



# MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC  
COVER SHEET PG 2

|   |   |
|---|---|
| <b>12 COMMITTEE NAME</b><br>HOME PAC of the Texas Assn. of Builders | <b>13 Filer ID</b> (Ethics Commission Filers)<br>00015715 |
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|---|--|---|--|
| <b>14 COMMITTEE ACTIVITY</b><br><br>(Attach lists on plain paper to complete this report if necessary.) | <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.)             | A. Supported                                  |  |
|   |  | B. Opposed                                    |  |
|   | <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)       | A. Supported                                  |  |
|   |  | B. Opposed                                    |  |
|   | <b>3. Officeholders Assisted</b><br>(Identify by name or, if applicable, classify by party.) | The Honorable Brandon Creighton State Senator |  |

|                               |   |               |
|-------------------------------|---|---------------|
| <b>15 CONTRIBUTION TOTALS</b> | <b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b><br><input type="checkbox"/> check here if this report qualifies for the higher itemization threshold | \$ 0.00       |
|                               | <b>2. TOTAL POLITICAL CONTRIBUTIONS</b><br>(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$ 42,992.25  |
| EXPENDITURE TOTALS            | <b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>   | \$ 0.00       |
|                               | <b>4. TOTAL POLITICAL EXPENDITURES</b>  | \$ 116,700.00 |
| CONTRIBUTION BALANCE          | <b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>   | \$ 168,523.65 |
| 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.

Mr. Michael Scott Norman Jr.  
\_\_\_\_\_  
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

# MONTHLY FILING GPAC REPORT: PURPOSE

FORM **MPAC**  
ADDENDUM

Page 3 of 100

|   |   |
|---|---|
| <b>12 COMMITTEE NAME</b><br>HOMEPAAC of the Texas Assn. of Builders | <b>13 Filer ID</b> (Ethics Commission Filers)<br>00015715 |
|---|---|

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

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|--|--|---|
| <b>COMMITTEE ACTIVITY</b><br><br>(Attach lists on plain paper to complete this report if necessary.) | <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.)             | A. Supported                                      |
|  |  | B. Opposed  |
|  | <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)       | A. Supported                                      |
|  |  | B. Opposed  |
|  | <b>3. Officeholders Assisted</b><br>(Identify by name or, if applicable, classify by party.) | The Honorable Brian Harrison State Representative |
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| <b>COMMITTEE ACTIVITY</b><br><br>(Attach lists on plain paper to complete this report if necessary.) | <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.)             | A. Supported The Honorable Don McLaughlin State Representative |
|  |  | B. Opposed   |
|  | <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)       | A. Supported   |
|  |  | B. Opposed   |
|  | <b>3. Officeholders Assisted</b><br>(Identify by name or, if applicable, classify by party.) |  |
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# MONTHLY FILING GPAC REPORT: PURPOSE

FORM **MPAC**  
ADDENDUM

Page 4 of 100

|   |  |   |
|---|--|---|
| <b>12 COMMITTEE NAME</b><br>HOME PAC of the Texas Assn. of Builders                                     |  | <b>13 Filer ID</b> (Ethics Commission Filers)<br>00015715 |
| <b>14 COMMITTEE ACTIVITY</b><br><br>(Attach lists on plain paper to complete this report if necessary.) | <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.)             | A. Supported<br><br>B. Opposed                            |
|   | <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)       | A. Supported<br><br>B. Opposed                            |
|   | <b>3. Officeholders Assisted</b><br>(Identify by name or, if applicable, classify by party.) | The Honorable Jose Menendez State Senator                 |
|   | <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.)             | A. Supported<br><br>B. Opposed                            |
|   | <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)       | A. Supported<br><br>B. Opposed                            |
|   | <b>3. Officeholders Assisted</b><br>(Identify by name or, if applicable, classify by party.) | The Honorable Judith Zaffirini State Senator              |
| <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.)                        | A. Supported Ms. Aicha Davis State Representative<br><br>B. Opposed                          |   |
| <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)                  | A. Supported<br><br>B. Opposed   |   |
| <b>3. Officeholders Assisted</b><br>(Identify by name or, if applicable, classify by party.)            |  |   |

# MONTHLY FILING GPAC REPORT: PURPOSE

FORM **MPAC**  
ADDENDUM

Page 5 of 100

|   |   |
|---|---|
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| <b>14 COMMITTEE ACTIVITY</b><br><br>(Attach lists on plain paper to complete this report if necessary.) | <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.)             | A. Supported                               |  |
|   |  | B. Opposed                                 |  |
|   | <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)       | A. Supported                               |  |
|   |  | B. Opposed                                 |  |
|   | <b>3. Officeholders Assisted</b><br>(Identify by name or, if applicable, classify by party.) | The Honorable Carol Alvarado State Senator |  |
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|--|--|---|--|
| <b>COMMITTEE ACTIVITY</b><br><br>(Attach lists on plain paper to complete this report if necessary.) | <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.)             | A. Supported  |  |
|  |  | B. Opposed  |  |
|  | <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)       | A. Supported  |  |
|  |  | B. Opposed  |  |
|  | <b>3. Officeholders Assisted</b><br>(Identify by name or, if applicable, classify by party.) | The Honorable Senfronia Thompson State Representative |  |
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|--|--|--|--|
| <b>COMMITTEE ACTIVITY</b><br><br>(Attach lists on plain paper to complete this report if necessary.) | <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.)             | A. Supported                                   |  |
|  |  | B. Opposed                                     |  |
|  | <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)       | A. Supported                                   |  |
|  |  | B. Opposed                                     |  |
|  | <b>3. Officeholders Assisted</b><br>(Identify by name or, if applicable, classify by party.) | The Honorable Jim Wright Railroad Commissioner |  |
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# MONTHLY FILING GPAC REPORT: PURPOSE

FORM **MPAC**  
ADDENDUM

Page 6 of 100

|   |  |   |
|---|--|---|
| <b>12 COMMITTEE NAME</b><br>HOME PAC of the Texas Assn. of Builders                                     |  | <b>13 Filer ID</b> (Ethics Commission Filers)<br>00015715           |
| <b>14 COMMITTEE ACTIVITY</b><br><br>(Attach lists on plain paper to complete this report if necessary.) | <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.)             | A. Supported<br><br>B. Opposed                                      |
|   | <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)       | A. Supported<br><br>B. Opposed                                      |
|   | <b>3. Officeholders Assisted</b><br>(Identify by name or, if applicable, classify by party.) | The Honorable Steve Toth State Representative                       |
|   | <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.)             | A. Supported Mr. Brent Money State Representative<br><br>B. Opposed |
|   | <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)       | A. Supported<br><br>B. Opposed                                      |
|   | <b>3. Officeholders Assisted</b><br>(Identify by name or, if applicable, classify by party.) |   |
| <b>COMMITTEE ACTIVITY</b><br><br>(Attach lists on plain paper to complete this report if necessary.)    | <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.)             | A. Supported<br><br>B. Opposed                                      |
| <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)                  | A. Supported<br><br>B. Opposed   |   |
| <b>3. Officeholders Assisted</b><br>(Identify by name or, if applicable, classify by party.)            | The Honorable Tony Tinderholt State Representative   |   |

# MONTHLY FILING GPAC REPORT: PURPOSE

FORM **MPAC**  
ADDENDUM

Page 7 of 100

|   |   |
|---|---|
| <b>12 COMMITTEE NAME</b><br>HOMEPAAC of the Texas Assn. of Builders | <b>13 Filer ID</b> (Ethics Commission Filers)<br>00015715 |
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| <b>14 COMMITTEE ACTIVITY</b><br><br>(Attach lists on plain paper to complete this report if necessary.) | <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.)             | A. Supported  |  |
|   |  | B. Opposed  |  |
|   | <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)       | A. Supported  |  |
|   |  | B. Opposed  |  |
|   | <b>3. Officeholders Assisted</b><br>(Identify by name or, if applicable, classify by party.) | The Honorable Giovanni Capriglione State Representative |  |

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

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

# MONTHLY FILING GPAC REPORT: PURPOSE

FORM **MPAC**  
ADDENDUM

Page 8 of 100

|   |   |
|---|---|
| <b>12 COMMITTEE NAME</b><br>HOMEPAAC of the Texas Assn. of Builders | <b>13 Filer ID</b> (Ethics Commission Filers)<br>00015715 |
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| <b>14 COMMITTEE ACTIVITY</b><br><br>(Attach lists on plain paper to complete this report if necessary.) | <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.)             | A. Supported                                |  |
|   |  | B. Opposed                                  |  |
|   | <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)       | A. Supported                                |  |
|   |  | B. Opposed                                  |  |
|   | <b>3. Officeholders Assisted</b><br>(Identify by name or, if applicable, classify by party.) | The Honorable Ken King State Representative |  |
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| <b>COMMITTEE ACTIVITY</b><br><br>(Attach lists on plain paper to complete this report if necessary.) | <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.)             | A. Supported Mr. Marc LaHood State Representative |  |
|  |  | B. Opposed  |  |
|  | <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)       | A. Supported                                      |  |
|  |  | B. Opposed  |  |
|  | <b>3. Officeholders Assisted</b><br>(Identify by name or, if applicable, classify by party.) |   |  |
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| <b>COMMITTEE ACTIVITY</b><br><br>(Attach lists on plain paper to complete this report if necessary.) | <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.)             | A. Supported  |  |
|  |  | B. Opposed  |  |
|  | <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)       | A. Supported  |  |
|  |  | B. Opposed  |  |
|  | <b>3. Officeholders Assisted</b><br>(Identify by name or, if applicable, classify by party.) | The Honorable Christian Manuel State Representative |  |
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# MONTHLY FILING GPAC REPORT: PURPOSE

FORM **MPAC**  
ADDENDUM

Page 9 of 100

|   |   |
|---|---|
| <b>12 COMMITTEE NAME</b><br>HOMEPAAC of the Texas Assn. of Builders | <b>13 Filer ID</b> (Ethics Commission Filers)<br>00015715 |
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| <b>14 COMMITTEE ACTIVITY</b><br><br>(Attach lists on plain paper to complete this report if necessary.) | <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.)             | A. Supported                                       |  |
|   |  | B. Opposed   |  |
|   | <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)       | A. Supported                                       |  |
|   |  | B. Opposed   |  |
|   | <b>3. Officeholders Assisted</b><br>(Identify by name or, if applicable, classify by party.) | The Honorable Nate Schatzline State Representative |  |
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| <b>COMMITTEE ACTIVITY</b><br><br>(Attach lists on plain paper to complete this report if necessary.) | <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.)             | A. Supported                               |  |
|  |  | B. Opposed                                 |  |
|  | <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)       | A. Supported                               |  |
|  |  | B. Opposed                                 |  |
|  | <b>3. Officeholders Assisted</b><br>(Identify by name or, if applicable, classify by party.) | The Honorable Lois Kolkhorst State Senator |  |
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|--|--|--|--|
| <b>COMMITTEE ACTIVITY</b><br><br>(Attach lists on plain paper to complete this report if necessary.) | <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.)             | A. Supported                                   |  |
|  |  | B. Opposed                                     |  |
|  | <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)       | A. Supported                                   |  |
|  |  | B. Opposed                                     |  |
|  | <b>3. Officeholders Assisted</b><br>(Identify by name or, if applicable, classify by party.) | The Honorable Dade Phelan State Representative |  |
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# MONTHLY FILING GPAC REPORT: PURPOSE

FORM **MPAC**  
ADDENDUM

Page 10 of 100

|   |   |
|---|---|
| <b>12 COMMITTEE NAME</b><br>HOME PAC of the Texas Assn. of Builders | <b>13 Filer ID</b> (Ethics Commission Filers)<br>00015715 |
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|---|--|--|
| <b>14 COMMITTEE ACTIVITY</b><br><br>(Attach lists on plain paper to complete this report if necessary.) | <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.)             | A. Supported                               |
|   |  | B. Opposed                                 |
|   | <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)       | A. Supported                               |
|   |  | B. Opposed                                 |
|   | <b>3. Officeholders Assisted</b><br>(Identify by name or, if applicable, classify by party.) | The Honorable Robert Nichols State Senator |

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

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

# MONTHLY FILING GPAC REPORT: PURPOSE

FORM **MPAC**  
ADDENDUM

Page 11 of 100

|   |   |
|---|---|
| <b>12 COMMITTEE NAME</b><br>HOMEPAAC of the Texas Assn. of Builders | <b>13 Filer ID</b> (Ethics Commission Filers)<br>00015715 |
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|---|--|---|--|
| <b>14 COMMITTEE ACTIVITY</b><br><br>(Attach lists on plain paper to complete this report if necessary.) | <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.)             | A. Supported                                    |  |
|   |  | B. Opposed                                      |  |
|   | <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)       | A. Supported                                    |  |
|   |  | B. Opposed                                      |  |
|   | <b>3. Officeholders Assisted</b><br>(Identify by name or, if applicable, classify by party.) | The Honorable Mano DeAyala State Representative |  |
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|--|--|---|--|
| <b>COMMITTEE ACTIVITY</b><br><br>(Attach lists on plain paper to complete this report if necessary.) | <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.)             | A. Supported                                    |  |
|  |  | B. Opposed                                      |  |
|  | <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)       | A. Supported                                    |  |
|  |  | B. Opposed                                      |  |
|  | <b>3. Officeholders Assisted</b><br>(Identify by name or, if applicable, classify by party.) | The Honorable Will Metcalf State Representative |  |
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|--|--|---|--|
| <b>COMMITTEE ACTIVITY</b><br><br>(Attach lists on plain paper to complete this report if necessary.) | <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.)             | A. Supported                                    |  |
|  |  | B. Opposed                                      |  |
|  | <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)       | A. Supported                                    |  |
|  |  | B. Opposed                                      |  |
|  | <b>3. Officeholders Assisted</b><br>(Identify by name or, if applicable, classify by party.) | The Honorable Brad Buckley State Representative |  |
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# MONTHLY FILING GPAC REPORT: PURPOSE

FORM **MPAC**  
ADDENDUM

Page 12 of 100

|   |   |
|---|---|
| <b>12 COMMITTEE NAME</b><br>HOMEPAAC of the Texas Assn. of Builders | <b>13 Filer ID</b> (Ethics Commission Filers)<br>00015715 |
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| <b>14 COMMITTEE ACTIVITY</b><br><br>(Attach lists on plain paper to complete this report if necessary.) | <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.)             | A. Supported                                   |  |
|   |  | B. Opposed                                     |  |
|   | <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)       | A. Supported                                   |  |
|   |  | B. Opposed                                     |  |
|   | <b>3. Officeholders Assisted</b><br>(Identify by name or, if applicable, classify by party.) | The Honorable Cody Harris State Representative |  |
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|--|--|---|--|
| <b>COMMITTEE ACTIVITY</b><br><br>(Attach lists on plain paper to complete this report if necessary.) | <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.)             | A. Supported  |  |
|  |  | B. Opposed  |  |
|  | <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)       | A. Supported  |  |
|  |  | B. Opposed  |  |
|  | <b>3. Officeholders Assisted</b><br>(Identify by name or, if applicable, classify by party.) | The Honorable Charles Cunningham State Representative |  |
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|--|--|---|--|
| <b>COMMITTEE ACTIVITY</b><br><br>(Attach lists on plain paper to complete this report if necessary.) | <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.)             | A. Supported                                  |  |
|  |  | B. Opposed                                    |  |
|  | <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)       | A. Supported                                  |  |
|  |  | B. Opposed                                    |  |
|  | <b>3. Officeholders Assisted</b><br>(Identify by name or, if applicable, classify by party.) | The Honorable Angela Orr State Representative |  |
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# MONTHLY FILING GPAC REPORT: PURPOSE

FORM **MPAC**  
ADDENDUM

Page 13 of 100

|   |   |
|---|---|
| <b>12 COMMITTEE NAME</b><br>HOMEPAAC of the Texas Assn. of Builders | <b>13 Filer ID</b> (Ethics Commission Filers)<br>00015715 |
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| <b>14 COMMITTEE ACTIVITY</b><br><br>(Attach lists on plain paper to complete this report if necessary.) | <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.)             | A. Supported                                 |  |
|   |  | B. Opposed                                   |  |
|   | <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)       | A. Supported                                 |  |
|   |  | B. Opposed                                   |  |
|   | <b>3. Officeholders Assisted</b><br>(Identify by name or, if applicable, classify by party.) | The Honorable Pat Curry State Representative |  |
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| <b>COMMITTEE ACTIVITY</b><br><br>(Attach lists on plain paper to complete this report if necessary.) | <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.)             | A. Supported Mr. John McQueeney State Representative |  |
|  |  | B. Opposed   |  |
|  | <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)       | A. Supported   |  |
|  |  | B. Opposed   |  |
|  | <b>3. Officeholders Assisted</b><br>(Identify by name or, if applicable, classify by party.) |  |  |
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| <b>COMMITTEE ACTIVITY</b><br><br>(Attach lists on plain paper to complete this report if necessary.) | <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.)             | A. Supported Mr. Mitch Little State Representative |  |
|  |  | B. Opposed   |  |
|  | <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)       | A. Supported                                       |  |
|  |  | B. Opposed   |  |
|  | <b>3. Officeholders Assisted</b><br>(Identify by name or, if applicable, classify by party.) |  |  |
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# MONTHLY FILING GPAC REPORT: PURPOSE

