



# MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC  
COVER SHEET PG 2

<b>12 COMMITTEE NAME</b> Texas Society of Architects Committee	<b>13 Filer ID</b> (Ethics Commission Filers) 00016546
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<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported Chris Turner State Representative
		B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	

<b>15 CONTRIBUTION TOTALS</b>	<b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b> <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	<b>2. TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 17,383.62
EXPENDITURE TOTALS	<b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$ 0.00
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 50,437.83
CONTRIBUTION BALANCE	<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 258,190.15
OUTSTANDING LOAN TOTALS	<b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 0.00

**16 AFFIDAVIT**

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Mrs. Jennifer B. Briggs  
\_\_\_\_\_  
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

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<b>12 COMMITTEE NAME</b> Texas Society of Architects Committee	<b>13 Filer ID</b> (Ethics Commission Filers) 00016546
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<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported Jared Patterson State Representative
		B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	

<b>COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported Rhetta Andrews Bowers State Representative
		B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	

<b>COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported John Bryant State Representative
		B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	

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<b>12 COMMITTEE NAME</b> Texas Society of Architects Committee	<b>13 Filer ID</b> (Ethics Commission Filers) 00016546
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<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported <b>Trey Martinez Fischer</b> State Representative
		B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	

<b>COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported <b>Dennis Paul</b> State Representative
		B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	

<b>COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported <b>Mike Schofield</b> State Representative
		B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	

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<b>12 COMMITTEE NAME</b> Texas Society of Architects Committee	<b>13 Filer ID</b> (Ethics Commission Filers) 00016546
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<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported Ann Johnson State Representative
		B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	

<b>COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported John, III Bucy State Representative
		B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	

<b>COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported Gene Wu State Representative
		B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	

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<b>12 COMMITTEE NAME</b> Texas Society of Architects Committee		<b>13 Filer ID</b> (Ethics Commission Filers) 00016546
<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported Senfronia Thompson State Representative  B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported  B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	
	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported Penny Morales Shaw State Representative  B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported  B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	
<b>COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported David Cook State Representative  B. Opposed
<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported  B. Opposed	
<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)		

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<b>12 COMMITTEE NAME</b> Texas Society of Architects Committee		<b>13 Filer ID</b> (Ethics Commission Filers) 00016546
<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported <b>Eddie Jr. Morales</b> State Representative  B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported  B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	
	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported <b>Shelby Slawson</b> State Representative  B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported  B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	
<b>COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported <b>Donna Howard</b> State Representative  B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported  B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	

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<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported Vikki Goodwin State Representative
		B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	

<b>COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported Sheryl Cole State Representative
		B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	

<b>COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported JM Lozano State Representative
		B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	

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<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported Bobby Guerra State Representative
		B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	

<b>COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported Terry Canales State Representative
		B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	

<b>COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported Will Metcalf State Representative
		B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	

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<b>12 COMMITTEE NAME</b> Texas Society of Architects Committee		<b>13 Filer ID</b> (Ethics Commission Filers) 00016546
<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported    Angelia Orr    State Representative  B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported  B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	
	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported  B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported  B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	Kevin Sparks
<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported  B. Opposed	
<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported  B. Opposed	
<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	Jose Menendez    State Senator	

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<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported Royce West State Senator  B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported  B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	
	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported Tan Parker State Senator  B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported  B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	
<b>COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported  B. Opposed
<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported  B. Opposed	
<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	Charles Schwertner State Senator	

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<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported	
		B. Opposed	
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported	
		B. Opposed	
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	Brandon Creighton State Senator	

<b>COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported Robert Nichols State Senator	
		B. Opposed	
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported	
		B. Opposed	
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)		

<b>COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported Carol Alvarado State Senator	
		B. Opposed	
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported	
		B. Opposed	
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)		

