FORM GPAC GENERAL-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The GPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00032546 3 COMMITTEE NAME **OFFICE USE ONLY** Temple Area Builders Assn. Home - PAC Date Received **ELECTRONICALLY FILED** 10/28/2024 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 12 N. 5th St. Date Hand-delivered or Date Postmarked Change of Address Temple, TX 76502 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Michael NAME NICKNAME LAST **SUFFIX** Smith STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 12 North 5th Street STREET **ADDRESS** (Residence or Business) Temple, TX 76503 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 12 North 5th Street MAILING **ADDRESS** Temple, TX 76503 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (254) 773-0445 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 09/27/2024 10/26/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other 11/05/2024 χ General Special

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Temple Area Builders Assn. Home - PAC				
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		
	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.)	Brad Buckley State Represent	tative	
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M check here if this report	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)	\$	3,400.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL O	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	122,323.14
OUTSTANDING LOAN TOTALS	-	AMOUNT OF ALL OUTSTANDING LOANS AS OF TREPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT			<u> </u>	
		I swear, or affirm, under penalty of pe true and correct and includes all informunder Title 15, Election Code.		
		Michae	el Smith	
		Signature of Cal	mpaign Treasur	er
AFFIX NOTA	RY STAMP / SEAL ABOVE			
		, tł	nis the	day
		which, witness my hand and seal of office.		
Signature of officer	administering oath	Printed name of officer administering oath	Title of office	er administering oath

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM GPAC ADDENDUM

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						rage 3 01 11
12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Temple Area Builders Assn. Home - PAC					00032546	
	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			
		Officeholders Assisted (Identify by name or, if applicable, classify by party.)		James Nichols County Attorney		
	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			
		2. 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.)		Shay Luedeke County Tax Asse	essor-Collector	
	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			
		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.)		Russell Schneider County Com	missioner	

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM GPAC ADDENDUM

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MMITTEE NAME nple Area Builders A MMITTEE	ssn. Home - PAC			13 Filer ID	(Ethics Commission Filers)
MITTEE	ssn. Home - PAC			I	
MITTEE				00032546	
IVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Hillary Hickland State Represer	I ntative	
ach lists on plain er to complete this rt 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.)				
MITTEE	1. Candidates	A. Supported	Stephanie Newell District Attor	nev	
IVITY	(Identify by name or, if		Clophianic none 2 to a contact		
ach lists on plain er to complete this rt 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.)				
/MITTEE IVITY	Candidates (Identify by name or, if		Greg Reynolds County Commis	ssioner	
ach lists on plain er to complete this rt 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.)				
	IMITTEE IVITY ch lists on plain er to complete this rt if necessary.) IMITTEE IVITY ch lists on plain er to complete this rt if necessary.)	2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) Ch lists on plain or to complete this rt if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Identify by name or, if applicable, classify by party.) 2. Measures (Identify by name or, if applicable, classify by party.) 2. Measures (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted 3. Officeholders Assisted	2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) Ch lists on plain or to complete this rt if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) Ch lists on plain or to complete this rt if necessary.) Ch lists on plain or to complete this rt if necessary.) 2. Measures (Identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (Identify by name or, if applicable, classify by party.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) B. Opposed	2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identity by name or, if applicable, classify by party.) A. Supported B. Opposed 3. Officeholders Assisted (Identity by name or, if applicable classify by party.) B. Opposed 3. Opposed 4. Supported Stephanie Newell District Attor applicable, classify by party.) B. Opposed 5. Measures (Describe by date and location or election and nature of issue.) 8. Opposed 4. Supported 8. Opposed 6. Opposed 7. Measures (Describe by date and location or election and nature of issue.) 8. Opposed 9. Opposed 1. Candidates (Identity by name or, if applicable, classify by party.) 8. Opposed 9. Opposed 1. Candidates (Identity by name or, if applicable, classify by party.) 8. Opposed 9. Opposed 1. Candidates (Identity by name or, if applicable, classify by party.) 8. Opposed 1. Candidates (Identity by name or, if applicable, classify by party.) 8. Opposed 1. Candidates (Identity by name or, if applicable, classify by party.) 8. Opposed 1. Candidates (Identity by name or, if applicable, classify by party.) 8. Opposed 1. Candidates (Identity by name or, if applicable, classify by party.) 8. Opposed 1. Opposed 1. Opposed 1. Opposed 1. Opposed	Interessary.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (detertity by name or, if applicable, classify by party.) Ch lists on plain for to complete this rt if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (detertity by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (detertity by name or, if applicable, classify by party.) B. Opposed 3. Officeholders Assisted (detertity by name or, if applicable, classify by party.) B. Opposed 1. Candidates (detertity by name or, if applicable, classify by party.) B. Opposed 3. Officeholders Assisted (detertity by name or, if applicable, classify by party.) B. Opposed 3. Officeholders Assisted (detertity by name or, if applicable, classify by party.) B. Opposed 3. Officeholders Assisted (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted (Describe by date and location of election and nature of issue.) B. Opposed

GENERAL-PURPOSE COMMITTEE REPORT:

FORM GPAC ADDENDUM

12 COMMITTEE NAME Temple Area Builders Assn. Home - PAC 13 Filer ID (Ethics Commission Filers) 00032546	PURPOSE		ADDENDOM
Temple Area Builders Assn. Home - PAC 14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted			Page 5 of 11
1. Candidates (Identify by name or, if applicable, classify by party.) (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted A. Supported Rosanne Fisher Justice of the Peace Rosanne Fisher Justice of the Peace Rosanne Fisher Justice of the Peace A. Supported B. Opposed B. Opposed	12 COMMITTEE NAME		
ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed A. Supported B. Opposed A. Supported B. Opposed	Temple Area Builders Assn. Home - PAC		00032546
report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted	I		Peace
(Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted	(Attach lists on plain paper to complete this report if necessary.)	B. Opposed	
3. Officeholders Assisted		A. Supported	
Assisted		B. Opposed	
(identity by yname or. if applicable, classely by party.)	Assisted		
	(Identify by name or, if applicable, classify by party.)		