FORM **MPAC**  
ADDENDUM

Page 14 of 100

|   |   |
|---|---|
| <b>12 COMMITTEE NAME</b><br>HOMEPAAC of the Texas Assn. of Builders | <b>13 Filer ID</b> (Ethics Commission Filers)<br>00015715 |
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|---|--|---|--|
| <b>14 COMMITTEE ACTIVITY</b><br><br>(Attach lists on plain paper to complete this report if necessary.) | <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.)             | A. Supported                                      |  |
|   |  | B. Opposed  |  |
|   | <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)       | A. Supported                                      |  |
|   |  | B. Opposed  |  |
|   | <b>3. Officeholders Assisted</b><br>(Identify by name or, if applicable, classify by party.) | The Honorable Mike Schofield State Representative |  |
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|--|--|--|--|
| <b>COMMITTEE ACTIVITY</b><br><br>(Attach lists on plain paper to complete this report if necessary.) | <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.)             | A. Supported                                   |  |
|  |  | B. Opposed                                     |  |
|  | <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)       | A. Supported                                   |  |
|  |  | B. Opposed                                     |  |
|  | <b>3. Officeholders Assisted</b><br>(Identify by name or, if applicable, classify by party.) | The Honorable Ann Johnson State Representative |  |
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|--|--|---|--|
| <b>COMMITTEE ACTIVITY</b><br><br>(Attach lists on plain paper to complete this report if necessary.) | <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.)             | A. Supported Ms. Keresa Richardson State Representative |  |
|  |  | B. Opposed  |  |
|  | <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)       | A. Supported  |  |
|  |  | B. Opposed  |  |
|  | <b>3. Officeholders Assisted</b><br>(Identify by name or, if applicable, classify by party.) |   |  |
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# MONTHLY FILING GPAC REPORT: PURPOSE

FORM **MPAC**  
ADDENDUM

Page 15 of 100

|   |   |
|---|---|
| <b>12 COMMITTEE NAME</b><br>HOMEPAAC of the Texas Assn. of Builders | <b>13 Filer ID</b> (Ethics Commission Filers)<br>00015715 |
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|---|--|---|
| <b>14 COMMITTEE ACTIVITY</b><br><br>(Attach lists on plain paper to complete this report if necessary.) | <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.)             | A. Supported                                  |
|   |  | B. Opposed                                    |
|   | <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)       | A. Supported                                  |
|   |  | B. Opposed                                    |
|   | <b>3. Officeholders Assisted</b><br>(Identify by name or, if applicable, classify by party.) | The Honorable David Cook State Representative |
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|--|--|---|
| <b>COMMITTEE ACTIVITY</b><br><br>(Attach lists on plain paper to complete this report if necessary.) | <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.)             | A. Supported  |
|  |  | B. Opposed  |
|  | <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)       | A. Supported  |
|  |  | B. Opposed  |
|  | <b>3. Officeholders Assisted</b><br>(Identify by name or, if applicable, classify by party.) | The Honorable Wayne Christian Railroad Commissioner |
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| <b>COMMITTEE ACTIVITY</b><br><br>(Attach lists on plain paper to complete this report if necessary.) | <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.)             | A. Supported                                     |
|  |  | B. Opposed                                       |
|  | <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)       | A. Supported                                     |
|  |  | B. Opposed                                       |
|  | <b>3. Officeholders Assisted</b><br>(Identify by name or, if applicable, classify by party.) | The Honorable Eddie Morales State Representative |
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# MONTHLY FILING GPAC REPORT: PURPOSE

FORM **MPAC**  
ADDENDUM

Page 16 of 100

|   |   |
|---|---|
| <b>12 COMMITTEE NAME</b><br>HOMEPAAC of the Texas Assn. of Builders | <b>13 Filer ID</b> (Ethics Commission Filers)<br>00015715 |
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|---|--|---|--|
| <b>14 COMMITTEE ACTIVITY</b><br><br>(Attach lists on plain paper to complete this report if necessary.) | <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.)             | A. Supported                                  |  |
|   |  | B. Opposed                                    |  |
|   | <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)       | A. Supported                                  |  |
|   |  | B. Opposed                                    |  |
|   | <b>3. Officeholders Assisted</b><br>(Identify by name or, if applicable, classify by party.) | The Honorable Drew Darby State Representative |  |
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|--|--|---|--|
| <b>COMMITTEE ACTIVITY</b><br><br>(Attach lists on plain paper to complete this report if necessary.) | <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.)             | A. Supported                                    |  |
|  |  | B. Opposed                                      |  |
|  | <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)       | A. Supported                                    |  |
|  |  | B. Opposed                                      |  |
|  | <b>3. Officeholders Assisted</b><br>(Identify by name or, if applicable, classify by party.) | The Honorable Stan Lambert State Representative |  |
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|--|--|--|--|
| <b>COMMITTEE ACTIVITY</b><br><br>(Attach lists on plain paper to complete this report if necessary.) | <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.)             | A. Supported                                     |  |
|  |  | B. Opposed                                       |  |
|  | <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)       | A. Supported                                     |  |
|  |  | B. Opposed                                       |  |
|  | <b>3. Officeholders Assisted</b><br>(Identify by name or, if applicable, classify by party.) | The Honorable Mihaela Plesa State Representative |  |
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# MONTHLY FILING GPAC REPORT: PURPOSE

|   |   |
|---|---|
| <b>12 COMMITTEE NAME</b><br>HOME PAC of the Texas Assn. of Builders | <b>13 Filer ID</b> (Ethics Commission Filers)<br>00015715 |
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| <b>14 COMMITTEE ACTIVITY</b><br><br>(Attach lists on plain paper to complete this report if necessary.) | <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.)             | A. Supported Ms. Linda Garcia State Representative<br><br>B. Opposed |
|   | <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)       | A. Supported<br><br>B. Opposed                                       |
|   | <b>3. Officeholders Assisted</b><br>(Identify by name or, if applicable, classify by party.) |  |

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

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

# MONTHLY FILING GPAC REPORT: PURPOSE

|   |   |
|---|---|
| <b>12 COMMITTEE NAME</b><br>HOMEPAAC of the Texas Assn. of Builders | <b>13 Filer ID</b> (Ethics Commission Filers)<br>00015715 |
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|---|--|---|--|
| <b>14 COMMITTEE ACTIVITY</b><br><br>(Attach lists on plain paper to complete this report if necessary.) | <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.)             | A. Supported                                      |  |
|   |  | B. Opposed  |  |
|   | <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)       | A. Supported                                      |  |
|   |  | B. Opposed  |  |
|   | <b>3. Officeholders Assisted</b><br>(Identify by name or, if applicable, classify by party.) | The Honorable Dustin Burrows State Representative |  |
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|--|--|---|--|
| <b>COMMITTEE ACTIVITY</b><br><br>(Attach lists on plain paper to complete this report if necessary.) | <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.)             | A. Supported                                    |  |
|  |  | B. Opposed                                      |  |
|  | <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)       | A. Supported                                    |  |
|  |  | B. Opposed                                      |  |
|  | <b>3. Officeholders Assisted</b><br>(Identify by name or, if applicable, classify by party.) | The Honorable Bobby Guerra State Representative |  |
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|--|--|---|--|
| <b>COMMITTEE ACTIVITY</b><br><br>(Attach lists on plain paper to complete this report if necessary.) | <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.)             | A. Supported The Honorable AJ Louderback State Representative |  |
|  |  | B. Opposed  |  |
|  | <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)       | A. Supported  |  |
|  |  | B. Opposed  |  |
|  | <b>3. Officeholders Assisted</b><br>(Identify by name or, if applicable, classify by party.) |   |  |
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# MONTHLY FILING GPAC REPORT: PURPOSE

FORM **MPAC**  
ADDENDUM

Page 19 of 100

|   |   |
|---|---|
| <b>12 COMMITTEE NAME</b><br>HOMEPAAC of the Texas Assn. of Builders | <b>13 Filer ID</b> (Ethics Commission Filers)<br>00015715 |
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|---|--|---|--|
| <b>14 COMMITTEE ACTIVITY</b><br><br>(Attach lists on plain paper to complete this report if necessary.) | <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.)             | A. Supported                                    |  |
|   |  | B. Opposed                                      |  |
|   | <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)       | A. Supported                                    |  |
|   |  | B. Opposed                                      |  |
|   | <b>3. Officeholders Assisted</b><br>(Identify by name or, if applicable, classify by party.) | The Honorable Terry Wilson State Representative |  |
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|--|--|---|--|
| <b>COMMITTEE ACTIVITY</b><br><br>(Attach lists on plain paper to complete this report if necessary.) | <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.)             | A. Supported  |  |
|  |  | B. Opposed  |  |
|  | <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)       | A. Supported  |  |
|  |  | B. Opposed  |  |
|  | <b>3. Officeholders Assisted</b><br>(Identify by name or, if applicable, classify by party.) | The Honorable Terri Leo Wilson State Representative |  |
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|--|--|--|--|
| <b>COMMITTEE ACTIVITY</b><br><br>(Attach lists on plain paper to complete this report if necessary.) | <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.)             | A. Supported                                     |  |
|  |  | B. Opposed                                       |  |
|  | <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)       | A. Supported                                     |  |
|  |  | B. Opposed                                       |  |
|  | <b>3. Officeholders Assisted</b><br>(Identify by name or, if applicable, classify by party.) | The Honorable Ana Hernandez State Representative |  |
|  |  |  |  |

# MONTHLY FILING GPAC REPORT: PURPOSE

FORM **MPAC**  
ADDENDUM

Page 20 of 100

|   |  |   |
|---|--|---|
| <b>12 COMMITTEE NAME</b><br>HOME PAC of the Texas Assn. of Builders                                     |  | <b>13 Filer ID</b> (Ethics Commission Filers)<br>00015715                     |
| <b>14 COMMITTEE ACTIVITY</b><br><br>(Attach lists on plain paper to complete this report if necessary.) | <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.)             | A. Supported Ms. Charlene Ward Johnson State Representative<br><br>B. Opposed |
|   | <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)       | A. Supported<br><br>B. Opposed  |
|   | <b>3. Officeholders Assisted</b><br>(Identify by name or, if applicable, classify by party.) |   |
|   | <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.)             | A. Supported<br><br>B. Opposed  |
|   | <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)       | A. Supported<br><br>B. Opposed  |
|   | <b>3. Officeholders Assisted</b><br>(Identify by name or, if applicable, classify by party.) | The Honorable Armando Walle State Representative                              |
| <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.)                        | A. Supported<br><br>B. Opposed   |   |
| <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)                  | A. Supported<br><br>B. Opposed   |   |
| <b>3. Officeholders Assisted</b><br>(Identify by name or, if applicable, classify by party.)            | The Honorable Shelby Slawson State Representative  |   |

# MONTHLY FILING GPAC REPORT: PURPOSE

FORM **MPAC**  
ADDENDUM

Page 21 of 100

|   |   |   |
|---|---|---|
| <b>12 COMMITTEE NAME</b><br>HOME PAC of the Texas Assn. of Builders                                     |   | <b>13 Filer ID</b> (Ethics Commission Filers)<br>00015715                     |
| <b>14 COMMITTEE ACTIVITY</b><br><br>(Attach lists on plain paper to complete this report if necessary.) | <b>1. Candidates</b><br><small>(Identify by name or, if applicable, classify by party.)</small>             | A. Supported<br><br>B. Opposed  |
|   | <b>2. Measures</b><br><small>(Describe by date and location of election and nature of issue.)</small>       | A. Supported<br><br>B. Opposed  |
|   | <b>3. Officeholders Assisted</b><br><small>(Identify by name or, if applicable, classify by party.)</small> | The Honorable Jolanda Jones State Representative                              |
|   | <b>1. Candidates</b><br><small>(Identify by name or, if applicable, classify by party.)</small>             | A. Supported<br><br>B. Opposed  |
|   | <b>2. Measures</b><br><small>(Describe by date and location of election and nature of issue.)</small>       | A. Supported<br><br>B. Opposed  |
|   | <b>3. Officeholders Assisted</b><br><small>(Identify by name or, if applicable, classify by party.)</small> | The Honorable Mando Martinez State Representative                             |
| <b>COMMITTEE ACTIVITY</b><br><br>(Attach lists on plain paper to complete this report if necessary.)    | <b>1. Candidates</b><br><small>(Identify by name or, if applicable, classify by party.)</small>             | A. Supported Ms. Lauren Ashley Simmons State Representative<br><br>B. Opposed |
|   | <b>2. Measures</b><br><small>(Describe by date and location of election and nature of issue.)</small>       | A. Supported<br><br>B. Opposed  |
|   | <b>3. Officeholders Assisted</b><br><small>(Identify by name or, if applicable, classify by party.)</small> |   |

# MONTHLY FILING GPAC REPORT: PURPOSE

**FORM MPAC  
ADDENDUM**

Page 22 of 100

|   |   |   |
|---|---|---|
| <b>12 COMMITTEE NAME</b><br>HOME PAC of the Texas Assn. of Builders                                     |   | <b>13 Filer ID</b> (Ethics Commission Filers)<br>00015715 |
| <b>14 COMMITTEE ACTIVITY</b><br><br>(Attach lists on plain paper to complete this report if necessary.) | <b>1. Candidates</b><br><small>(Identify by name or, if applicable, classify by party.)</small>             | A. Supported<br><br>B. Opposed                            |
|   | <b>2. Measures</b><br><small>(Describe by date and location of election and nature of issue.)</small>       | A. Supported<br><br>B. Opposed                            |
|   | <b>3. Officeholders Assisted</b><br><small>(Identify by name or, if applicable, classify by party.)</small> | The Honorable Richard Hayes State Representative          |
|   | <b>1. Candidates</b><br><small>(Identify by name or, if applicable, classify by party.)</small>             | A. Supported<br><br>B. Opposed                            |
|   | <b>2. Measures</b><br><small>(Describe by date and location of election and nature of issue.)</small>       | A. Supported<br><br>B. Opposed                            |
|   | <b>3. Officeholders Assisted</b><br><small>(Identify by name or, if applicable, classify by party.)</small> | The Honorable Harold Dutton State Representative          |
| <b>COMMITTEE ACTIVITY</b><br><br>(Attach lists on plain paper to complete this report if necessary.)    | <b>1. Candidates</b><br><small>(Identify by name or, if applicable, classify by party.)</small>             | A. Supported<br><br>B. Opposed                            |
|   | <b>2. Measures</b><br><small>(Describe by date and location of election and nature of issue.)</small>       | A. Supported<br><br>B. Opposed                            |
|   | <b>3. Officeholders Assisted</b><br><small>(Identify by name or, if applicable, classify by party.)</small> | The Honorable Cesar Blanco State Senator                  |

# MONTHLY FILING GPAC REPORT: PURPOSE

FORM **MPAC**  
ADDENDUM

Page 23 of 100

|   |   |
|---|---|
| <b>12 COMMITTEE NAME</b><br>HOMEPAAC of the Texas Assn. of Builders | <b>13 Filer ID</b> (Ethics Commission Filers)<br>00015715 |
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| <b>14 COMMITTEE ACTIVITY</b><br><br>(Attach lists on plain paper to complete this report if necessary.) | <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.)             | A. Supported                            |
|   |  | B. Opposed                              |
|   | <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)       | A. Supported                            |
|   |  | B. Opposed                              |
|   | <b>3. Officeholders Assisted</b><br>(Identify by name or, if applicable, classify by party.) | The Honorable Pete Flores State Senator |
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| <b>COMMITTEE ACTIVITY</b><br><br>(Attach lists on plain paper to complete this report if necessary.) | <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.)             | A. Supported                                      |
|  |  | B. Opposed  |
|  | <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)       | A. Supported                                      |
|  |  | B. Opposed  |
|  | <b>3. Officeholders Assisted</b><br>(Identify by name or, if applicable, classify by party.) | The Honorable Oscar Longoria State Representative |
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| <b>COMMITTEE ACTIVITY</b><br><br>(Attach lists on plain paper to complete this report if necessary.) | <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.)             | A. Supported                                    |
|  |  | B. Opposed                                      |
|  | <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)       | A. Supported                                    |
|  |  | B. Opposed                                      |
|  | <b>3. Officeholders Assisted</b><br>(Identify by name or, if applicable, classify by party.) | The Honorable Sergio Munoz State Representative |
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# MONTHLY FILING GPAC REPORT: PURPOSE