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<b>12 COMMITTEE NAME</b> Texas Society of Architects Committee		<b>13 Filer ID</b> (Ethics Commission Filers) 00016546
<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported Phil King State Senator
		B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	

# SUBTOTALS - MPAC

<b>17 COMMITTEE NAME</b> Texas Society of Architects Committee		<b>18 Filer ID</b> (Ethics Commission Filers) 00016546
<b>19 SCHEDULE SUBTOTALS</b>		SUBTOTAL AMOUNT
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 10,203.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$ 1,850.00
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input checked="" type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$ 5,330.62
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 50,437.83
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 13,217.34
14.	<input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 11,077.03
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 1/15 Rpt: 15/46
2 FILER NAME Texas Society of Architects Committee		3 Filer ID (Ethics Commission Filers) 00016546
4 Date 10/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Adams, James	7 Amount of Contribution (\$) \$55.00
	6 Contributor address; City; State; Zip Code  Dallas, TX 75204	
8 Principal occupation / Job title (See Instructions) Architect		9 Employer (See Instructions)
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Alexander, Caitlyn	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Austin, TX 78756	
Principal occupation / Job title (See Instructions) Government Affairs		Employer (See Instructions)
Date 10/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Alexander, Caitlyn	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code  Austin, TX 78756	
Principal occupation / Job title (See Instructions) Government Affairs		Employer (See Instructions)
Date 10/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Allender, John	Amount of Contribution (\$) \$150.00
	Contributor address; City; State; Zip Code  San Antonio, TX 78215	
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions)
Date 10/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Aoki, Kate	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  Dallas, TX 75243	
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/15 Rpt: 16/46
<b>2</b> FILER NAME Texas Society of Architects Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00016546
<b>4</b> Date 10/03/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Appel, Natalye <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77098	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Architect		<b>9</b> Employer (See Instructions)
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Baldrige, Burton <hr/> Contributor address; City; State; Zip Code  Austin, TX 78703	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions)
Date 10/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Basora, Zaida <hr/> Contributor address; City; State; Zip Code  Grand Prairie, TX 75052	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions)
Date 09/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brandt, Nathan <hr/> Contributor address; City; State; Zip Code  Bryan, TX 77802	Amount of Contribution (\$)  \$350.00
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions)
Date 10/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brandt, Nathan <hr/> Contributor address; City; State; Zip Code  Bryan, TX 77802	Amount of Contribution (\$)  \$13.00
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/15 Rpt: 17/46
<b>2</b> FILER NAME Texas Society of Architects Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00016546
<b>4</b> Date 10/21/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brant, Charles ..... <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75206	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Architect		<b>9</b> Employer (See Instructions)
Date 10/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brant, Elizabeth ..... Contributor address; City; State; Zip Code  Dallas, TX 75206	Amount of Contribution (\$)  \$40.00
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions)
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brave, Fernando ..... Contributor address; City; State; Zip Code  Houston, TX 77006	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions)
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brooks, Eric ..... Contributor address; City; State; Zip Code  Fort Worth, TX 75110	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions)
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Broughton, Derwin ..... Contributor address; City; State; Zip Code  Duncanville, TX 75116-2064	Amount of Contribution (\$)  \$42.00
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/15 Rpt: 18/46
<b>2</b> FILER NAME Texas Society of Architects Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00016546
<b>4</b> Date 10/03/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Calvert, Kris <hr/> <b>6</b> Contributor address; City; State; Zip Code  Arlington, TX 76012	<b>7</b> Amount of Contribution (\$)  \$150.00
