grand Ave.		
Expenditure from corporate funds	Glen Rose, TX 76043		
8 PURPOSE	a) Category (See Categories listed at the top of this sche	dule) (b) Description	
OF EXPENDITURE	Contributions/Donations Made By	Check if travel out	tside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Comm		X, officeholder living expense
		Campaign con	tribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name C	ffice sought	Office held
Date	Payee name		
09/17/2024	King, Phil (The Honorable)		
Amount (\$)	0 ¹ (Zip Code	
.,		Zip Code	
\$1,000.00	P.O. Box 1913		
Expenditure from corporate funds	Weatherford, TX 76086		
PURPOSE	a) Category (See Categories listed at the top of this sche	(b) Description	
	Contributions/Donations Made By		tside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Comm	ttee Check if Austin, T	X, officeholder living expense
		Campaign con	tribution
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name C	ffice sought	Office held
Date	Payee name		
09/17/2024	Martinez, Armando (The Honorable)		
	. ,		
Amount (\$)	, , , , , , , , , , , , , , , , , , ,	Zip Code	
\$500.00	P.O. Box 1651		
Expenditure from corporate funds	Weslaco, TX 78599		
PURPOSE	a) Category (See Categories listed at the top of this sche	dule) (b) Description	
OF	Contributions/Donations Made By		tside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Comm	ttee Check if Austin, T	X, officeholder living expense
		Campaign con	tribution
Complete ONLY if direct	Candidate/Officeholder name	ffice sought	Office held
expenditure to benefit C/OI			

Advertising Expense Accounting/Banking Consulting Expense 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: 5/6 Rpt: 19/20	Z FILER NAME 3 Filer ID (Ethics Commission Filers) Texas Construction Assn. PAC 00042938		
4 Date	5 Payee name		
09/24/2024	Orr, Angelia (The Honorable)		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$500.00	P.O. Box 113		
Expenditure from corporate funds	Itasca, TX 76055		
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		
	Campaign contribution		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought Office held		
Date	Payee name		
07/01/2024	PNC Bank		
Amount (\$)	Payee address; City; State; Zip Code		
\$112.31	P.O. Box 609		
Expenditure from corporate funds	Pittsburgh, PA 15230		
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Service charge 		
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held		
Data	_		
Date	Payee name		
08/01/2024	PNC Bank		
Amount (\$)	Payee address; City; State; Zip Code		
\$103.31	P.O. Box 609		
Expenditure from corporate funds	Pittsburgh, PA 15230		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.		
EXPENDITURE	Check if Austin, TX, officeholder living expense		
	Service charge		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held		

Advertising Expense Accounting/Banking Consulting Expense 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: 6/6 Rpt: 20/20	Z FILER NAME 3 Filer ID (Eulics Commission Filers) Texas Construction Assn. PAC 00042938		
4 Date	5 Payee name		
09/17/2024	Parker, Tan (The Honorable)		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$1,000.00	P.O. Box 271741		
Expenditure from corporate funds	Flower Mound, TX 75027		
8 PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign contribution 		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought Office held		
Date	Payee name		
09/17/2024	Patterson, Jared (The Honorable)		
Amount (\$)	Payee address; City; State; Zip Code		
\$500.00 \$	Payee address, City, State, Zip Code P.O. Box 5419		
Expenditure from corporate funds	Frisco, TX 75035		
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign contribution 		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held		
Date	Payee name		
09/17/2024	Perez, Vince (Mr.)		
Amount (\$) \$500.00	Payee address; City; State; Zip Code P.O. Box 71309		
Expenditure from corporate funds	El Paso, TX 79917		
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign contribution 		
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held		