FORM **MPAC**  
ADDENDUM

Page 24 of 100

|   |  |   |
|---|--|---|
| <b>12 COMMITTEE NAME</b><br>HOME PAC of the Texas Assn. of Builders                                     |  | <b>13 Filer ID</b> (Ethics Commission Filers)<br>00015715               |
| <b>14 COMMITTEE ACTIVITY</b><br><br>(Attach lists on plain paper to complete this report if necessary.) | <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.)             | A. Supported Ms. Caroline Fairly State Representative<br><br>B. Opposed |
|   | <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)       | A. Supported<br><br>B. Opposed  |
|   | <b>3. Officeholders Assisted</b><br>(Identify by name or, if applicable, classify by party.) |   |
|   | <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.)             | A. Supported<br><br>B. Opposed  |
|   | <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)       | A. Supported<br><br>B. Opposed  |
|   | <b>3. Officeholders Assisted</b><br>(Identify by name or, if applicable, classify by party.) | The Honorable Donna Campbell State Senator                              |
| <b>COMMITTEE ACTIVITY</b><br><br>(Attach lists on plain paper to complete this report if necessary.)    | <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.)             | A. Supported<br><br>B. Opposed  |
|   | <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)       | A. Supported<br><br>B. Opposed  |
|   | <b>3. Officeholders Assisted</b><br>(Identify by name or, if applicable, classify by party.) |   |
|   | <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.)             | A. Supported<br><br>B. Opposed  |
|   | <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)       | A. Supported<br><br>B. Opposed  |
|   | <b>3. Officeholders Assisted</b><br>(Identify by name or, if applicable, classify by party.) | The Honorable Yvonne Davis State Representative                         |



# MONTHLY FILING GPAC REPORT: PURPOSE

FORM **MPAC**  
ADDENDUM

Page 25 of 100

|   |  |   |
|---|--|---|
| <b>12 COMMITTEE NAME</b><br>HOME PAC of the Texas Assn. of Builders                                     |  | <b>13 Filer ID</b> (Ethics Commission Filers)<br>00015715 |
| <b>14 COMMITTEE ACTIVITY</b><br><br>(Attach lists on plain paper to complete this report if necessary.) | <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.)             | A. Supported<br><br>B. Opposed                            |
|   | <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)       | A. Supported<br><br>B. Opposed                            |
|   | <b>3. Officeholders Assisted</b><br>(Identify by name or, if applicable, classify by party.) | The Honorable Gene Wu State Representative                |
|   | <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.)             | A. Supported<br><br>B. Opposed                            |
|   | <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)       | A. Supported<br><br>B. Opposed                            |
|   | <b>3. Officeholders Assisted</b><br>(Identify by name or, if applicable, classify by party.) | The Honorable Kevin Sparks State Senator                  |
| <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.)                        | A. Supported Mr. Adam Hinojosa State Senator<br><br>B. Opposed                               |   |
| <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)                  | A. Supported<br><br>B. Opposed   |   |
| <b>3. Officeholders Assisted</b><br>(Identify by name or, if applicable, classify by party.)            |  |   |

# MONTHLY FILING GPAC REPORT: PURPOSE

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|---|---|
| <b>12 COMMITTEE NAME</b><br>HOMEPAAC of the Texas Assn. of Builders | <b>13 Filer ID</b> (Ethics Commission Filers)<br>00015715 |
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|---|--|--|
| <b>14 COMMITTEE ACTIVITY</b><br><br>(Attach lists on plain paper to complete this report if necessary.) | <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.)             | A. Supported Ms. Janis Holt State Representative |
|   |  | B. Opposed                                       |
|   | <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)       | A. Supported                                     |
|   |  | B. Opposed                                       |
|   | <b>3. Officeholders Assisted</b><br>(Identify by name or, if applicable, classify by party.) |  |
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| <b>COMMITTEE ACTIVITY</b><br><br>(Attach lists on plain paper to complete this report if necessary.) | <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.)             | A. Supported Mr. Matt Morgan State Representative |
|  |  | B. Opposed  |
|  | <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)       | A. Supported                                      |
|  |  | B. Opposed  |
|  | <b>3. Officeholders Assisted</b><br>(Identify by name or, if applicable, classify by party.) |   |
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| <b>COMMITTEE ACTIVITY</b><br><br>(Attach lists on plain paper to complete this report if necessary.) | <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.)             | A. Supported                                     |
|  |  | B. Opposed                                       |
|  | <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)       | A. Supported                                     |
|  |  | B. Opposed                                       |
|  | <b>3. Officeholders Assisted</b><br>(Identify by name or, if applicable, classify by party.) | The Honorable Claudia Ordaz State Representative |
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# MONTHLY FILING GPAC REPORT: PURPOSE

|   |   |
|---|---|
| <b>12 COMMITTEE NAME</b><br>HOMEPAAC of the Texas Assn. of Builders | <b>13 Filer ID</b> (Ethics Commission Filers)<br>00015715 |
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| <b>14 COMMITTEE ACTIVITY</b><br><br>(Attach lists on plain paper to complete this report if necessary.) | <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.)             | A. Supported                                    |  |
|   |  | B. Opposed                                      |  |
|   | <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)       | A. Supported                                    |  |
|   |  | B. Opposed                                      |  |
|   | <b>3. Officeholders Assisted</b><br>(Identify by name or, if applicable, classify by party.) | The Honorable Mark Dorazio State Representative |  |
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| <b>COMMITTEE ACTIVITY</b><br><br>(Attach lists on plain paper to complete this report if necessary.) | <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.)             | A. Supported                                 |  |
|  |  | B. Opposed                                   |  |
|  | <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)       | A. Supported                                 |  |
|  |  | B. Opposed                                   |  |
|  | <b>3. Officeholders Assisted</b><br>(Identify by name or, if applicable, classify by party.) | The Honorable Roland Gutierrez State Senator |  |
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| <b>COMMITTEE ACTIVITY</b><br><br>(Attach lists on plain paper to complete this report if necessary.) | <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.)             | A. Supported                                   |  |
|  |  | B. Opposed                                     |  |
|  | <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)       | A. Supported                                   |  |
|  |  | B. Opposed                                     |  |
|  | <b>3. Officeholders Assisted</b><br>(Identify by name or, if applicable, classify by party.) | The Honorable Charles Schwertner State Senator |  |
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# MONTHLY FILING GPAC REPORT: PURPOSE

FORM **MPAC**  
ADDENDUM

Page 28 of 100

|   |   |
|---|---|
| <b>12 COMMITTEE NAME</b><br>HOMEPAAC of the Texas Assn. of Builders | <b>13 Filer ID</b> (Ethics Commission Filers)<br>00015715 |
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| <b>14 COMMITTEE ACTIVITY</b><br><br>(Attach lists on plain paper to complete this report if necessary.) | <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.)             | A. Supported                                |  |
|   |  | B. Opposed                                  |  |
|   | <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)       | A. Supported                                |  |
|   |  | B. Opposed                                  |  |
|   | <b>3. Officeholders Assisted</b><br>(Identify by name or, if applicable, classify by party.) | The Honorable Jay Dean State Representative |  |
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| <b>COMMITTEE ACTIVITY</b><br><br>(Attach lists on plain paper to complete this report if necessary.) | <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.)             | A. Supported                                   |  |
|  |  | B. Opposed                                     |  |
|  | <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)       | A. Supported                                   |  |
|  |  | B. Opposed                                     |  |
|  | <b>3. Officeholders Assisted</b><br>(Identify by name or, if applicable, classify by party.) | The Honorable Stan Gerdes State Representative |  |
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| <b>COMMITTEE ACTIVITY</b><br><br>(Attach lists on plain paper to complete this report if necessary.) | <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.)             | A. Supported                                    |  |
|  |  | B. Opposed                                      |  |
|  | <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)       | A. Supported                                    |  |
|  |  | B. Opposed                                      |  |
|  | <b>3. Officeholders Assisted</b><br>(Identify by name or, if applicable, classify by party.) | The Honorable Ryan Guillen State Representative |  |
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# MONTHLY FILING GPAC REPORT: PURPOSE

**FORM MPAC  
ADDENDUM**

Page 29 of 100

|   |   |
|---|---|
| <b>12 COMMITTEE NAME</b><br>HOMEPAAC of the Texas Assn. of Builders | <b>13 Filer ID</b> (Ethics Commission Filers)<br>00015715 |
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| <b>14 COMMITTEE ACTIVITY</b><br><br>(Attach lists on plain paper to complete this report if necessary.) | <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.)             | A. Supported                                 |  |
|   |  | B. Opposed                                   |  |
|   | <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)       | A. Supported                                 |  |
|   |  | B. Opposed                                   |  |
|   | <b>3. Officeholders Assisted</b><br>(Identify by name or, if applicable, classify by party.) | The Honorable Hubert Vo State Representative |  |
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| <b>COMMITTEE ACTIVITY</b><br><br>(Attach lists on plain paper to complete this report if necessary.) | <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.)             | A. Supported                              |  |
|  |  | B. Opposed                                |  |
|  | <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)       | A. Supported                              |  |
|  |  | B. Opposed                                |  |
|  | <b>3. Officeholders Assisted</b><br>(Identify by name or, if applicable, classify by party.) | The Honorable Juan Hinojosa State Senator |  |
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|--|--|---|--|
| <b>COMMITTEE ACTIVITY</b><br><br>(Attach lists on plain paper to complete this report if necessary.) | <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.)             | A. Supported Mr. Vince Perez State Representative |  |
|  |  | B. Opposed  |  |
|  | <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)       | A. Supported                                      |  |
|  |  | B. Opposed  |  |
|  | <b>3. Officeholders Assisted</b><br>(Identify by name or, if applicable, classify by party.) |   |  |
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# MONTHLY FILING GPAC REPORT: PURPOSE

FORM **MPAC**  
ADDENDUM

Page 30 of 100

|   |   |
|---|---|
| <b>12 COMMITTEE NAME</b><br>HOMEPAAC of the Texas Assn. of Builders | <b>13 Filer ID</b> (Ethics Commission Filers)<br>00015715 |
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|---|--|--|--|
| <b>14 COMMITTEE ACTIVITY</b><br><br>(Attach lists on plain paper to complete this report if necessary.) | <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.)             | A. Supported                                   |  |
|   |  | B. Opposed                                     |  |
|   | <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)       | A. Supported                                   |  |
|   |  | B. Opposed                                     |  |
|   | <b>3. Officeholders Assisted</b><br>(Identify by name or, if applicable, classify by party.) | The Honorable Greg Bonnen State Representative |  |
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| <b>COMMITTEE ACTIVITY</b><br><br>(Attach lists on plain paper to complete this report if necessary.) | <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.)             | A. Supported                                     |  |
|  |  | B. Opposed                                       |  |
|  | <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)       | A. Supported                                     |  |
|  |  | B. Opposed                                       |  |
|  | <b>3. Officeholders Assisted</b><br>(Identify by name or, if applicable, classify by party.) | The Honorable Tom Oliverson State Representative |  |
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|--|--|---|--|
| <b>COMMITTEE ACTIVITY</b><br><br>(Attach lists on plain paper to complete this report if necessary.) | <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.)             | A. Supported                                  |  |
|  |  | B. Opposed                                    |  |
|  | <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)       | A. Supported                                  |  |
|  |  | B. Opposed                                    |  |
|  | <b>3. Officeholders Assisted</b><br>(Identify by name or, if applicable, classify by party.) | The Honorable Lacey Hull State Representative |  |
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# MONTHLY FILING GPAC REPORT: PURPOSE

FORM **MPAC**  
ADDENDUM

Page 31 of 100

|   |  |   |
|---|--|---|
| <b>12 COMMITTEE NAME</b><br>HOME PAC of the Texas Assn. of Builders                                     |  | <b>13 Filer ID</b> (Ethics Commission Filers)<br>00015715 |
| <b>14 COMMITTEE ACTIVITY</b><br><br>(Attach lists on plain paper to complete this report if necessary.) | <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.)             | A. Supported<br><br>B. Opposed                            |
|   | <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)       | A. Supported<br><br>B. Opposed                            |
|   | <b>3. Officeholders Assisted</b><br>(Identify by name or, if applicable, classify by party.) | The Honorable Cody Vasut State Representative             |
|   | <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.)             | A. Supported<br><br>B. Opposed                            |
|   | <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)       | A. Supported<br><br>B. Opposed                            |
|   | <b>3. Officeholders Assisted</b><br>(Identify by name or, if applicable, classify by party.) | The Honorable Caroline Harris Davila State Representative |
| <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.)                        | A. Supported<br><br>B. Opposed   |   |
| <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)                  | A. Supported<br><br>B. Opposed   |   |
| <b>3. Officeholders Assisted</b><br>(Identify by name or, if applicable, classify by party.)            | The Honorable Carrie Isaac State Representative  |   |

# MONTHLY FILING GPAC REPORT: PURPOSE

FORM **MPAC**  
ADDENDUM

Page 32 of 100

|   |   |
|---|---|
| <b>12 COMMITTEE NAME</b><br>HOMEPAAC of the Texas Assn. of Builders | <b>13 Filer ID</b> (Ethics Commission Filers)<br>00015715 |
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| <b>14 COMMITTEE ACTIVITY</b><br><br>(Attach lists on plain paper to complete this report if necessary.) | <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.)             | A. Supported                                       |  |
|   |  | B. Opposed   |  |
|   | <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)       | A. Supported                                       |  |
|   |  | B. Opposed   |  |
|   | <b>3. Officeholders Assisted</b><br>(Identify by name or, if applicable, classify by party.) | The Honorable Ellen Troxclair State Representative |  |
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| <b>COMMITTEE ACTIVITY</b><br><br>(Attach lists on plain paper to complete this report if necessary.) | <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.)             | A. Supported                                    |  |
|  |  | B. Opposed                                      |  |
|  | <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)       | A. Supported                                    |  |
|  |  | B. Opposed                                      |  |
|  | <b>3. Officeholders Assisted</b><br>(Identify by name or, if applicable, classify by party.) | The Honorable Ramon Romero State Representative |  |
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| <b>COMMITTEE ACTIVITY</b><br><br>(Attach lists on plain paper to complete this report if necessary.) | <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.)             | A. Supported                                       |  |
|  |  | B. Opposed   |  |
|  | <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)       | A. Supported                                       |  |
|  |  | B. Opposed   |  |
|  | <b>3. Officeholders Assisted</b><br>(Identify by name or, if applicable, classify by party.) | The Honorable Valoree Swanson State Representative |  |
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# MONTHLY FILING GPAC REPORT: PURPOSE

FORM **MPAC**  
ADDENDUM

Page 33 of 100

|   |   |
|---|---|
| <b>12 COMMITTEE NAME</b><br>HOME PAC of the Texas Assn. of Builders | <b>13 Filer ID</b> (Ethics Commission Filers)<br>00015715 |
|---|---|

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

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

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

# MONTHLY FILING GPAC REPORT: PURPOSE

FORM **MPAC**  
ADDENDUM

Page 34 of 100

|   |   |
|---|---|
| <b>12 COMMITTEE NAME</b><br>HOMEPAAC of the Texas Assn. of Builders | <b>13 Filer ID</b> (Ethics Commission Filers)<br>00015715 |
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|---|--|--|--|
| <b>14 COMMITTEE ACTIVITY</b><br><br>(Attach lists on plain paper to complete this report if necessary.) | <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.)             | A. Supported                               |  |
|   |  | B. Opposed                                 |  |
|   | <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)       | A. Supported                               |  |
|   |  | B. Opposed                                 |  |
|   | <b>3. Officeholders Assisted</b><br>(Identify by name or, if applicable, classify by party.) | The Honorable Sarah Eckhardt State Senator |  |
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| <b>COMMITTEE ACTIVITY</b><br><br>(Attach lists on plain paper to complete this report if necessary.) | <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.)             | A. Supported                               |  |
|  |  | B. Opposed                                 |  |
|  | <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)       | A. Supported                               |  |
|  |  | B. Opposed                                 |  |
|  | <b>3. Officeholders Assisted</b><br>(Identify by name or, if applicable, classify by party.) | The Honorable Brian Birdwell State Senator |  |
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| <b>COMMITTEE ACTIVITY</b><br><br>(Attach lists on plain paper to complete this report if necessary.) | <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.)             | A. Supported                                  |  |
|  |  | B. Opposed                                    |  |
|  | <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)       | A. Supported                                  |  |
|  |  | B. Opposed                                    |  |
|  | <b>3. Officeholders Assisted</b><br>(Identify by name or, if applicable, classify by party.) | The Honorable Dan Patrick Lieutenant Governor |  |
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# MONTHLY FILING GPAC REPORT: PURPOSE