<b>8</b> Principal occupation / Job title (See Instructions) Architect		<b>9</b> Employer (See Instructions)
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Camacho, Nestor <hr/> Contributor address; City; State; Zip Code  Mission, TX 78572	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions)
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Coel, Carina <hr/> Contributor address; City; State; Zip Code  Austin, TX 78749	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions)
Date 10/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cruz, Victor <hr/> Contributor address; City; State; Zip Code  Corpus Christi, TX 78411	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions)
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dennehy, Paul <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75218-2700	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/15 Rpt: 19/46
<b>2</b> FILER NAME Texas Society of Architects Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00016546
<b>4</b> Date 10/04/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dennehy, Paul	<b>7</b> Amount of Contribution (\$)  \$35.00
<b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75218-2700		
<b>8</b> Principal occupation / Job title (See Instructions) Architect		<b>9</b> Employer (See Instructions)
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) DiNicola, Tony	Amount of Contribution (\$)  \$150.00
Contributor address; City; State; Zip Code  Fort Worth, TX 76133		
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions)
Date 09/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dukov, Alexei	Amount of Contribution (\$)  \$15.00
Contributor address; City; State; Zip Code  Fort Worth, TX 76137		
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions)
Date 10/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Flores, Richard	Amount of Contribution (\$)  \$25.00
Contributor address; City; State; Zip Code  Abilene, TX 79605		
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions)
Date 10/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Franz, John	Amount of Contribution (\$)  \$250.00
Contributor address; City; State; Zip Code  Forth Worth, TX 76109		
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/15 Rpt: 20/46
<b>2</b> FILER NAME Texas Society of Architects Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00016546
<b>4</b> Date 10/03/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gallagher, Desiree <hr/> <b>6</b> Contributor address; City; State; Zip Code  Waco, TX 76710	<b>7</b> Amount of Contribution (\$)  \$200.00
<b>8</b> Principal occupation / Job title (See Instructions) Architect		<b>9</b> Employer (See Instructions)
Date 10/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Garcia, Robert <hr/> Contributor address; City; State; Zip Code  Corpus Christi, TX 78415	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions)
Date 10/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Griffin, Kirsten <hr/> Contributor address; City; State; Zip Code  Carrollton, TX 75007	Amount of Contribution (\$)  \$151.00
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions)
Date 10/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Griggs, Brian <hr/> Contributor address; City; State; Zip Code  Amarillo, TX 79109	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions)
Date 10/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Guidry, Corey <hr/> Contributor address; City; State; Zip Code  Tyler, TX 75703	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 7/15 Rpt: 21/46
<b>2</b> FILER NAME Texas Society of Architects Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00016546
<b>4</b> Date 10/02/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Haecker, Krystyn <hr/> <b>6</b> Contributor address; City; State; Zip Code  Bellaire, TX 77401	<b>7</b> Amount of Contribution (\$) \$20.00
<b>8</b> Principal occupation / Job title (See Instructions) Architect		<b>9</b> Employer (See Instructions)
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Haecker, Krystyn <hr/> Contributor address; City; State; Zip Code  Bellaire, TX 77401	Amount of Contribution (\$) \$80.00
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions)
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Haecker, Krystyn <hr/> Contributor address; City; State; Zip Code  Bellaire, TX 77401	Amount of Contribution (\$) \$80.00
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions)
Date 10/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hawkins, Andrew <hr/> Contributor address; City; State; Zip Code  College Station, TX 77840	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions)
Date 10/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Henke, Donald <hr/> Contributor address; City; State; Zip Code  Anna, TX 75409	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 8/15 Rpt: 22/46
<b>2</b> FILER NAME Texas Society of Architects Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00016546
<b>4</b> Date 10/03/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hildenbrand, Anne	<b>7</b> Amount of Contribution (\$)  \$350.00
<b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75218		