SUBTOTALS - GPAC

FORM **GPAC**COVER SHEET PG 3

6 of 11				
17 COMMI	(Ethics Commission Filers)			
Temple	,			
19 SCHED NAME (SUBTOTAL AMOUNT			
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4. X	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	OR	\$ 3,400.00	
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.	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	?	\$	
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR	ORGANIZATION	\$	
9.	SCHEDULE E: LOANS		\$	
10.	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	
11.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
12.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTI	ONS	\$	
13.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
14. X	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTI	ONS	\$ 29,751.63	
15. X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$ 166.19	

MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C1

-			
	The Instru	ction Guide explains how to complete this form.	1 Total pages Schedule C1: Sch: 1/1 Rpt: 7/11
2	FILER NAME		3 Filer ID (Ethics Commission Filers)
	Temple Area	Builders Assn. Home - PAC	00032546
4	Date	5 Corporation / Labor Organization name	7 Amount of contribution (\$)
ı	09/30/2024	Atmos Energy	\$2,000.00
		6 Corporation / Labor Organization address; City; State; Zip Code	
		Dallas, TX 75240	
F	Date	Corporation / Labor Organization name	Amount of contribution (\$)
	10/02/2024	Flintrock Builders	\$1,400.00
		Corporation / Labor Organization address; City; State; Zip Code	
		Belton, TX 76513	
\vdash			

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.
2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Temple Area Builders Assn. Home - PAC 00032546
5 Payee name
Belton ISD
7 Payee Address; City; State; Zip
9809 FM 2483
Temple, TX 76502
(a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required.)
Event Expense Centerpieces
Payee name
Johnny's Steaks & BBQ
Payee Address; City; State; Zip
P.O. Box 774
Salado, TX 76571
(a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required.)
Event Expense catering
Payee name
Let Us Do The Cooking
Payee Address; City; State; Zip
111 S. Main
Nolanville, TX 76559
(a) Category (See instructions for examples of acceptable categories) Event Expense (b) Description (See instructions regarding type of information required.) Catering
Catering
Payee name
Sam's Club
Payee Address; City; State; Zip
1414 Marlandwood Rd
Temple, TX 76502
(a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required.)
Event Expense Hospitality

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

	The Instruction Guide explains how to complete this form.
1 Total pages Schedule I:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 2/3 Rpt: 9/11	Temple Area Builders Assn. Home - PAC 00032546
4 Date	5 Payee name
10/02/2024	Smith, Kelsi
6 Amount (\$)	7 Payee Address; City; State; Zip
240.00	104 S. Main St
Expenditure from corporate funds	Belton, TX 76513
8 PURPOSE	(a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required.)
OF EXPENDITURE	Event Expense Security
EXPENDITORE	
Date	Payee name
10/02/2024	Sweeney, Alanna
Amount (\$)	Payee Address; City; State; Zip
240.00	104 S. Main St.
Expenditure from	
X corporate funds	Belton, TX 76513
PURPOSE	(a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required.)
OF EXPENDITURE	Event Expense Security
-	
Data	
Date 10/07/2024	Payee name Temple Cultural Activities Center
Amount (\$)	Payee Address; City; State; Zip
	3011 N. 3rd
1,885.00	JOIL N. Jiu
Expenditure from corporate funds	Temple, TX 76501
PURPOSE	(a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required.)
OF EXPENDITURE	Event Expense Facility Rental
EXI ENDITORE	
Date	Payee name
10/01/2024	Walker, Brannan
Amount (\$)	Payee Address; City; State; Zip
550.10	2280 Lucius McCelvey Dr
Expenditure from	Temple, TX 76504
corporate funds	(a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required.)
PURPOSE OF	Event Expense Catering
EXPENDITURE	- Cutching
	I I

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

_	The Instruction Guide explains how to complete this form.
Total pages Schedule I: Sch: 3/3 Rpt:	2 FILER NAME Temple Area Builders Assn. Home - PAC 3 Filer ID (Ethics Commission Filers) 00032546
4 Date 09/27/2024	5 Payee name Weber's, Ltd.
6 Amount (\$) 17,563.00 Expenditure from corporate funds	7 Payee Address; City; State; Zip 2701 Ira Young Drive Temple, TX 76504
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense (b) Description (See instructions regarding type of information required.) Facility Rental
Date 10/16/2024	Payee name Wes Albanese Photography
Amount (\$) 300.00 Expenditure from corporate funds	Payee Address; City; State; Zip 100 W. Adams Ave Suite 306-B Temple, TX 76501
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense (b) Description (See instructions regarding type of information required.) Photography
Date 09/30/2024	Payee name Wes Albanese Photography
Amount (\$) 450.00 Expenditure from corporate funds	Payee Address; City; State; Zip 100 W. Adams Ave Suite 306-B Temple, TX 76501
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense (b) Description (See instructions regarding type of information required.) Photography
	, <u> </u>

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 11/11 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Temple Area Builders Assn. Home - PAC 00032546 8 Amount (\$) 5 Name of person from whom amount is received 09/30/2024 \$166.19 Central National Bank 6 Address of person from whom amount is received; City; State; Zip Code Temple, TX 76502 7 Purpose for which amount is received Check if political contribution returned to filer