FORM **MPAC**  
ADDENDUM

Page 35 of 100

|   |   |
|---|---|
| <b>12 COMMITTEE NAME</b><br>HOMEPAAC of the Texas Assn. of Builders | <b>13 Filer ID</b> (Ethics Commission Filers)<br>00015715 |
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| <b>14 COMMITTEE ACTIVITY</b><br><br>(Attach lists on plain paper to complete this report if necessary.) | <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.)             | A. Supported                                    |  |
|   |  | B. Opposed                                      |  |
|   | <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)       | A. Supported                                    |  |
|   |  | B. Opposed                                      |  |
|   | <b>3. Officeholders Assisted</b><br>(Identify by name or, if applicable, classify by party.) | The Honorable Dawn Buckingham Land Commissioner |  |
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| <b>COMMITTEE ACTIVITY</b><br><br>(Attach lists on plain paper to complete this report if necessary.) | <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.)             | A. Supported Ms. Joanne Shofner State Representative |  |
|  |  | B. Opposed   |  |
|  | <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)       | A. Supported   |  |
|  |  | B. Opposed   |  |
|  | <b>3. Officeholders Assisted</b><br>(Identify by name or, if applicable, classify by party.) |  |  |
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| <b>COMMITTEE ACTIVITY</b><br><br>(Attach lists on plain paper to complete this report if necessary.) | <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.)             | A. Supported                                |  |
|  |  | B. Opposed                                  |  |
|  | <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)       | A. Supported                                |  |
|  |  | B. Opposed                                  |  |
|  | <b>3. Officeholders Assisted</b><br>(Identify by name or, if applicable, classify by party.) | The Honorable Mayes Middleton State Senator |  |
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# MONTHLY FILING GPAC REPORT: PURPOSE

FORM **MPAC**  
ADDENDUM

Page 36 of 100

|   |   |
|---|---|
| <b>12 COMMITTEE NAME</b><br>HOMEPAAC of the Texas Assn. of Builders | <b>13 Filer ID</b> (Ethics Commission Filers)<br>00015715 |
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| <b>14 COMMITTEE ACTIVITY</b><br><br>(Attach lists on plain paper to complete this report if necessary.) | <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.)             | A. Supported                                       |  |
|   |  | B. Opposed   |  |
|   | <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)       | A. Supported                                       |  |
|   |  | B. Opposed   |  |
|   | <b>3. Officeholders Assisted</b><br>(Identify by name or, if applicable, classify by party.) | The Honorable Richard Raymond State Representative |  |
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| <b>COMMITTEE ACTIVITY</b><br><br>(Attach lists on plain paper to complete this report if necessary.) | <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.)             | A. Supported                                   |  |
|  |  | B. Opposed                                     |  |
|  | <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)       | A. Supported                                   |  |
|  |  | B. Opposed                                     |  |
|  | <b>3. Officeholders Assisted</b><br>(Identify by name or, if applicable, classify by party.) | The Honorable Sheryl Cole State Representative |  |
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| <b>COMMITTEE ACTIVITY</b><br><br>(Attach lists on plain paper to complete this report if necessary.) | <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.)             | A. Supported                                 |  |
|  |  | B. Opposed                                   |  |
|  | <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)       | A. Supported                                 |  |
|  |  | B. Opposed                                   |  |
|  | <b>3. Officeholders Assisted</b><br>(Identify by name or, if applicable, classify by party.) | The Honorable John Bucy State Representative |  |
|  |  |  |  |

# MONTHLY FILING GPAC REPORT: PURPOSE

FORM **MPAC**  
ADDENDUM

Page 37 of 100

|   |   |
|---|---|
| <b>12 COMMITTEE NAME</b><br>HOMEPAAC of the Texas Assn. of Builders | <b>13 Filer ID</b> (Ethics Commission Filers)<br>00015715 |
|---|---|

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

# SUBTOTALS - MPAC

|   |   |   |
|---|---|---|
| <b>17 COMMITTEE NAME</b><br>HOME PAC of the Texas Assn. of Builders |   | <b>18 Filer ID</b> (Ethics Commission Filers)<br>00015715 |
| <b>19 SCHEDULE SUBTOTALS</b>  |   | <b>SUBTOTAL AMOUNT</b>                                    |
|   | NAME OF SCHEDULE  |   |
| 1.  | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                 | \$ 36,845.00  |
| 2.  | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                              | \$  |
| 3.  | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS  | \$  |
| 4.  | <input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION               | \$  |
| 5.  | <input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | \$  |
| 6.  | <input checked="" type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION          | \$ 1,147.25   |
| 7.  | <input checked="" type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION      | \$ 5,000.00   |
| 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              | \$ 116,700.00   |
| 11.   | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS   | \$  |
| 12.   | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS                        | \$  |
| 13.   | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD  | \$  |
| 14.   | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS                      | \$  |
| 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>                  |  | <b>1</b> Total pages Schedule A1:<br>Sch: 1/25 Rpt: 39/100              |
| <b>2</b> FILER NAME<br>HOMEPAAC of the Texas Assn. of Builders                    |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015715                |
| <b>4</b> Date<br>12/20/2024   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Adatao, Ray (Mr.) | <b>7</b> Amount of Contribution (\$)<br>\$250.00                        |
| <b>6</b> Contributor address; City; State; Zip Code<br><br>El Paso, TX 79905      |  |   |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Executive Officer |  | <b>9</b> Employer (See Instructions)<br>El Paso Association of Builders |
| Date<br>11/26/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Alcaraz, Rodolfo (Mr.)     | Amount of Contribution (\$)<br>\$30.00                                  |
| Contributor address; City; State; Zip Code<br><br>San Angelo, TX 76903            |  |   |
| Principal occupation / Job title (See Instructions)<br>Installer/Owner            |  | Employer (See Instructions)<br>RA Spray Foam                            |
| Date<br>12/19/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Alston, Aaron (Mr.)        | Amount of Contribution (\$)<br>\$50.00                                  |
| Contributor address; City; State; Zip Code<br><br>Longview, TX 75604              |  |   |
| Principal occupation / Job title (See Instructions)<br>Builder                    |  | Employer (See Instructions)<br>East Texas Homes LLC                     |
| Date<br>12/12/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Balderas, Adrian (Mr.)     | Amount of Contribution (\$)<br>\$375.00                                 |
| Contributor address; City; State; Zip Code<br><br>San Angelo, TX 76903-8109       |  |   |
| Principal occupation / Job title (See Instructions)<br>Builder                    |  | Employer (See Instructions)<br>A B Builders                             |
| Date<br>12/10/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Balderas, Adrian (Mr.)     | Amount of Contribution (\$)<br>\$150.00                                 |
| Contributor address; City; State; Zip Code<br><br>San Angelo, TX 76903-8109       |  |   |
| Principal occupation / Job title (See Instructions)<br>Builder                    |  | Employer (See Instructions)<br>A B Builders                             |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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|---|---|---|
| <b>The Instruction Guide explains how to complete this form.</b>        |   | <b>1</b> Total pages Schedule A1:<br>Sch: 2/25 Rpt: 40/100        |
| <b>2</b> FILER NAME<br>HOMEPAAC of the Texas Assn. of Builders          |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015715          |
| <b>4</b> Date<br>12/19/2024   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Ballard, Katie (Ms.) | <b>7</b> Amount of Contribution (\$)<br><br>\$50.00               |
|   | <b>6</b> Contributor address; City; State; Zip Code<br><br>Longview, TX 75606                                     |   |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Builder |   | <b>9</b> Employer (See Instructions)<br>Katie Ballard Company LLC |
| Date<br>11/26/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Beke, Tony (Mr.)              | Amount of Contribution (\$)<br><br>\$300.00                       |
|   | Contributor address; City; State; Zip Code<br><br>Bryan, TX 77803   |   |
| Principal occupation / Job title (See Instructions)<br>Sales            |   | Employer (See Instructions)<br>ABC Supply Company                 |
| Date<br>12/19/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Bennett, Christian (Mr.)      | Amount of Contribution (\$)<br><br>\$50.00                        |
|   | Contributor address; City; State; Zip Code<br><br>Longview, TX 75604  |   |
| Principal occupation / Job title (See Instructions)<br>Realtor          |   | Employer (See Instructions)<br>Texas Real Estate Executives       |
| Date<br>11/26/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Benson, Bryan (Mr.)           | Amount of Contribution (\$)<br><br>\$30.00                        |
|   | Contributor address; City; State; Zip Code<br><br>San Angelo, TX 76903  |   |
| Principal occupation / Job title (See Instructions)<br>Builder          |   | Employer (See Instructions)<br>Clearview Custom Homes             |
| Date<br>11/26/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Benson, Bryan (Mr.)           | Amount of Contribution (\$)<br><br>\$700.00                       |
|   | Contributor address; City; State; Zip Code<br><br>San Angelo, TX 76903  |   |
| Principal occupation / Job title (See Instructions)<br>Builder          |   | Employer (See Instructions)<br>Clearview Custom Homes             |



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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|---|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>                |   | <b>1</b> Total pages Schedule A1:<br>Sch: 3/25 Rpt: 41/100                 |
| <b>2</b> FILER NAME<br>HOMEPAAC of the Texas Assn. of Builders                  |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015715                   |
| <b>4</b> Date<br>11/26/2024   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Bernal, Albert (Mr.) | <b>7</b> Amount of Contribution (\$)<br><br>\$25.00                        |
| <b>6</b> Contributor address; City; State; Zip Code<br><br>San Angelo, TX 76902 |   |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Sales           |   | <b>9</b> Employer (See Instructions)<br>Tops Septic and Portable Restrooms |
| Date<br>11/26/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Born, Bonnie (Ms.)            | Amount of Contribution (\$)<br><br>\$25.00                                 |
| Contributor address; City; State; Zip Code<br><br>San Angelo, TX 76905          |   |  |
| Principal occupation / Job title (See Instructions)<br>Mortgage Officer         |   | Employer (See Instructions)<br>1st Community Federal Credit Union          |
| Date<br>12/09/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Bryan, Jared (Mr.)            | Amount of Contribution (\$)<br><br>\$375.00                                |
| Contributor address; City; State; Zip Code<br><br>Belton, TX 76513              |   |  |
| Principal occupation / Job title (See Instructions)<br>Builder                  |   | Employer (See Instructions)<br>Carothers Homes                             |
| Date<br>11/26/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Carlyle, Joe (Mr.)            | Amount of Contribution (\$)<br><br>\$100.00                                |
| Contributor address; City; State; Zip Code<br><br>Troup, TX 75789               |   |  |
| Principal occupation / Job title (See Instructions)<br>Builder                  |   | Employer (See Instructions)<br>Carlyle Homes                               |
| Date<br>12/19/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Carothers, Jason (Mr.)        | Amount of Contribution (\$)<br><br>\$800.00                                |
| Contributor address; City; State; Zip Code<br><br>Belton, TX 76513              |   |  |
| Principal occupation / Job title (See Instructions)<br>Builder                  |   | Employer (See Instructions)<br>Carothers Executive Homes                   |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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|---|---|---|
| <b>The Instruction Guide explains how to complete this form.</b>                |   | <b>1</b> Total pages Schedule A1:<br>Sch: 4/25 Rpt: 42/100      |
| <b>2</b> FILER NAME<br>HOMEPAAC of the Texas Assn. of Builders                  |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015715        |
| <b>4</b> Date<br>11/26/2024   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Carter, Sean (Mr.) | <b>7</b> Amount of Contribution (\$)<br><br>\$30.00             |
| <b>6</b> Contributor address; City; State; Zip Code<br><br>San Angelo, TX 76902 |   |   |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Retail          |   | <b>9</b> Employer (See Instructions)<br>City Lumber & Wholesale |
| Date<br>12/06/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Clegg, Travis (Mr.)         | Amount of Contribution (\$)<br><br>\$150.00                     |
| Contributor address; City; State; Zip Code<br><br>Keller, TX 76744              |   |   |
| Principal occupation / Job title (See Instructions)<br>Civil Engineer           |   | Employer (See Instructions)<br>Peloton Land Solutions, Inc.     |
| Date<br>11/26/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Coastal Area Builders PAC   | Amount of Contribution (\$)<br><br>\$1,000.00                   |
| Contributor address; City; State; Zip Code<br><br>Corpus Christi, TX 78414      |   |   |
| Principal occupation / Job title (See Instructions)                             |   | Employer (See Instructions)                                     |
| Date<br>11/26/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Collins, Kevin (Mr.)        | Amount of Contribution (\$)<br><br>\$30.00                      |
| Contributor address; City; State; Zip Code<br><br>San Angelo, TX 76904          |   |   |
| Principal occupation / Job title (See Instructions)<br>Developer                |   | Employer (See Instructions)<br>Bentwood Country Club Estates    |
| Date<br>11/26/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Cryer, John (Mr.)           | Amount of Contribution (\$)<br><br>\$100.00                     |
| Contributor address; City; State; Zip Code<br><br>Bryan, TX 77808               |   |   |
| Principal occupation / Job title (See Instructions)<br>Builder                  |   | Employer (See Instructions)<br>Ranger Home Builders             |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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|---|--|---|
| <b>The Instruction Guide explains how to complete this form.</b>          |  | <b>1</b> Total pages Schedule A1:<br>Sch: 5/25 Rpt: 43/100        |
| <b>2</b> FILER NAME<br>HOMEPAAC of the Texas Assn. of Builders            |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015715          |
| <b>4</b> Date<br>11/26/2024   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Currie, David (Mr.) | <b>7</b> Amount of Contribution (\$)<br><br>\$25.00               |
|   | <b>6</b> Contributor address; City; State; Zip Code<br><br>San Angelo, TX 76902                                  |   |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Developer |  | <b>9</b> Employer (See Instructions)<br>Paint Rock Investors 1879 |
| Date<br>11/26/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Cushman, Nick (Mr.)          | Amount of Contribution (\$)<br><br>\$200.00                       |
|   | Contributor address; City; State; Zip Code<br><br>College Station, TX 77840                                      |   |
| Principal occupation / Job title (See Instructions)<br>Sales              |  | Employer (See Instructions)<br>Moore Supply-Facet                 |
| Date<br>11/26/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Dankworth, Juston (Mr.)      | Amount of Contribution (\$)<br><br>\$30.00                        |
|   | Contributor address; City; State; Zip Code<br><br>Miles, TX 76861  |   |
| Principal occupation / Job title (See Instructions)<br>Welder             |  | Employer (See Instructions)<br>3D Steel Building Systems          |
| Date<br>12/19/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Daughtry, Angela (Ms.)       | Amount of Contribution (\$)<br><br>\$50.00                        |
|   | Contributor address; City; State; Zip Code<br><br>Longview, TX 75601   |   |
| Principal occupation / Job title (See Instructions)<br>Executive Officer  |  | Employer (See Instructions)<br>East Texas BA                      |
| Date<br>12/19/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Davis, Tom (Mr.)             | Amount of Contribution (\$)<br><br>\$50.00                        |
|   | Contributor address; City; State; Zip Code<br><br>Longview, TX 75605   |   |
| Principal occupation / Job title (See Instructions)<br>Builder            |  | Employer (See Instructions)<br>Tom Davis & Company                |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |   |   |
|---|---|---|
| <b>The Instruction Guide explains how to complete this form.</b>        |   | <b>1</b> Total pages Schedule A1:<br>Sch: 6/25 Rpt: 44/100  |
| <b>2</b> FILER NAME<br>HOMEPAAC of the Texas Assn. of Builders          |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015715    |
| <b>4</b> Date<br>11/26/2024   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Decker, Chad (Mr.) | <b>7</b> Amount of Contribution (\$)<br><br>\$30.00         |
|   | <b>6</b> Contributor address; City; State; Zip Code<br><br>San Angelo, TX 76905                                 |   |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Builder |   | <b>9</b> Employer (See Instructions)<br>Decker Custom Homes |
| Date<br>11/26/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Decker, Chad (Mr.)          | Amount of Contribution (\$)<br><br>\$3,010.00               |
|   | Contributor address; City; State; Zip Code<br><br>San Angelo, TX 76905  |   |
| Principal occupation / Job title (See Instructions)<br>Builder          |   | Employer (See Instructions)<br>Decker Custom Homes          |
| Date<br>12/13/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Decker, Chad (Mr.)          | Amount of Contribution (\$)<br><br>\$2,200.00               |
|   | Contributor address; City; State; Zip Code<br><br>San Angelo, TX 76905  |   |
| Principal occupation / Job title (See Instructions)<br>Builder          |   | Employer (See Instructions)<br>Decker Custom Homes          |
| Date<br>11/26/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Deremo, Jason (Mr.)         | Amount of Contribution (\$)<br><br>\$30.00                  |
|   | Contributor address; City; State; Zip Code<br><br>San Angelo, TX 76901  |   |
| Principal occupation / Job title (See Instructions)<br>Plumber          |   | Employer (See Instructions)<br>Pride Plumbing               |
| Date<br>11/26/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Deutsch, David (Mr.)        | Amount of Contribution (\$)<br><br>\$160.00                 |
|   | Contributor address; City; State; Zip Code<br><br>Houston, TX 77014   |   |
| Principal occupation / Job title (See Instructions)<br>Builder          |   | Employer (See Instructions)<br>Southern Creek Homes         |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |   |  |
|---|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>        |   | <b>1</b> Total pages Schedule A1:<br>Sch: 7/25 Rpt: 45/100 |
| <b>2</b> FILER NAME<br>HOMEPAAC of the Texas Assn. of Builders          |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015715   |
| <b>4</b> Date<br>11/26/2024   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Doty, Chance (Mr.) | <b>7</b> Amount of Contribution (\$)<br><br>\$550.00       |
|   | <b>6</b> Contributor address; City; State; Zip Code<br><br>San Angelo, TX 76901                                 |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Manager |   | <b>9</b> Employer (See Instructions)<br>Acme Brick         |
| Date<br>11/26/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Dulin, Cory (Mr.)           | Amount of Contribution (\$)<br><br>\$1,200.00              |
|   | Contributor address; City; State; Zip Code<br><br>Lubbock, TX 79423   |  |
| Principal occupation / Job title (See Instructions)<br>Associate        |   | Employer (See Instructions)<br>AMD Engineering             |
| Date<br>11/26/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Dulock, Penny (Ms.)         | Amount of Contribution (\$)<br><br>\$100.00                |
|   | Contributor address; City; State; Zip Code<br><br>Waco, TX 76703  |  |
| Principal occupation / Job title (See Instructions)<br>Sales            |   | Employer (See Instructions)<br>First Title of Waco, LLC    |
| Date<br>12/09/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Eidson, Todd (Mr.)          | Amount of Contribution (\$)<br><br>\$250.00                |
|   | Contributor address; City; State; Zip Code<br><br>Frederickburg, TX 78624                                       |  |
| Principal occupation / Job title (See Instructions)<br>Builder          |   | Employer (See Instructions)<br>Sierra Custom Homes         |
| Date<br>11/26/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Eidson, Todd (Mr.)          | Amount of Contribution (\$)<br><br>\$100.00                |
|   | Contributor address; City; State; Zip Code<br><br>Frederickburg, TX 78624                                       |  |
| Principal occupation / Job title (See Instructions)<br>Builder          |   | Employer (See Instructions)<br>Sierra Custom Homes         |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |  |  |
|---|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>        |  | <b>1</b> Total pages Schedule A1:<br>Sch: 8/25 Rpt: 46/100 |
| <b>2</b> FILER NAME<br>HOME PAC of the Texas Assn. of Builders          |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015715   |
| <b>4</b> Date<br>11/26/2024   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Floyd, Gary (Mr.) | <b>7</b> Amount of Contribution (\$)<br><br>\$820.00       |
|   | <b>6</b> Contributor address; City; State; Zip Code<br><br>San Angelo, TX 76904                                |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Builder |  | <b>9</b> Employer (See Instructions)<br>Gary Floyd Homes   |
| Date<br>12/19/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Fourie , Nico (Mr.)        | Amount of Contribution (\$)<br><br>\$50.00                 |
|   | Contributor address; City; State; Zip Code<br><br>Longview, TX 75605-5746                                      |  |
| Principal occupation / Job title (See Instructions)<br>Builder          |  | Employer (See Instructions)<br>HFH Construction LLC        |
| Date<br>12/23/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Garabedian, Michael (Mr.)  | Amount of Contribution (\$)<br><br>\$750.00                |
|   | Contributor address; City; State; Zip Code<br><br>Southlake, TX 76092  |  |
| Principal occupation / Job title (See Instructions)<br>Builder          |  | Employer (See Instructions)<br>Garabedian Homes            |
| Date<br>12/06/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Garabedian, Michael (Mr.)  | Amount of Contribution (\$)<br><br>\$150.00                |
|   | Contributor address; City; State; Zip Code<br><br>Southlake, TX 76092  |  |
| Principal occupation / Job title (See Instructions)<br>Builder          |  | Employer (See Instructions)<br>Garabedian Homes            |
| Date<br>11/26/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Gargan, Brian (Mr.)        | Amount of Contribution (\$)<br><br>\$30.00                 |
|   | Contributor address; City; State; Zip Code<br><br>San Angelo, TX 76904   |  |
| Principal occupation / Job title (See Instructions)<br>Sales            |  | Employer (See Instructions)<br>Budget Blinds               |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |   |   |
|---|---|---|
| <b>The Instruction Guide explains how to complete this form.</b>              |   | <b>1</b> Total pages Schedule A1:<br>Sch: 9/25 Rpt: 47/100  |
| <b>2</b> FILER NAME<br>HOMEPAC of the Texas Assn. of Builders                 |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015715    |
| <b>4</b> Date<br>11/26/2024   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Giesecke, Wes (Mr.)  | <b>7</b> Amount of Contribution (\$)<br><br>\$30.00         |
|   | <b>6</b> Contributor address; City; State; Zip Code<br><br>San Angelo, TX 76903                                   |   |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Title Officer |   | <b>9</b> Employer (See Instructions)<br>First Title Company |
| Date<br>11/26/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Greenwald, Bryon (Mr.)        | Amount of Contribution (\$)<br><br>\$200.00                 |
|   | Contributor address; City; State; Zip Code<br><br>College Station, TX 77845                                       |   |
| Principal occupation / Job title (See Instructions)<br>Sales                  |   | Employer (See Instructions)<br>IES Residential              |
| Date<br>11/26/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>HBA of Greater Dallas HOMEPAC | Amount of Contribution (\$)<br><br>\$4,000.00               |
|   | Contributor address; City; State; Zip Code<br><br>Plano, TX 75093   |   |
| Principal occupation / Job title (See Instructions)                           |   | Employer (See Instructions)                                 |
| Date<br>12/11/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Haddock, James (Mr.)          | Amount of Contribution (\$)<br><br>\$1,000.00               |
|   | Contributor address; City; State; Zip Code<br><br>Fort Worth, TX 76102  |   |
| Principal occupation / Job title (See Instructions)<br>Builder                |   | Employer (See Instructions)<br>Haddock Interests, Inc.      |
| Date<br>12/19/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Hagenbucher, Jay (Mr.)        | Amount of Contribution (\$)<br><br>\$250.00                 |
|   | Contributor address; City; State; Zip Code<br><br>Judson, TX 75660  |   |
| Principal occupation / Job title (See Instructions)<br>Owner                  |   | Employer (See Instructions)<br>Ace Glass                    |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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|---|---|---|
| <b>The Instruction Guide explains how to complete this form.</b>      |   | <b>1</b> Total pages Schedule A1:<br>Sch: 10/25 Rpt: 48/100   |
| <b>2</b> FILER NAME<br>HOMEPAAC of the Texas Assn. of Builders        |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015715      |
| <b>4</b> Date<br>12/19/2024   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Hagenbucher, Jay (Mr.) | <b>7</b> Amount of Contribution (\$)<br><br>\$100.00          |
|   | <b>6</b> Contributor address; City; State; Zip Code<br><br>Judson, TX 75660   |   |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Owner |   | <b>9</b> Employer (See Instructions)<br>Ace Glass             |
| Date<br>12/19/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Hall, Chris (Mr.)               | Amount of Contribution (\$)<br><br>\$50.00                    |
|   | Contributor address; City; State; Zip Code<br><br>Longview, TX 75605  |   |
| Principal occupation / Job title (See Instructions)<br>Builder        |   | Employer (See Instructions)<br>Chris Hall Custom Homes        |
| Date<br>12/19/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Hamilton, Mindy (Ms.)           | Amount of Contribution (\$)<br><br>\$100.00                   |
|   | Contributor address; City; State; Zip Code<br><br>Longview, TX 75605  |   |
| Principal occupation / Job title (See Instructions)<br>Builder        |   | Employer (See Instructions)<br>Scott Hamilton Custom Builders |
| Date<br>12/19/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Hamilton, Scott (Mr.)           | Amount of Contribution (\$)<br><br>\$50.00                    |
|   | Contributor address; City; State; Zip Code<br><br>Longview, TX 75605  |   |
| Principal occupation / Job title (See Instructions)<br>Builder        |   | Employer (See Instructions)<br>Scott Hamilton Custom Builders |
| Date<br>11/26/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Harding, David (Mr.)            | Amount of Contribution (\$)<br><br>\$30.00                    |
|   | Contributor address; City; State; Zip Code<br><br>New Braunfels, TX 78132   |   |
| Principal occupation / Job title (See Instructions)<br>Loan Officer   |   | Employer (See Instructions)<br>Edge Home Finance              |