<b>8</b> Principal occupation / Job title (See Instructions) Architect		<b>9</b> Employer (See Instructions)
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hiles, Justin	Amount of Contribution (\$)  \$150.00
Contributor address; City; State; Zip Code  Fort Worth, TX 76107		
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions)
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Holguin, Lorena	Amount of Contribution (\$)  \$150.00
Contributor address; City; State; Zip Code  El Paso, TX 79922		
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions)
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hudson, Eric	Amount of Contribution (\$)  \$150.00
Contributor address; City; State; Zip Code  Houston, TX 77055		
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions)
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jaquez, Clemente	Amount of Contribution (\$)  \$10.00
Contributor address; City; State; Zip Code  Dallas, TX 75204		
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 9/15 Rpt: 23/46
<b>2</b> FILER NAME Texas Society of Architects Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00016546
<b>4</b> Date 10/03/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ladymon, Blane <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75251	<b>7</b> Amount of Contribution (\$)  \$350.00
<b>8</b> Principal occupation / Job title (See Instructions) Architect		<b>9</b> Employer (See Instructions)
Date 09/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lawrence, James <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76112	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lopez, Robert <hr/> Contributor address; City; State; Zip Code  Midland, TX 79705	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions)
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Marrone, Steve <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78212	Amount of Contribution (\$)  \$150.00
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions)
Date 10/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Martin , Ryan <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75214	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 10/15 Rpt: 24/46
<b>2</b> FILER NAME Texas Society of Architects Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00016546
<b>4</b> Date 10/03/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Maxwell, Audrey	<b>7</b> Amount of Contribution (\$)  \$150.00
<b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75202		
<b>8</b> Principal occupation / Job title (See Instructions) Architect		<b>9</b> Employer (See Instructions)
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mcafee-Duncan, Charyl	Amount of Contribution (\$)  \$100.00
Contributor address; City; State; Zip Code  Dallas, TX 75243		
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions)
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Milam, Dennis	Amount of Contribution (\$)  \$100.00
Contributor address; City; State; Zip Code  San Antonio, TX 78205		
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions)
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mitchell, Kelly	Amount of Contribution (\$)  \$150.00
Contributor address; City; State; Zip Code  Dallas, TX 75219		
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions)
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mook, Noelle	Amount of Contribution (\$)  \$150.00
Contributor address; City; State; Zip Code  Richardson, TX 75081		
Principal occupation / Job title (See Instructions) architect		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 11/15 Rpt: 25/46
<b>2</b> FILER NAME Texas Society of Architects Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00016546
<b>4</b> Date 10/03/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Motal, Stephi <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78701	<b>7</b> Amount of Contribution (\$)  \$122.00
<b>8</b> Principal occupation / Job title (See Instructions) Architect		<b>9</b> Employer (See Instructions)
Date 10/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Motal, Stephi <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$44.00
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions)
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Navvab, Taylor <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$150.00
Principal occupation / Job title (See Instructions) Associate Architect		Employer (See Instructions)
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Needles, Jeff <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$150.00
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions)
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Powell, Thom <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75223	Amount of Contribution (\$)  \$350.00
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 12/15 Rpt: 26/46
<b>2</b> FILER NAME Texas Society of Architects Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00016546
<b>4</b> Date 09/28/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Price, Elizabeth	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>6</b> Contributor address; City; State; Zip Code  Brenham, TX 77833		
<b>8</b> Principal occupation / Job title (See Instructions) Architect		<b>9</b> Employer (See Instructions)
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Price, Elizabeth	Amount of Contribution (\$)  \$40.00
Contributor address; City; State; Zip Code  Brenham, TX 77833		
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions)
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Puchot, Jason	Amount of Contribution (\$)  \$500.00
Contributor address; City; State; Zip Code  San Antonio, TX 78258		
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions)
Date 10/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ramsey, Glenda	Amount of Contribution (\$)  \$250.00
Contributor address; City; State; Zip Code  Wichita Falls, TX 76305		
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions)
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rivera, Consuelo G.	Amount of Contribution (\$)  \$300.00
Contributor address; City; State; Zip Code  Corpus Christi, TX 78404		
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 13/15 Rpt: 27/46
<b>2</b> FILER NAME Texas Society of Architects Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00016546
<b>4</b> Date 10/09/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rivera, Jonathan	<b>7</b> Amount of Contribution (\$) \$150.00
<b>6</b> Contributor address; City; State; Zip Code  Corpus Christi, TX 78411		
<b>8</b> Principal occupation / Job title (See Instructions) Architect		<b>9</b> Employer (See Instructions)
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Schroeder, Sheldon	Amount of Contribution (\$) \$150.00
Contributor address; City; State; Zip Code  Corpus Christi, TX 78411		
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions)
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Seeberger, Perry	Amount of Contribution (\$) \$350.00
Contributor address; City; State; Zip Code  Houston, TX 77077		
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions)
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Stelmarski, Ron	Amount of Contribution (\$) \$150.00
Contributor address; City; State; Zip Code  Dallas, TX 75201		
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions)
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sustaeta, Maria	Amount of Contribution (\$) \$150.00
Contributor address; City; State; Zip Code  Brownsville, TX 78521		
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 14/15 Rpt: 28/46
<b>2</b> FILER NAME Texas Society of Architects Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00016546
<b>4</b> Date 10/03/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Talley, Christina	<b>7</b> Amount of Contribution (\$)  \$150.00
<b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75205		
<b>8</b> Principal occupation / Job title (See Instructions) Architect		<b>9</b> Employer (See Instructions)
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Thacker, John	Amount of Contribution (\$)  \$300.00
Contributor address; City; State; Zip Code  Waco, TX 76712		
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions)
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Thomason, Jennifer	Amount of Contribution (\$)  \$200.00
Contributor address; City; State; Zip Code  Dallas, TX 75214		
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions)
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Upchurch, Thomas	Amount of Contribution (\$)  \$350.00
Contributor address; City; State; Zip Code  Brenham, TX 77833-3856		
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions)
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Vera, Patricia	Amount of Contribution (\$)  \$50.00
Contributor address; City; State; Zip Code  El Paso, TX 79902		
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 15/15 Rpt: 29/46
<b>2</b> FILER NAME Texas Society of Architects Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00016546
<b>4</b> Date 10/03/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Walker, Rebecca	<b>7</b> Amount of Contribution (\$)  \$51.00
<b>6</b> Contributor address; City; State; Zip Code  Taylor, TX 76574		
<b>8</b> Principal occupation / Job title (See Instructions) Government Affairs		<b>9</b> Employer (See Instructions) Texas Society of Architects
Date 10/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Walker, Rebecca	Amount of Contribution (\$)  \$50.00
Contributor address; City; State; Zip Code  Taylor, TX 76574		
Principal occupation / Job title (See Instructions) Government Affairs		Employer (See Instructions) Texas Society of Architects
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Weber, Anita	Amount of Contribution (\$)  \$150.00
Contributor address; City; State; Zip Code  Estes Park, CO 80517		
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions)
Date 09/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Young, Brandon	Amount of Contribution (\$)  \$150.00
Contributor address; City; State; Zip Code  Abilene, TX 79601		
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions)
Date 10/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) deGraca, Pamela	Amount of Contribution (\$)  \$60.00
Contributor address; City; State; Zip Code  College Station, TX 77840		
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions)

# MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule C1: Sch: 1/1 Rpt: 30/46
<b>2</b> FILER NAME Texas Society of Architects Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00016546
<b>4</b> Date 10/03/2024	<b>5</b> Corporation / Labor Organization name Exigo Architecture	<b>7</b> Amount of contribution (\$) \$500.00
	<b>6</b> Corporation / Labor Organization address; City; State; Zip Code  El Paso, TX 79901	
Date 09/27/2024	Corporation / Labor Organization name MMD Architects, Inc.	Amount of contribution (\$) \$1,000.00
	Corporation / Labor Organization address; City; State; Zip Code  Dallas, TX 75204	
Date 10/10/2024	Corporation / Labor Organization name Praxis Design / Build, PLLC	Amount of contribution (\$) \$350.00
	Corporation / Labor Organization address; City; State; Zip Code  College Station, TX 77845	

# NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE **C4**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule C4: Sch: 1/1 Rpt: 31/46
<b>2</b> FILER NAME Texas Society of Architects Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00016546
<b>4</b> Date 10/25/2024	<b>5</b> Corporation / Labor Organization name Texas Society of Architects	<b>6</b> Amount (\$) 5,330.62

# 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  
Credit Card Payment

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

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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 1/13 Rpt: 32/46	<b>2</b> FILER NAME Texas Society of Architects Committee	<b>3</b> Filer ID (Ethics Commission Filers) 00016546
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<b>4</b> Date 10/10/2024	<b>5</b> Payee name Angelia Orr for Texas House
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<b>6</b> Amount (\$) \$1,000.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code Post Office Box 113  Itasca, TX 76055
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/10/2024	Payee name Ann Johnson Campaign
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Amount (\$) \$1,000.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code Post Office Box 56386  Houston, TX 77256
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PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/02/2024	Payee name Authorize.Net
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Amount (\$) \$13.54  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 8999  San Francisco, CA 94128
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PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense processing fees for online/credit card contributions to committee account
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# 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  
Credit Card Payment

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

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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 2/13 Rpt: 33/46	<b>2</b> FILER NAME Texas Society of Architects Committee	<b>3</b> Filer ID (Ethics Commission Filers) 00016546
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<b>4</b> Date 10/02/2024	<b>5</b> Payee name Authorize.Net
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<b>6</b> Amount (\$) \$25.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code P.O. Box 8999  San Francisco, CA 94128
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense processing fees for online/credit card contributions to committee account
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/02/2024	Payee name Authorize.Net
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Amount (\$) \$39.10  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 8999  San Francisco, CA 94128
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense processing fees for online/credit card contributions to committee account
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/10/2024	Payee name Carol Alvarado Campaign
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Amount (\$) \$3,000.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code Post Office Box 230842  Houston, TX 77223
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# 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  
Credit Card Payment

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

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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 3/13 Rpt: 34/46	<b>2</b> FILER NAME Texas Society of Architects Committee	<b>3</b> Filer ID (Ethics Commission Filers) 00016546
<b>4</b> Date 10/10/2024	<b>5</b> Payee name Chris Turner Campaign	
<b>6</b> Amount (\$) \$1,000.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code Post Office Box 182093  Arlington, TX 76096	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/10/2024	Payee name David Cook for Texas	
Amount (\$) \$1,000.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 309 E Broad St  Mansfield, TX 76063	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/10/2024	Payee name Dennis Paul Campaign	
Amount (\$) \$1,000.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 626 1/2 Barringer Ln, Suite A  Webster, TX 77598	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
Complete ONLY if direct expenditure to benefit C/OH	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  
Credit Card Payment

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

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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 4/13 Rpt: 35/46	<b>2</b> FILER NAME Texas Society of Architects Committee	<b>3</b> Filer ID (Ethics Commission Filers) 00016546
<b>4</b> Date 10/10/2024	<b>5</b> Payee name Donna Howard Campaign	
<b>6</b> Amount (\$) \$1,500.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code P.O. Box 5375  Austin, TX 78763	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/10/2024	Payee name Eddie Morales Campaign	
Amount (\$) \$1,000.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 352 Hillcrest Blvd.  Eagle Pass, TX 78852	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/30/2024	Payee name FiServ	
Amount (\$) \$360.19  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 979  Brookfield, WI 53008-0979	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank service charge for committee account
Complete ONLY if direct expenditure to benefit C/OH	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  
Credit Card Payment

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

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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 5/13 Rpt: 36/46	<b>2</b> FILER NAME Texas Society of Architects Committee	<b>3</b> Filer ID (Ethics Commission Filers) 00016546
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<b>4</b> Date 10/10/2024	<b>5</b> Payee name Friends of Brandon Creighton
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<b>6</b> Amount (\$) \$2,500.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 2257 N. Loop 336 Suite 140-366 Conroe, TX 77304
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/10/2024	Payee name Gene Wu for State Representative
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Amount (\$) \$1,000.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 742442  Houston, TX 77274
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/10/2024	Payee name J.M. Lozano for State Rep. Campaign
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Amount (\$) \$1,000.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 727 Arroyo Dr  Kingsville, TX 78363
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# 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  
Credit Card Payment