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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|---|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>        |   | <b>1</b> Total pages Schedule A1:<br>Sch: 11/25 Rpt: 49/100  |
| <b>2</b> FILER NAME<br>HOMEPAAC of the Texas Assn. of Builders          |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015715     |
| <b>4</b> Date<br>11/26/2024   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Hejl, Brandi | <b>7</b> Amount of Contribution (\$)<br><br>\$30.00          |
|   | <b>6</b> Contributor address; City; State; Zip Code<br><br>San Angelo, TX 76902                           |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Sales   |   | <b>9</b> Employer (See Instructions)<br>Hi-Tech Pest Defense |
| Date<br>12/19/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Heslep, Terrell (Mr.) | Amount of Contribution (\$)<br><br>\$50.00                   |
|   | Contributor address; City; State; Zip Code<br><br>Longview, TX 75604                                      |  |
| Principal occupation / Job title (See Instructions)<br>Builder          |   | Employer (See Instructions)<br>Terrell Heslep Custom Homes   |
| Date<br>11/26/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Hicks, Cody (Mr.)     | Amount of Contribution (\$)<br><br>\$100.00                  |
|   | Contributor address; City; State; Zip Code<br><br>Houston, TX 77010                                       |  |
| Principal occupation / Job title (See Instructions)<br>Service Provider |   | Employer (See Instructions)<br>Comcast                       |
| Date<br>11/26/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Janke, Grant (Mr.)    | Amount of Contribution (\$)<br><br>\$200.00                  |
|   | Contributor address; City; State; Zip Code<br><br>Bryan, TX 77803   |  |
| Principal occupation / Job title (See Instructions)<br>Sales            |   | Employer (See Instructions)<br>ABC Supply Company            |
| Date<br>11/26/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Jekel, Bob (Mr.)      | Amount of Contribution (\$)<br><br>\$30.00                   |
|   | Contributor address; City; State; Zip Code<br><br>Abilene, TX 79603                                       |  |
| Principal occupation / Job title (See Instructions)<br>Sales            |   | Employer (See Instructions)<br>Atmos Energy                  |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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|---|---|---|
| <b>The Instruction Guide explains how to complete this form.</b>        |   | <b>1</b> Total pages Schedule A1:<br>Sch: 12/25 Rpt: 50/100 |
| <b>2</b> FILER NAME<br>HOMEPAAC of the Texas Assn. of Builders          |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015715    |
| <b>4</b> Date<br>11/26/2024   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Jensen, Daniel (Mr.) | <b>7</b> Amount of Contribution (\$)<br><br>\$25.00         |
|   | <b>6</b> Contributor address; City; State; Zip Code<br><br>San Angelo, TX 76902                                   |   |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Builder |   | <b>9</b> Employer (See Instructions)<br>Majestic Homes      |
| Date<br>11/26/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Jensen, Daniel (Mr.)          | Amount of Contribution (\$)<br><br>\$30.00                  |
|   | Contributor address; City; State; Zip Code<br><br>San Angelo, TX 76902  |   |
| Principal occupation / Job title (See Instructions)<br>Builder          |   | Employer (See Instructions)<br>Majestic Homes               |
| Date<br>11/26/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Jensen, Paul (Mr.)            | Amount of Contribution (\$)<br><br>\$30.00                  |
|   | Contributor address; City; State; Zip Code<br><br>San Angelo, TX 76903  |   |
| Principal occupation / Job title (See Instructions)<br>Builder          |   | Employer (See Instructions)<br>D & D Custom Homes           |
| Date<br>11/26/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Jones, Tony (Mr.)             | Amount of Contribution (\$)<br><br>\$1,500.00               |
|   | Contributor address; City; State; Zip Code<br><br>San Angelo, TX 76904  |   |
| Principal occupation / Job title (See Instructions)<br>Builder          |   | Employer (See Instructions)<br>Tony Jones Homes             |
| Date<br>12/10/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Joyce, Ryan (Mr.)             | Amount of Contribution (\$)<br><br>\$175.00                 |
|   | Contributor address; City; State; Zip Code<br><br>Rockwall, TX 75087-6129   |   |
| Principal occupation / Job title (See Instructions)<br>Owner            |   | Employer (See Instructions)<br>Michael Joyce Properties     |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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|---|---|---|
| <b>The Instruction Guide explains how to complete this form.</b>      |   | <b>1</b> Total pages Schedule A1:<br>Sch: 13/25 Rpt: 51/100 |
| <b>2</b> FILER NAME<br>HOMEPAAC of the Texas Assn. of Builders        |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015715    |
| <b>4</b> Date<br>11/26/2024   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Kattner, Caleb (Mr.) | <b>7</b> Amount of Contribution (\$)<br><br>\$30.00         |
|   | <b>6</b> Contributor address; City; State; Zip Code<br><br>San Angelo, TX 76903                                   |   |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Sales |   | <b>9</b> Employer (See Instructions)<br>Reece Albert, Inc.  |
| Date<br>11/26/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Kelley, PK (Mr.)              | Amount of Contribution (\$)<br><br>\$30.00                  |
|   | Contributor address; City; State; Zip Code<br><br>San Angelo, TX 76901  |   |
| Principal occupation / Job title (See Instructions)<br>Agent          |   | Employer (See Instructions)<br>PK Kelley Insurance Agency   |
| Date<br>11/26/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Knappe, Chris (Mr.)           | Amount of Contribution (\$)<br><br>\$25.00                  |
|   | Contributor address; City; State; Zip Code<br><br>San Angelo, TX 76904  |   |
| Principal occupation / Job title (See Instructions)<br>Landscaper     |   | Employer (See Instructions)<br>WTX Landscaping Design       |
| Date<br>11/26/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Kruse, Kim (Ms.)              | Amount of Contribution (\$)<br><br>\$30.00                  |
|   | Contributor address; City; State; Zip Code<br><br>San Angelo, TX 76903  |   |
| Principal occupation / Job title (See Instructions)<br>Manager        |   | Employer (See Instructions)<br>Concho Valley Title          |
| Date<br>11/26/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Landers, Layton (Mr.)         | Amount of Contribution (\$)<br><br>\$30.00                  |
|   | Contributor address; City; State; Zip Code<br><br>San Angelo, TX 76901  |   |
| Principal occupation / Job title (See Instructions)<br>Owner          |   | Employer (See Instructions)<br>Landers Septic & Concrete    |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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|---|---|---|
| <b>The Instruction Guide explains how to complete this form.</b>                |   | <b>1</b> Total pages Schedule A1:<br>Sch: 14/25 Rpt: 52/100   |
| <b>2</b> FILER NAME<br>HOMEPAAC of the Texas Assn. of Builders                  |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015715      |
| <b>4</b> Date<br>11/26/2024   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Lasater, Lorenzo (Mr.) | <b>7</b> Amount of Contribution (\$)<br><br>\$25.00           |
| <b>6</b> Contributor address; City; State; Zip Code<br><br>San Angelo, TX 76904 |   |   |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Painter         |   | <b>9</b> Employer (See Instructions)<br>Lasater Painting      |
| Date<br>11/26/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Little, Jess (Ms.)              | Amount of Contribution (\$)<br><br>\$200.00                   |
| Contributor address; City; State; Zip Code<br><br>College Station, TX 77845     |   |   |
| Principal occupation / Job title (See Instructions)<br>Sales                    |   | Employer (See Instructions)<br>Builders FirstSource           |
| Date<br>11/26/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>McCrory, Collin (Mr.)           | Amount of Contribution (\$)<br><br>\$30.00                    |
| Contributor address; City; State; Zip Code<br><br>San Angelo, TX 76904          |   |   |
| Principal occupation / Job title (See Instructions)<br>Builder                  |   | Employer (See Instructions)<br>McCrory Custom Construction    |
| Date<br>11/26/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>McIntyre, Dean (Mr.)            | Amount of Contribution (\$)<br><br>\$30.00                    |
| Contributor address; City; State; Zip Code<br><br>San Angelo, TX 76905          |   |   |
| Principal occupation / Job title (See Instructions)<br>Banker                   |   | Employer (See Instructions)<br>First State Bank of Paint Rock |
| Date<br>11/26/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>McMahon, Travis (Mr.)           | Amount of Contribution (\$)<br><br>\$30.00                    |
| Contributor address; City; State; Zip Code<br><br>San Angelo, TX 76904          |   |   |
| Principal occupation / Job title (See Instructions)<br>Builder                  |   | Employer (See Instructions)<br>Tuck and Co.                   |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |   |   |
|---|---|---|
| <b>The Instruction Guide explains how to complete this form.</b>                          |   | <b>1</b> Total pages Schedule A1:<br>Sch: 15/25 Rpt: 53/100 |
| <b>2</b> FILER NAME<br>HOMEPAAC of the Texas Assn. of Builders                            |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015715    |
| <b>4</b> Date<br>11/26/2024   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>McMillin, Dennis (Mr.) | <b>7</b> Amount of Contribution (\$)<br>\$240.00            |
|   | <b>6</b> Contributor address; City; State; Zip Code<br><br>College Station, TX 77845                                |   |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Pool & Hot Tub Contractor |   | <b>9</b> Employer (See Instructions)<br>Sunshine Fun Pools  |
| Date<br>11/26/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Meeks, Chad (Mr.)               | Amount of Contribution (\$)<br>\$30.00                      |
|   | Contributor address; City; State; Zip Code<br><br>San Angelo, TX 76904  |   |
| Principal occupation / Job title (See Instructions)<br>Builder                            |   | Employer (See Instructions)<br>Circle M Custom Homes        |
| Date<br>12/06/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Miller, James (Mr.)             | Amount of Contribution (\$)<br>\$900.00                     |
|   | Contributor address; City; State; Zip Code<br><br>Houston, TX 77027   |   |
| Principal occupation / Job title (See Instructions)<br>President                          |   | Employer (See Instructions)<br>Autograph Homed              |
| Date<br>11/26/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Miller, Marshal (Mr.)           | Amount of Contribution (\$)<br>\$30.00                      |
|   | Contributor address; City; State; Zip Code<br><br>San Angelo, TX 76904  |   |
| Principal occupation / Job title (See Instructions)<br>Banker                             |   | Employer (See Instructions)<br>Prosperity Bank              |
| Date<br>12/19/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Minton, John (Mr.)              | Amount of Contribution (\$)<br>\$50.00                      |
|   | Contributor address; City; State; Zip Code<br><br>Mineola, TX 75773   |   |
| Principal occupation / Job title (See Instructions)<br>Manager                            |   | Employer (See Instructions)<br>Gas and Supply               |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |   |   |
|---|---|---|
| <b>The Instruction Guide explains how to complete this form.</b>        |   | <b>1</b> Total pages Schedule A1:<br>Sch: 16/25 Rpt: 54/100   |
| <b>2</b> FILER NAME<br>HOMEPAAC of the Texas Assn. of Builders          |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015715      |
| <b>4</b> Date<br>11/26/2024   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Morchat, Daniel (Mr.) | <b>7</b> Amount of Contribution (\$)<br>\$200.00              |
|   | <b>6</b> Contributor address; City; State; Zip Code<br><br>Bryan, TX 77802  |   |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Builder |   | <b>9</b> Employer (See Instructions)<br>Good Company          |
| Date<br>11/26/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Nelson, Aaron (Mr.)            | Amount of Contribution (\$)<br>\$30.00                        |
|   | Contributor address; City; State; Zip Code<br><br>San Angelo, TX 76904  |   |
| Principal occupation / Job title (See Instructions)<br>Remodeler        |   | Employer (See Instructions)<br>Texas Elite Property Solutions |
| Date<br>11/26/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Newlin, Ryan (Mr.)             | Amount of Contribution (\$)<br>\$30.00                        |
|   | Contributor address; City; State; Zip Code<br><br>San Angelo, TX 76904  |   |
| Principal occupation / Job title (See Instructions)<br>Sales            |   | Employer (See Instructions)<br>ERA-Newlin & Co.               |
| Date<br>12/09/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Norman, Scott (Mr.)            | Amount of Contribution (\$)<br>\$250.00                       |
|   | Contributor address; City; State; Zip Code<br><br>Austin, TX 78701  |   |
| Principal occupation / Job title (See Instructions)<br>CEO              |   | Employer (See Instructions)<br>Texas Association of Builders  |
| Date<br>11/26/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Partain, Bruce (Mr.)           | Amount of Contribution (\$)<br>\$30.00                        |
|   | Contributor address; City; State; Zip Code<br><br>San Angelo, TX 76903  |   |
| Principal occupation / Job title (See Instructions)<br>Realtor          |   | Employer (See Instructions)<br>NextHome Centurion Realty      |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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|---|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>      |   | <b>1</b> Total pages Schedule A1:<br>Sch: 17/25 Rpt: 55/100              |
| <b>2</b> FILER NAME<br>HOMEPAAC of the Texas Assn. of Builders        |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015715                 |
| <b>4</b> Date<br>11/26/2024   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Payne, Darren (Mr.) | <b>7</b> Amount of Contribution (\$)<br>\$600.00                         |
|   | <b>6</b> Contributor address; City; State; Zip Code<br><br>Lubbock, TX 79423                                    |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Owner |   | <b>9</b> Employer (See Instructions)<br>Payne, Powell & Truitt Law Group |
| Date<br>11/26/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Peavy, Jason (Mr.)           | Amount of Contribution (\$)<br>\$25.00                                   |
|   | Contributor address; City; State; Zip Code<br><br>Woodway, TX 76712   |  |
| Principal occupation / Job title (See Instructions)<br>Builder        |   | Employer (See Instructions)<br>Peavy Homes LLC                           |
| Date<br>12/19/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Phillips, Derek (Mr.)        | Amount of Contribution (\$)<br>\$50.00                                   |
|   | Contributor address; City; State; Zip Code<br><br>Longview, TX 75601  |  |
| Principal occupation / Job title (See Instructions)<br>Sales          |   | Employer (See Instructions)<br>JOTS Rentals                              |
| Date<br>11/26/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Pitts, JC (Mr.)              | Amount of Contribution (\$)<br>\$25.00                                   |
|   | Contributor address; City; State; Zip Code<br><br>San Angelo, TX 76904  |  |
| Principal occupation / Job title (See Instructions)<br>Sales          |   | Employer (See Instructions)<br>Can-Doo Budget Rentals                    |
| Date<br>11/26/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Porche, Kevin (Mr.)          | Amount of Contribution (\$)<br>\$30.00                                   |
|   | Contributor address; City; State; Zip Code<br><br>San Angelo, TX 76901  |  |
| Principal occupation / Job title (See Instructions)<br>Associate      |   | Employer (See Instructions)<br>Sherwin Williams                          |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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|---|--|---|
| <b>The Instruction Guide explains how to complete this form.</b>                |  | <b>1</b> Total pages Schedule A1:<br>Sch: 18/25 Rpt: 56/100         |
| <b>2</b> FILER NAME<br>HOMEPAAC of the Texas Assn. of Builders                  |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015715            |
| <b>4</b> Date<br>11/26/2024   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Preiss, Valerie (Ms.) | <b>7</b> Amount of Contribution (\$)<br><br>\$25.00                 |
| <b>6</b> Contributor address; City; State; Zip Code<br><br>San Angelo, TX 76902 |  |   |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Banker          |  | <b>9</b> Employer (See Instructions)<br>Mortgage Financial Services |
| Date<br>12/19/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Randolph, Randy (Mr.)          | Amount of Contribution (\$)<br><br>\$50.00                          |
| Contributor address; City; State; Zip Code<br><br>Tatum, TX 75691               |  |   |
| Principal occupation / Job title (See Instructions)<br>Builder                  |  | Employer (See Instructions)<br>JennRand Diversified, LLC            |
| Date<br>11/26/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Rios, Emma (Ms.)               | Amount of Contribution (\$)<br><br>\$30.00                          |
| Contributor address; City; State; Zip Code<br><br>Odessa, TX 79763              |  |   |
| Principal occupation / Job title (See Instructions)<br>Sales                    |  | Employer (See Instructions)<br>Ameriflush                           |
| Date<br>11/26/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Ripple, Randy (Mr.)            | Amount of Contribution (\$)<br><br>\$200.00                         |
| Contributor address; City; State; Zip Code<br><br>College Station, TX 77840     |  |   |
| Principal occupation / Job title (See Instructions)<br>Banker                   |  | Employer (See Instructions)<br>Commerce National Bank               |
| Date<br>11/26/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Robertson, Hank (Mr.)          | Amount of Contribution (\$)<br><br>\$250.00                         |
| Contributor address; City; State; Zip Code<br><br>College Station, TX 77845     |  |   |
| Principal occupation / Job title (See Instructions)<br>Builder                  |  | Employer (See Instructions)<br>Irongate Custom Homes                |