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

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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 6/13 Rpt: 37/46	<b>2</b> FILER NAME Texas Society of Architects Committee	<b>3</b> Filer ID (Ethics Commission Filers) 00016546
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<b>4</b> Date 10/10/2024	<b>5</b> Payee name Jared Patterson Campaign
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<b>6</b> Amount (\$) \$1,000.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code Post Office Box 5419  Frisco, TX 75035
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/10/2024	Payee name John Bryant Campaign
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Amount (\$) \$1,000.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code Post Office Box 140977  Dallas, TX 75214
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PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/10/2024	Payee name John Bucy Campaign
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Amount (\$) \$1,000.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 536  Austin, TX 78767
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PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# 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  
Credit Card Payment

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

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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 7/13 Rpt: 38/46	<b>2</b> FILER NAME Texas Society of Architects Committee	<b>3</b> Filer ID (Ethics Commission Filers) 00016546
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<b>4</b> Date 10/10/2024	<b>5</b> Payee name Jose Menendez Campaign
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<b>6</b> Amount (\$) \$2,500.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code Post Office Box 100833  San Antonio, TX 78201
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/10/2024	Payee name Kevin Sparks Campaign
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Amount (\$) \$2,500.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2600 Mockingbird Ln.  Midland, TX 79705
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/10/2024	Payee name Mike Schofield Campaign
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Amount (\$) \$1,000.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 934 Hidden Canyon Rd  Katy, TX 77450
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# 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  
Credit Card Payment

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

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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 8/13 Rpt: 39/46	<b>2</b> FILER NAME Texas Society of Architects Committee	<b>3</b> Filer ID (Ethics Commission Filers) 00016546
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<b>4</b> Date 10/10/2024	<b>5</b> Payee name Penny Shaw Campaign
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<b>6</b> Amount (\$) \$1,000.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code PO Box 925991  Houston, TX 77292
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/10/2024	Payee name Phil King Campaign
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Amount (\$) \$2,500.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code Post Office Box 1913  Weatherford, TX 76086
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/10/2024	Payee name Rhetta Andrews Bowers Campaign
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Amount (\$) \$1,000.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 3526 Lakeview Parkway Ste B #211 Rowlett, TX 75088
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# 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  
Credit Card Payment

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

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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 9/13 Rpt: 40/46	<b>2</b> FILER NAME Texas Society of Architects Committee	<b>3</b> Filer ID (Ethics Commission Filers) 00016546
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<b>4</b> Date 10/10/2024	<b>5</b> Payee name Robert Nichols for Texas Senate
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<b>6</b> Amount (\$) \$3,000.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code Post Office Box 2347  Jacksonville, TX 75766
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/10/2024	Payee name Royce West Campaign Committee
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Amount (\$) \$2,500.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 320 South R.L. Thornton Freeway, Suite 220  Dallas, TX 75203
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/10/2024	Payee name Senfronia Thompson Campaign
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Amount (\$) \$1,500.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 4828 Loop Central Drive, #600  Houston, TX 77081
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# 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  
Credit Card Payment

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

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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 10/13 Rpt: 41/46	<b>2</b> FILER NAME Texas Society of Architects Committee	<b>3</b> Filer ID (Ethics Commission Filers) 00016546
<b>4</b> Date 10/10/2024	<b>5</b> Payee name Shelby Slawson for Texas	
<b>6</b> Amount (\$) \$1,000.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code Post Office Box 286  Stephenville, TX 76401	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign contribution
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/10/2024	Payee name Sheryl Cole Campaign	
Amount (\$) \$1,000.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 41  Austin, TX 78767	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/10/2024	Payee name Tan Parker Campaign	
Amount (\$) \$2,500.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code Post Office Box 271741  Flower Mound, TX 75027	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
Complete ONLY if direct expenditure to benefit C/OH	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  
Credit Card Payment

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

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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 11/13 Rpt: 42/46	<b>2</b> FILER NAME Texas Society of Architects Committee	<b>3</b> Filer ID (Ethics Commission Filers) 00016546
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<b>4</b> Date 10/10/2024	<b>5</b> Payee name Terry Canales Campaign
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<b>6</b> Amount (\$) \$1,500.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 310 S Closner Blvd  Edinburt, TX 78539
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/10/2024	Payee name Texans for Charles Schwertner
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Amount (\$) \$3,000.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code Post Office Box 2448  Georgetown, TX 78627
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/10/2024	Payee name The R.D. Bobby Guerra Campaign
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Amount (\$) \$1,000.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 10212 N 10th St  McAllen, TX 78504
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# 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  
Credit Card Payment

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

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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 12/13 Rpt: 43/46	<b>2</b> FILER NAME Texas Society of Architects Committee	<b>3</b> Filer ID (Ethics Commission Filers) 00016546
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<b>4</b> Date 10/10/2024	<b>5</b> Payee name Trey Martinez Fischer Campaign
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<b>6</b> Amount (\$) \$1,000.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 104 Babcock, Suite 107  San Antonio, TX 78201
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/10/2024	Payee name Valoree Swanson Campaign
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Amount (\$) \$1,000.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 6046 FM 2920 #619 Spring, TX 77379
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/10/2024	Payee name Vikki Goodwin Campaign
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Amount (\$) \$1,000.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 9901 Brodie Lane, Suite 160-315  Austin, TX 78748
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# 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  
Credit Card Payment

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

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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 13/13 Rpt: 44/46	<b>2</b> FILER NAME Texas Society of Architects Committee	<b>3</b> Filer ID (Ethics Commission Filers) 00016546
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<b>4</b> Date 10/10/2024	<b>5</b> Payee name Will Metcalf Campaign
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<b>6</b> Amount (\$) \$1,500.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code PO Box 454  Conroe, TX 77305
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense  | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking   | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense   | Food/Beverage Expense         | Polling Expense                | Travel in District                         |
| Contributions/ Donations Made By -<br>Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out of District                     |
|  | Legal Services                | Salaries/Wages/Contract Labor  | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: Sch: 1/1 Rpt: 45/46	<b>2</b> FILER NAME Texas Society of Architects Committee	<b>3</b> Filer ID (Ethics Commission Filers) 00016546
<b>4</b> CREDIT CARD ISSUER	Name of financial institution American Express	<b>5</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
<b>6</b> PAYMENT <input checked="" type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$7,448.54	(b) Date of Charge 10/14/2024
<b>7</b> PAYEE	(a) Payee name Levy Food Services	(c) Date(s) Credit Card Issuer Paid
<b>8</b> PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description Expenses for solicitation event for members of Texas Society of Architects
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
<b>PAYMENT</b> <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$5,768.80	(b) Date of Charge 10/14/2024
<b>PAYEE</b>	(a) Payee name Levy Food Services	(c) Date(s) Credit Card Issuer Paid
<b>PURPOSE OF EXPENDITURE</b> <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Payee address;                      City,                      State,                      Zip Code 1001 Avenida de las Americas  Houston, TX 77010
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule I: Sch: 1/1 Rpt:	<b>2</b> FILER NAME Texas Society of Architects Committee	<b>3</b> Filer ID (Ethics Commission Filers) 00016546
<b>4</b> Date 10/24/2024	<b>5</b> Payee name American Express	
<b>6</b> Amount (\$)  11,077.03  <input checked="" type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee Address; City; State; Zip 200 Vesey St 50th Floor New York, NY 10285	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories) Credit Card Payment	<b>(b)</b> Description (See instructions regarding type of information required.) Expenses for solicitation event for members of Texas Society of Architects