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |   |   |
|---|---|---|
| <b>The Instruction Guide explains how to complete this form.</b>                      |   | <b>1</b> Total pages Schedule A1:<br>Sch: 19/25 Rpt: 57/100 |
| <b>2</b> FILER NAME<br>HOMEPAAC of the Texas Assn. of Builders                        |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015715    |
| <b>4</b> Date<br>12/18/2024   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Robinson, Matt (Mr.) | <b>7</b> Amount of Contribution (\$)<br>\$375.00            |
|   | <b>6</b> Contributor address; City; State; Zip Code<br><br>Allen, TX 75002  |   |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Real Estate Developer |   | <b>9</b> Employer (See Instructions)<br>BGE Inc.            |
| Date<br>11/26/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Robison, Blake (Mr.)          | Amount of Contribution (\$)<br>\$160.00                     |
|   | Contributor address; City; State; Zip Code<br><br>College Station, TX 77845                                       |   |
| Principal occupation / Job title (See Instructions)<br>Remodeler                      |   | Employer (See Instructions)<br>Ace Handyman Service         |
| Date<br>11/26/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Rosati, Tina (Ms.)            | Amount of Contribution (\$)<br>\$100.00                     |
|   | Contributor address; City; State; Zip Code<br><br>College Station, TX 77840                                       |   |
| Principal occupation / Job title (See Instructions)<br>Lender                         |   | Employer (See Instructions)<br>Amarillo National Bank       |
| Date<br>11/26/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Salvato, Jared (Mr.)          | Amount of Contribution (\$)<br>\$100.00                     |
|   | Contributor address; City; State; Zip Code<br><br>College Station, TX 77845                                       |   |
| Principal occupation / Job title (See Instructions)<br>Construction Lending           |   | Employer (See Instructions)<br>Guaranty Bank                |
| Date<br>12/19/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Scadden, Susie (Ms.)          | Amount of Contribution (\$)<br>\$500.00                     |
|   | Contributor address; City; State; Zip Code<br><br>Longview, TX 75606  |   |
| Principal occupation / Job title (See Instructions)<br>Builder                        |   | Employer (See Instructions)<br>Real Estate Alternatives     |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |   |  |
|---|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>      |   | <b>1</b> Total pages Schedule A1:<br>Sch: 20/25 Rpt: 58/100        |
| <b>2</b> FILER NAME<br>HOMEPAAC of the Texas Assn. of Builders        |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015715           |
| <b>4</b> Date<br>11/26/2024   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Schalf, Arlene (Ms.) | <b>7</b> Amount of Contribution (\$)<br><br>\$25.00                |
|   | <b>6</b> Contributor address; City; State; Zip Code<br><br>San Angelo, TX 76901                                   |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Sales |   | <b>9</b> Employer (See Instructions)<br>Glass Doctor of San Angelo |
| Date<br>12/23/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Schmid, Shad (Mr.)            | Amount of Contribution (\$)<br><br>\$250.00                        |
|   | Contributor address; City; State; Zip Code<br><br>San Antonio, TX 77256   |  |
| Principal occupation / Job title (See Instructions)<br>Builder        |   | Employer (See Instructions)<br>Armadillo Homes                     |
| Date<br>11/26/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Schmidt, Ron (Mr.)            | Amount of Contribution (\$)<br><br>\$200.00                        |
|   | Contributor address; City; State; Zip Code<br><br>Bryan, TX 77805   |  |
| Principal occupation / Job title (See Instructions)<br>Sales          |   | Employer (See Instructions)<br>Texas Commercial Waste              |
| Date<br>11/26/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Schultz, Joe (Mr.)            | Amount of Contribution (\$)<br><br>\$200.00                        |
|   | Contributor address; City; State; Zip Code<br><br>College Station, TX 77840                                       |  |
| Principal occupation / Job title (See Instructions)<br>Owner          |   | Employer (See Instructions)<br>Schultz Engineering                 |
| Date<br>11/26/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Searsy, Drew (Mr.)            | Amount of Contribution (\$)<br><br>\$25.00                         |
|   | Contributor address; City; State; Zip Code<br><br>San Angelo, TX 76903  |  |
| Principal occupation / Job title (See Instructions)<br>Sales          |   | Employer (See Instructions)<br>Skylark Cabinets                    |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |  |  |
|---|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>        |  | <b>1</b> Total pages Schedule A1:<br>Sch: 21/25 Rpt: 59/100      |
| <b>2</b> FILER NAME<br>HOMEPAAC of the Texas Assn. of Builders          |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015715         |
| <b>4</b> Date<br>11/26/2024   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Sharp, Norma (Ms.)          | <b>7</b> Amount of Contribution (\$)<br><br>\$65.00              |
|   | <b>6</b> Contributor address; City; State; Zip Code<br><br>San Angelo, TX 76903  |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Manager |  | <b>9</b> Employer (See Instructions)<br>Stroman Abstract & Title |
| Date<br>11/26/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Snyder, Martin (Mr.)                 | Amount of Contribution (\$)<br><br>\$30.00                       |
|   | Contributor address; City; State; Zip Code<br><br>Lubbock, TX 79424  |  |
| Principal occupation / Job title (See Instructions)<br>Material Sales   |  | Employer (See Instructions)<br>James Hardie                      |
| Date<br>11/26/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Sponsel, Tom (Mr.)                   | Amount of Contribution (\$)<br><br>\$25.00                       |
|   | Contributor address; City; State; Zip Code<br><br>Georgetown, TX 78626   |  |
| Principal occupation / Job title (See Instructions)<br>Cable Provider   |  | Employer (See Instructions)<br>Optimum                           |
| Date<br>11/26/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Stone, Beverly (Ms.)                 | Amount of Contribution (\$)<br><br>\$20.00                       |
|   | Contributor address; City; State; Zip Code<br><br>College Station, TX 77842  |  |
| Principal occupation / Job title (See Instructions)<br>Closer           |  | Employer (See Instructions)<br>University Title Company          |
| Date<br>11/26/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Temple Area Builders Association PAC | Amount of Contribution (\$)<br><br>\$3,000.00                    |
|   | Contributor address; City; State; Zip Code<br><br>Temple, TX 76503   |  |
| Principal occupation / Job title (See Instructions)                     |  | 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:<br>Sch: 22/25 Rpt: 60/100        |
| <b>2</b> FILER NAME<br>HOMEPAAC of the Texas Assn. of Builders          |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015715           |
| <b>4</b> Date<br>11/26/2024   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Templin Jr., Rocky (Mr.) | <b>7</b> Amount of Contribution (\$)<br>\$1,000.00                 |
|   | <b>6</b> Contributor address; City; State; Zip Code<br><br>San Angelo, TX 76904                                       |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Builder |   | <b>9</b> Employer (See Instructions)<br>Rocky Templin Construction |
| Date<br>12/19/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Templin Jr., Rocky (Mr.)          | Amount of Contribution (\$)<br>\$30.00                             |
|   | Contributor address; City; State; Zip Code<br><br>San Angelo, TX 76904  |  |
| Principal occupation / Job title (See Instructions)<br>Builder          |   | Employer (See Instructions)<br>Rocky Templin Construction          |
| Date<br>11/26/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Terrell, Ron (Mr.)                | Amount of Contribution (\$)<br>\$25.00                             |
|   | Contributor address; City; State; Zip Code<br><br>San Angelo, TX 76904  |  |
| Principal occupation / Job title (See Instructions)<br>Manager          |   | Employer (See Instructions)<br>McCoy's Building Supply             |
| Date<br>11/26/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Thetford, Shane (Mr.)             | Amount of Contribution (\$)<br>\$450.00                            |
|   | Contributor address; City; State; Zip Code<br><br>San Angelo, TX 76903  |  |
| Principal occupation / Job title (See Instructions)<br>Owner            |   | Employer (See Instructions)<br>Unlimited Air                       |
| Date<br>11/26/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Tomerlin, Cary (Ms.)              | Amount of Contribution (\$)<br>\$25.00                             |
|   | Contributor address; City; State; Zip Code<br><br>San Angelo, TX 76901  |  |
| Principal occupation / Job title (See Instructions)<br>Sales            |   | Employer (See Instructions)<br>Concho Propane Co.                  |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |   |   |
|---|---|---|
| <b>The Instruction Guide explains how to complete this form.</b>                |   | <b>1</b> Total pages Schedule A1:<br>Sch: 23/25 Rpt: 61/100 |
| <b>2</b> FILER NAME<br>HOMEPAAC of the Texas Assn. of Builders                  |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015715    |
| <b>4</b> Date<br>11/26/2024   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Tomerlin, Cary (Ms.) | <b>7</b> Amount of Contribution (\$)<br><br>\$30.00         |
| <b>6</b> Contributor address; City; State; Zip Code<br><br>San Angelo, TX 76901 |   |   |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Sales           |   | <b>9</b> Employer (See Instructions)<br>Concho Propane Co.  |
| Date<br>11/26/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Turner, Chandra (Ms.)         | Amount of Contribution (\$)<br><br>\$30.00                  |
| Contributor address; City; State; Zip Code<br><br>Lubbock, TX 79407             |   |   |
| Principal occupation / Job title (See Instructions)<br>Sales                    |   | Employer (See Instructions)<br>Ferguson Enterprise          |
| Date<br>11/26/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Uherik, Luke (Mr.)            | Amount of Contribution (\$)<br><br>\$30.00                  |
| Contributor address; City; State; Zip Code<br><br>San Angelo, TX 76904          |   |   |
| Principal occupation / Job title (See Instructions)<br>Banker                   |   | Employer (See Instructions)<br>First Financial Bank         |
| Date<br>11/26/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Von Rosenberg, Eric (Mr.)     | Amount of Contribution (\$)<br><br>\$465.00                 |
| Contributor address; City; State; Zip Code<br><br>San Angelo, TX 76906          |   |   |
| Principal occupation / Job title (See Instructions)<br>Builder                  |   | Employer (See Instructions)<br>von Rosenberg Custom Homes   |
| Date<br>12/19/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Waggoner, Perry (Mr.)         | Amount of Contribution (\$)<br><br>\$50.00                  |
| Contributor address; City; State; Zip Code<br><br>Longview, TX 75605            |   |   |
| Principal occupation / Job title (See Instructions)<br>Builder                  |   | Employer (See Instructions)<br>Waggoner Custom Homes        |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |  |   |
|---|--|---|
| <b>The Instruction Guide explains how to complete this form.</b>          |  | <b>1</b> Total pages Schedule A1:<br>Sch: 24/25 Rpt: 62/100 |
| <b>2</b> FILER NAME<br>HOMEPAAC of the Texas Assn. of Builders            |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015715    |
| <b>4</b> Date<br>11/26/2024   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Walls, Matt (Mr.) | <b>7</b> Amount of Contribution (\$)<br><br>\$30.00         |
|   | <b>6</b> Contributor address; City; State; Zip Code<br><br>Garland, TX 75042-4934                              |   |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>President |  | <b>9</b> Employer (See Instructions)<br>Winstorm Homes      |
| Date<br>11/26/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Walsworth, Jimmy (Mr.)     | Amount of Contribution (\$)<br><br>\$100.00                 |
|   | Contributor address; City; State; Zip Code<br><br>College Station, TX 77840                                    |   |
| Principal occupation / Job title (See Instructions)<br>Title Processor    |  | Employer (See Instructions)<br>Capital Title Company        |
| Date<br>11/26/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Wetz, Brady (Mr.)          | Amount of Contribution (\$)<br><br>\$50.00                  |
|   | Contributor address; City; State; Zip Code<br><br>San Angelo, TX 76901   |   |
| Principal occupation / Job title (See Instructions)<br>Insurance Agent    |  | Employer (See Instructions)<br>Wetz Insurance Agency        |
| Date<br>11/26/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Wilde, Clarice (Ms.)       | Amount of Contribution (\$)<br><br>\$100.00                 |
|   | Contributor address; City; State; Zip Code<br><br>San Angelo, TX 76905   |   |
| Principal occupation / Job title (See Instructions)<br>Builder            |  | Employer (See Instructions)<br>Wilde Construction           |
| Date<br>11/26/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Williams, Wade             | Amount of Contribution (\$)<br><br>\$2,175.00               |
|   | Contributor address; City; State; Zip Code<br><br>San Angelo, TX 76903   |   |
| Principal occupation / Job title (See Instructions)<br>Security           |  | Employer (See Instructions)<br>VGI Technology               |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |   |   |
|---|---|---|
| <b>The Instruction Guide explains how to complete this form.</b>                |   | <b>1</b> Total pages Schedule A1:<br>Sch: 25/25 Rpt: 63/100       |
| <b>2</b> FILER NAME<br>HOME PAC of the Texas Assn. of Builders                  |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015715          |
| <b>4</b> Date<br>11/26/2024   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Wilson, Clay (Mr.) | <b>7</b> Amount of Contribution (\$)<br><br>\$30.00               |
| <b>6</b> Contributor address; City; State; Zip Code<br><br>San Angelo, TX 76903 |   |   |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Banker          |   | <b>9</b> Employer (See Instructions)<br>Coleman County State Bank |
| Date<br>11/26/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Wood, James (Mr.)           | Amount of Contribution (\$)<br><br>\$30.00                        |
| Contributor address; City; State; Zip Code<br><br>San Angelo, TX 76906          |   |   |
| Principal occupation / Job title (See Instructions)<br>Retail                   |   | Employer (See Instructions)<br>Angelo Building Specialties        |
| Date<br>11/26/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Wood, Robert (Mr.)          | Amount of Contribution (\$)<br><br>\$1,200.00                     |
| Contributor address; City; State; Zip Code<br><br>Lubbock, TX 79424             |   |   |
| Principal occupation / Job title (See Instructions)<br>Builder                  |   | Employer (See Instructions)<br>Custom Homes by Robert Wood        |

# MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C3

|  |   |   |
|--|---|---|
| <b>The Instruction Guide explains how to complete this form.</b> |   | <b>1</b> Total pages Schedule C3:<br>Sch: 1/1 Rpt: 64/100 |
| <b>2</b> FILER NAME<br>HOMEPAC of the Texas Assn. of Builders    |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015715  |
| <b>4</b> Date<br>12/12/2024                                      | <b>5</b> Corporation / Labor Organization name<br>Texas Association of Builders | <b>6</b> Amount (\$)<br>1,147.25                          |



# 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:<br>Sch: 1/1 Rpt: 65/100 |
| <b>2</b> FILER NAME<br>HOMEPAC of the Texas Assn. of Builders    |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015715  |
| <b>4</b> Date<br>12/25/2024                                      | <b>5</b> Corporation / Labor Organization name<br>Texas Association of Builders | <b>6</b> Amount (\$)<br>5,000.00                          |

# 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:<br>Sch: 1/35 Rpt: 66/100 | <b>2</b> FILER NAME<br>HOMEPAC of the Texas Assn. of Builders | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015715 |
|--|---|--|

|                             |  |
|-----------------------------|--|
| <b>4</b> Date<br>12/03/2024 | <b>5</b> Payee name<br>Alvarado, Carol (The Honorable) |
|-----------------------------|--|

|   |   |
|---|---|
| <b>6</b> Amount (\$)<br>\$1,000.00<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>PO Box 230842<br><br>Houston, TX 77223 |
|---|---|

|                                 |   |   |
|---------------------------------|---|---|
| <b>8</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Contribution |
|---------------------------------|---|---|

|   |                             |               |             |
|---|-----------------------------|---------------|-------------|
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

|                    |   |
|--------------------|---|
| Date<br>12/04/2024 | Payee name<br>Bell, Keith (The Honorable) |
|--------------------|---|

|  |   |
|--|---|
| Amount (\$)<br>\$500.00<br><br><input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code<br>P.O. Box 1178<br><br>Forney, TX 75126 |
|--|---|

|                        |  |  |
|------------------------|--|--|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Contribution |
|------------------------|--|--|

|  |                             |               |             |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

|                    |   |
|--------------------|---|
| Date<br>12/12/2024 | Payee name<br>Birdwell, Brian (The Honorable) |
|--------------------|---|

|  |   |
|--|---|
| Amount (\$)<br>\$2,000.00<br><br><input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code<br>PO Box 1111<br><br>Granbury, TX 76048 |
|--|---|

|                        |  |  |
|------------------------|--|--|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Contribution |
|------------------------|--|--|

|  |                             |               |             |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> 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.

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| <b>1</b> Total pages Schedule F1:<br>Sch: 2/35 Rpt: 67/100 | <b>2</b> FILER NAME<br>HOMEPAC of the Texas Assn. of Builders | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015715 |
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| <b>4</b> Date<br>12/10/2024 | <b>5</b> Payee name<br>Blanco, Cesar (The Honorable) |
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| <b>6</b> Amount (\$)<br>\$1,000.00<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>P.O. Box 27074<br><br>El Paso, TX 79926 |
|---|--|

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|---------------------------------|---|---|
| <b>8</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>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<br>12/11/2024 | Payee name<br>Bonnen, Greg (The Honorable) |
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| Amount (\$)<br>\$500.00<br><br><input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code<br>P.O. Box 1183<br><br>Friendswood, TX 77549 |
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| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>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<br>12/12/2024 | Payee name<br>Buckingham, Dawn (The Honorable) |
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| Amount (\$)<br>\$5,000.00<br><br><input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code<br>P.O. Box 342524<br><br>Lakeway, TX 78734 |
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| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>5,000.00 |
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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.

|  |   |  |
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| <b>1</b> Total pages Schedule F1:<br>Sch: 3/35 Rpt: 68/100 | <b>2</b> FILER NAME<br>HOMEPAC of the Texas Assn. of Builders | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015715 |
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| <b>4</b> Date<br>12/06/2024 | <b>5</b> Payee name<br>Buckley, Brad (The Honorable) |
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| <b>6</b> Amount (\$)<br>\$1,500.00<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>1321 Pershing Drive<br><br>Killeen, TX 76549 |
|---|---|

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| <b>8</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Contribution |
|---------------------------------|---|---|

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| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
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| Date<br>12/13/2024 | Payee name<br>Bucy, John (The Honorable) |
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| Amount (\$)<br>\$500.00<br><br><input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code<br>6633 Hwy. 290 E. Ste. 104<br><br>Austin, TX 78723 |
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| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Contribution |
|------------------------|--|--|

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| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

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| Date<br>12/09/2024 | Payee name<br>Burrows, Dustin (The Honorable) |
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| Amount (\$)<br>\$1,000.00<br><br><input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code<br>10507 Quaker Ave.<br>Ste. 103<br>Lubbock, TX 79424 |
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| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Contribution |
|------------------------|--|--|

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|---|-----------------------------|---------------|-------------|
| 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:<br>Sch: 4/35 Rpt: 69/100 | <b>2</b> FILER NAME<br>HOMEPAC of the Texas Assn. of Builders | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015715 |
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| <b>4</b> Date<br>12/10/2024 | <b>5</b> Payee name<br>Campbell, Donna (The Honorable) |
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|---|---|
| <b>6</b> Amount (\$)<br>\$3,000.00<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>P.O. Box 171002<br><br>San Antonio, TX 78217 |
|---|---|

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| <b>8</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>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<br>12/06/2024 | Payee name<br>Campos, Elizabeth (The Honorable) |
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| Amount (\$)<br>\$500.00<br><br><input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code<br>1028 Rigsby<br><br>San Antonio, TX 78210 |
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| <b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>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<br>12/10/2024 | Payee name<br>Canales, Terry (The Honorable) |
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| Amount (\$)<br>\$3,000.00<br><br><input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code<br>101 North 10th Avenue, Ste. B<br><br>Edinburg, TX 78541 |
|--|---|

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|-------------------------------|---|---|
| <b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Contribution |
|-------------------------------|---|---|

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|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> 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:<br>Sch: 5/35 Rpt: 70/100 | <b>2</b> FILER NAME<br>HOMEPAC of the Texas Assn. of Builders | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015715 |
|--|---|--|

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| <b>4</b> Date<br>12/04/2024 | <b>5</b> Payee name<br>Capriglione, Giovanni (The Honorable) |
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| <b>6</b> Amount (\$)<br>\$500.00<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>1205 S. White Chapel Blvd. Ste. 100<br><br>Southlake, TX 76092 |
|---|---|

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| <b>8</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>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<br>12/09/2024 | Payee name<br>Christian, Wayne (Commissioner) |
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| Amount (\$)<br>\$1,000.00<br><br><input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code<br>204 Houston St.<br><br>Center, TX 75935 |
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| <b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>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<br>12/13/2024 | Payee name<br>Cole , Sheryl (The Honorable) |
|--------------------|---|

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| Amount (\$)<br>\$250.00<br><br><input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code<br>PO Box 41<br><br>Austin, TX 78767 |
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| <b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>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:<br>Sch: 6/35 Rpt: 71/100  | <b>2</b> FILER NAME<br>HOMEPAC of the Texas Assn. of Builders   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015715  |
| <b>4</b> Date<br>12/09/2024   | <b>5</b> Payee name<br>Cook, David (The Honorable)  |   |
| <b>6</b> Amount (\$)<br>\$250.00<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>309 E. Broad St.<br><br>Mansfield, TX 76063  |   |
| <b>8</b> PURPOSE OF EXPENDITURE   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Contribution |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH                                      | Candidate/Officeholder name   | Office sought Office held   |
| Date<br>12/12/2024  | Payee name<br>Cook, Molly (Ms.)   |   |
| Amount (\$)<br>\$1,000.00<br><br><input type="checkbox"/> Expenditure from corporate funds        | Payee address; City; State; Zip Code<br>PO Box 667238<br><br>Houston, TX 77266  |   |
| <b>PURPOSE OF EXPENDITURE</b>   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Contribution |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder name   | Office sought Office held   |
| Date<br>12/02/2024  | Payee name<br>Creighton, Brandon (The Honorable)  |   |
| Amount (\$)<br>\$4,500.00<br><br><input type="checkbox"/> Expenditure from corporate funds        | Payee address; City; State; Zip Code<br>2257 N Loop 336, Ste. 140-366<br><br>Conroe, TX 77304   |   |
| <b>PURPOSE OF EXPENDITURE</b>   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>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.

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| <b>1</b> Total pages Schedule F1:<br>Sch: 7/35 Rpt: 72/100  | <b>2</b> FILER NAME<br>HOMEPAC of the Texas Assn. of Builders   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015715  |
| <b>4</b> Date<br>12/06/2024   | <b>5</b> Payee name<br>Cunningham, Charles (The Honorable)  |   |
| <b>6</b> Amount (\$)<br>\$500.00<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>PO Box 41964<br><br>Houston, TX 77241  |   |
| <b>8</b> PURPOSE OF EXPENDITURE   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Contribution |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH                               | Candidate/Officeholder name   | Office sought                      Office held  |
| Date<br>12/06/2024  | Payee name<br>Curry, Pat (The Honorable)  |   |
| Amount (\$)<br>\$500.00<br><br><input type="checkbox"/> Expenditure from corporate funds          | Payee address; City; State; Zip Code<br>204 Woodhew Dr<br><br>Waco, TX 76712  |   |
| <b>PURPOSE OF EXPENDITURE</b>   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Contribution |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH  | Candidate/Officeholder name   | Office sought                      Office held  |
| Date<br>12/09/2024  | Payee name<br>Darby, Drew (The Honorable)   |   |
| Amount (\$)<br>\$500.00<br><br><input type="checkbox"/> Expenditure from corporate funds          | Payee address; City; State; Zip Code<br>PO Box 3284<br><br>San Angelo, TX 76902   |   |
| <b>PURPOSE OF EXPENDITURE</b>   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Contribution |
| Complete <u>ONLY</u> 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:<br>Sch: 8/35 Rpt: 73/100 | <b>2</b> FILER NAME<br>HOMEPAC of the Texas Assn. of Builders | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015715 |
|--|---|--|

|                             |   |
|-----------------------------|---|
| <b>4</b> Date<br>12/03/2024 | <b>5</b> Payee name<br>Davis, Aicha (Ms.) |
|-----------------------------|---|

|   |   |
|---|---|
| <b>6</b> Amount (\$)<br>\$250.00<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>608 Tata Dr.<br><br>DeSoto, TX 75115 |
|---|---|

|                                 |   |   |
|---------------------------------|---|---|
| <b>8</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Contribution |
|---------------------------------|---|---|

|   |                             |               |             |
|---|-----------------------------|---------------|-------------|
| <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<br>12/10/2024 | Payee name<br>Davis, Yovonne (The Honorable) |
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| Amount (\$)<br>\$1,000.00<br><br><input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code<br>5787 S. Hampton Road, Ste. 447<br><br>Dallas, TX 75232 |
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|-------------------------------|---|---|
| <b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>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<br>12/06/2024 | Payee name<br>DeAyala, Mano (The Honorable) |
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| Amount (\$)<br>\$1,000.00<br><br><input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code<br>12335 Kingsride Lane #416<br><br>Houston, TX 77024 |
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|-------------------------------|---|---|
| <b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>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:<br>Sch: 9/35 Rpt: 74/100 | <b>2</b> FILER NAME<br>HOMEPAC of the Texas Assn. of Builders | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015715 |
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| <b>4</b> Date<br>12/11/2024 | <b>5</b> Payee name<br>Dean, Jay (The Honorable) |
|-----------------------------|--|

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|---|---|
| <b>6</b> Amount (\$)<br>\$500.00<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>3822 Holly Ridge Drive<br><br>Longview, TX 75605 |
|---|---|

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|---------------------------------|---|---|
| <b>8</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Contribution |
|---------------------------------|---|---|

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| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
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| Date<br>12/11/2024 | Payee name<br>Dorazio, Mark (The Honorable) |
|--------------------|---|

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| Amount (\$)<br>\$500.00<br><br><input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code<br>PO Box 461341<br><br>San Antonio, TX 78246 |
|--|--|

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|------------------------|---|---|
| PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Contribution |
|------------------------|---|---|

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| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

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| Date<br>12/10/2024 | Payee name<br>Dutton Jr., Harold (The Honorable) |
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| Amount (\$)<br>\$500.00<br><br><input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code<br>8799 North Loop E<br><br>Houston, TX 77029 |
|--|--|

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|------------------------|---|---|
| PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Contribution |
|------------------------|---|---|

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|---|-----------------------------|---------------|-------------|
| Complete ONLY 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:<br>Sch: 10/35 Rpt: | <b>2</b> FILER NAME<br>HOMEPAC of the Texas Assn. of Builders | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015715 |
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| <b>4</b> Date<br>12/12/2024 | <b>5</b> Payee name<br>Eckhardt, Sarah (The Honorable) |
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| <b>6</b> Amount (\$)<br>\$1,000.00<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>PO Box 301586<br><br>Austin, TX 78703 |
|---|--|

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|---------------------------------|---|---|
| <b>8</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Contribution |
|---------------------------------|---|---|

|   |                             |               |             |
|---|-----------------------------|---------------|-------------|
| <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<br>12/10/2024 | Payee name<br>Fairly, Caroline (Ms.) |
|--------------------|--------------------------------------|

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| Amount (\$)<br>\$500.00<br><br><input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code<br>P.O. Box 2848<br><br>Amarillo, TX 79105 |
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|-------------------------------|---|---|
| <b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>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<br>12/10/2024 | Payee name<br>Flores, Pete (The Honorable) |
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| Amount (\$)<br>\$3,000.00<br><br><input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code<br>111 Live Oak Drive<br><br>Pleasanton, TX 78064 |
|--|--|

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| <b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>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:<br>Sch: 11/35 Rpt: | <b>2</b> FILER NAME<br>HOMEPAC of the Texas Assn. of Builders | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015715 |
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| <b>4</b> Date<br>12/09/2024 | <b>5</b> Payee name<br>Garcia, Linda (Ms.) |
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| <b>6</b> Amount (\$)<br>\$250.00<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>703 Pebble Creek Ln<br><br>Mesquite, TX 75149 |
|---|--|

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| <b>8</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>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<br>12/11/2024 | Payee name<br>Gerdes, Stan (The Honorable) |
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| Amount (\$)<br>\$250.00<br><br><input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code<br>606 Gresham Street<br><br>Smithville, TX 78957 |
|--|--|

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| <b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>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<br>12/09/2024 | Payee name<br>Gonzalez, Jessica (The Honorable) |
|--------------------|---|

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| Amount (\$)<br>\$500.00<br><br><input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code<br>400 S. Zang Blvd. Ste. 1022<br><br>Dallas, TX 75208 |
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| <b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Contribution |
|-------------------------------|---|---|

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| Complete <u>ONLY</u> 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:<br>Sch: 12/35 Rpt: | <b>2</b> FILER NAME<br>HOMEPAC of the Texas Assn. of Builders | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015715 |
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| <b>4</b> Date<br>12/09/2024 | <b>5</b> Payee name<br>Guerra, Bobby (The Honorable) |
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| <b>6</b> Amount (\$)<br>\$1,000.00<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>10213 N. 10th Street<br><br>McAllen, TX 78504 |
|---|--|

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| <b>8</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Contribution |
|---------------------------------|---|---|

|   |                             |               |             |
|---|-----------------------------|---------------|-------------|
| <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<br>12/11/2024 | Payee name<br>Guillen, Ryan (The Honorable) |
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| Amount (\$)<br>\$2,000.00<br><br><input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code<br>P.O. Box 1024<br><br>Austin, TX 78767 |
|--|---|

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| <b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Contribution |
|-------------------------------|---|---|

|  |                             |               |             |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

|                    |   |
|--------------------|---|
| Date<br>12/11/2024 | Payee name<br>Gutierrez, Roland (The Honorable) |
|--------------------|---|

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| Amount (\$)<br>\$1,000.00<br><br><input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code<br>P.O. Box 15232<br><br>San Antonio, TX 78212 |
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| <b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>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:<br>Sch: 13/35 Rpt:  | <b>2</b> FILER NAME<br>HOMEPAC of the Texas Assn. of Builders   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015715  |
| <b>4</b> Date<br>12/06/2024   | <b>5</b> Payee name<br>Harris, Cody (The Honorable)   |   |
| <b>6</b> Amount (\$)<br>\$1,250.00<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>100 Avenue A St.<br><br>Palestine , TX 75801   |   |
| <b>8</b> PURPOSE OF EXPENDITURE   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Contribution |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH  | Candidate/Officeholder name   | Office sought Office held   |
| Date<br>12/12/2024  | Payee name<br>Harris Davila, Caroline (The Honorable)   |   |
| Amount (\$)<br>\$250.00<br><br><input type="checkbox"/> Expenditure from corporate funds            | Payee address; City; State; Zip Code<br>P.O. Box 700<br><br>Round Rock, TX 78680  |   |
| PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee        | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Contribution        |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder name   | Office sought Office held   |
| Date<br>12/02/2024  | Payee name<br>Harrison, Brian (The Honorable)   |   |
| Amount (\$)<br>\$750.00<br><br><input type="checkbox"/> Expenditure from corporate funds            | Payee address; City; State; Zip Code<br>6061 Hayes Road<br><br>Midlothian , TX 76065  |   |
| PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee        | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>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:<br>Sch: 14/35 Rpt: | <b>2</b> FILER NAME<br>HOMEPAC of the Texas Assn. of Builders | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015715 |
|--|---|--|

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|-----------------------------|---|
| <b>4</b> Date<br>12/10/2024 | <b>5</b> Payee name<br>Hayes, Richard (The Honorable) |
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|---|--|
| <b>6</b> Amount (\$)<br>\$250.00<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>P.O. Box 2818<br><br>Denton, TX 76202 |
|---|--|

|                                 |   |   |
|---------------------------------|---|---|
| <b>8</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Contribution |
|---------------------------------|---|---|

|   |                             |               |             |
|---|-----------------------------|---------------|-------------|
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

|                    |  |
|--------------------|--|
| Date<br>12/10/2024 | Payee name<br>Hernandez, Ana (The Honorable) |
|--------------------|--|

|  |   |
|--|---|
| Amount (\$)<br>\$1,000.00<br><br><input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code<br>P.O. Box 15538<br><br>Houston, TX 77220 |
|--|---|

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|-------------------------------|---|---|
| <b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Contribution |
|-------------------------------|---|---|

|  |                             |               |             |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

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| Date<br>12/11/2024 | Payee name<br>Hinojosa, Adam (Mr.) |
|--------------------|------------------------------------|

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| Amount (\$)<br>\$2,000.00<br><br><input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code<br>P.O. Box 18301<br><br>Corpus Christi, TX 78480 |
|--|--|

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|-------------------------------|---|---|
| <b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Contribution |
|-------------------------------|---|---|

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|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> 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:<br>Sch: 15/35 Rpt: | <b>2</b> FILER NAME<br>HOMEPAC of the Texas Assn. of Builders | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015715 |
|--|---|--|

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| <b>4</b> Date<br>12/11/2024 | <b>5</b> Payee name<br>Hinojosa, Juan (The Honorable) |
|-----------------------------|---|

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|---|---|
| <b>6</b> Amount (\$)<br>\$1,000.00<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>612 W Nolana, Suite 410<br><br>McAllen, TX 78504 |
|---|---|

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|---------------------------------|---|---|
| <b>8</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Contribution |
|---------------------------------|---|---|

|   |                             |               |             |
|---|-----------------------------|---------------|-------------|
| <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<br>12/11/2024 | Payee name<br>Holt, Janis (Ms.) |
|--------------------|---------------------------------|

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|--|--|
| Amount (\$)<br>\$500.00<br><br><input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code<br>PO Box 1311<br><br>Silsbee, TX 77656 |
|--|--|

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|-------------------------------|---|---|
| <b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>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<br>12/12/2024 | Payee name<br>Hull, Lacey (The Honorable) |
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| Amount (\$)<br>\$250.00<br><br><input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code<br>PO Box 19231<br><br>Houston, TX 77224 |
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|-------------------------------|---|---|
| <b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Contribution |
|-------------------------------|---|---|

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|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> 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:<br>Sch: 16/35 Rpt: | <b>2</b> FILER NAME<br>HOMEPAC of the Texas Assn. of Builders | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015715 |
|--|---|--|

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| <b>4</b> Date<br>12/12/2024 | <b>5</b> Payee name<br>Isaac, Carrie (The Honorable) |
|-----------------------------|--|

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| <b>6</b> Amount (\$)<br>\$250.00<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>100 Commons Road #7-125<br><br>Dripping Springs, TX 78620 |
|---|--|

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|---------------------------------|---|---|
| <b>8</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Contribution |
|---------------------------------|---|---|

|   |                             |               |             |
|---|-----------------------------|---------------|-------------|
| <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<br>12/09/2024 | Payee name<br>Johnson, Ann (The Honorable) |
|--------------------|--|

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|--|---|
| Amount (\$)<br>\$500.00<br><br><input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code<br>P.O. Box 56386<br><br>Houston, TX 77256 |
|--|---|

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|------------------------|--|--|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>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<br>12/10/2024 | Payee name<br>Jones, Jolanda (The Honorable) |
|--------------------|--|

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| Amount (\$)<br>\$250.00<br><br><input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code<br>5445 Almeda Rd<br>Suite 501<br>Houston, TX 77004 |
|--|--|

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| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>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:<br>Sch: 17/35 Rpt: | <b>2</b> FILER NAME<br>HOMEPAC of the Texas Assn. of Builders | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015715 |
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| <b>4</b> Date<br>12/04/2024 | <b>5</b> Payee name<br>King, Ken (The Honorable) |
|-----------------------------|--|

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|---|---|
| <b>6</b> Amount (\$)<br>\$250.00<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>P.O. Box 517<br><br>Canadian, TX 79014 |
|---|---|

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|---------------------------------|---|---|
| <b>8</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Contribution |
|---------------------------------|---|---|

|   |                             |               |             |
|---|-----------------------------|---------------|-------------|
| <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<br>12/04/2024 | Payee name<br>Kolkhorst, Lois (The Honorable) |
|--------------------|---|

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| Amount (\$)<br>\$3,000.00<br><br><input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code<br>P.O. Box 2546<br><br>Brenham, TX 77834 |
|--|--|

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|-------------------------------|---|---|
| <b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Contribution |
|-------------------------------|---|---|

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|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

|                    |                                  |
|--------------------|----------------------------------|
| Date<br>12/04/2024 | Payee name<br>LaHood, Marc (Mr.) |
|--------------------|----------------------------------|

|  |   |
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| Amount (\$)<br>\$500.00<br><br><input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code<br>4014 McCullough Ave.<br><br>San Antonio, TX 78212 |
|--|---|

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| <b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>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:<br>Sch: 18/35 Rpt:  | <b>2</b> FILER NAME<br>HOMEPAC of the Texas Assn. of Builders   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015715  |
| <b>4</b> Date<br>12/09/2024   | <b>5</b> Payee name<br>Lambert, Stan (The Honorable)  |   |
| <b>6</b> Amount (\$)<br>\$750.00<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>P.O. Box 940<br><br>Coleman, TX 76834  |   |
| <b>8</b> PURPOSE OF EXPENDITURE   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Contribution |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH                               |   |   |
| Date<br>12/04/2024  | Candidate/Officeholder name<br>Landgraf, Brooks (The Honorable)   |   |
| Amount (\$)<br>\$1,000.00<br><br><input type="checkbox"/> Expenditure from corporate funds        | Office sought<br>PO Box 13146<br><br>Odessa, TX 79768   |   |
| <b>8</b> PURPOSE OF EXPENDITURE   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Contribution |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH  |   |   |
| Date<br>12/10/2024  | Candidate/Officeholder name<br>Leo Wilson, Terri (The Honorable)  |   |
| Amount (\$)<br>\$250.00<br><br><input type="checkbox"/> Expenditure from corporate funds          | Office sought<br>29 Pirates Beach W<br><br>Galveston, TX 77554  |   |
| <b>8</b> PURPOSE OF EXPENDITURE   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Contribution |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH  |   |   |

# 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:<br>Sch: 19/35 Rpt: | <b>2</b> FILER NAME<br>HOMEPAC of the Texas Assn. of Builders | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015715 |
|--|---|--|

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| <b>4</b> Date<br>12/06/2024 | <b>5</b> Payee name<br>Little, Mitch (Mr.) |
|-----------------------------|--|

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|---|--|
| <b>6</b> Amount (\$)<br>\$500.00<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>1505 Elm St<br>Suite 1601<br>Dallas, TX 75201 |
|---|--|

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|---------------------------------|---|---|
| <b>8</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Contribution |
|---------------------------------|---|---|

|   |                             |               |             |
|---|-----------------------------|---------------|-------------|
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

|                    |   |
|--------------------|---|
| Date<br>12/10/2024 | Payee name<br>Longoria, Oscar (The Honorable) |
|--------------------|---|

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| Amount (\$)<br>\$2,000.00<br><br><input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code<br>1320 S. Main St<br><br>Penitas, TX 78576 |
|--|--|

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| <b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Contribution |
|-------------------------------|---|---|

|  |                             |               |             |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

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|--------------------|------------------------------------|
| Date<br>12/09/2024 | Payee name<br>Louderback, AJ (Mr.) |
|--------------------|------------------------------------|

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| Amount (\$)<br>\$250.00<br><br><input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code<br>PO Box 1792<br><br>Victoria, TX 77902 |
|--|---|

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|-------------------------------|---|---|
| <b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Contribution |
|-------------------------------|---|---|

|  |                             |               |             |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> 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:<br>Sch: 20/35 Rpt: | <b>2</b> FILER NAME<br>HOMEPAC of the Texas Assn. of Builders | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015715 |
|--|---|--|

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|-----------------------------|---|
| <b>4</b> Date<br>12/05/2024 | <b>5</b> Payee name<br>Lozano, J.M. (The Honorable) |
|-----------------------------|---|

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|---|---|
| <b>6</b> Amount (\$)<br>\$1,000.00<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>727 Arroyo Drive<br><br>Kingsville, TX 78363 |
|---|---|

|                                 |   |   |
|---------------------------------|---|---|
| <b>8</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Contribution |
|---------------------------------|---|---|

|   |                             |               |             |
|---|-----------------------------|---------------|-------------|
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

|                    |   |
|--------------------|---|
| Date<br>12/04/2024 | Payee name<br>Manuel-Hayes, Christian (The Honorable) |
|--------------------|---|

|  |   |
|--|---|
| Amount (\$)<br>\$250.00<br><br><input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code<br>505 Orleans St.<br><br>Beaumont, TX 77701 |
|--|---|

|                               |   |   |
|-------------------------------|---|---|
| <b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Contribution |
|-------------------------------|---|---|

|  |                             |               |             |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

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| Date<br>12/10/2024 | Payee name<br>Martinez, Armando (The Honorable) |
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| Amount (\$)<br>\$750.00<br><br><input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code<br>914 W. Pike Blvd.<br><br>Wes, TX 78596 |
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| <b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Contribution |
|-------------------------------|---|---|

|  |                             |               |             |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> 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:<br>Sch: 21/35 Rpt: | <b>2</b> FILER NAME<br>HOMEPAC of the Texas Assn. of Builders | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015715 |
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| <b>4</b> Date<br>12/02/2024 | <b>5</b> Payee name<br>McLaughlin, Don (The Honorable) |
|-----------------------------|--|

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|---|--|
| <b>6</b> Amount (\$)<br>\$500.00<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>PO Box 1707<br><br>Uvalde, TX 78802 |
|---|--|

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|---------------------------------|---|---|
| <b>8</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Contribution |
|---------------------------------|---|---|

|   |                             |               |             |
|---|-----------------------------|---------------|-------------|
| <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<br>12/06/2024 | Payee name<br>McQueeney, John (Mr.) |
|--------------------|-------------------------------------|

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|--|---|
| Amount (\$)<br>\$1,000.00<br><br><input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code<br>PO Box 100458<br><br>Fort Worth, TX 76185 |
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|-------------------------------|---|---|
| <b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>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<br>12/03/2024 | Payee name<br>Menendez, Jose (The Honorable) |
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| Amount (\$)<br>\$1,000.00<br><br><input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code<br>P.O. Box 761780<br><br>San Antonio, TX 78245 |
|--|--|

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|-------------------------------|---|---|
| <b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>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:<br>Sch: 22/35 Rpt: | <b>2</b> FILER NAME<br>HOMEPAC of the Texas Assn. of Builders | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015715 |
|--|---|--|

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| <b>4</b> Date<br>12/06/2024 | <b>5</b> Payee name<br>Metcalf, Will (The Honorable) |
|-----------------------------|--|

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|---|---|
| <b>6</b> Amount (\$)<br>\$500.00<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>PO Box 454<br><br>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)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Contribution |
|---------------------------------|---|---|

|   |                             |               |             |
|---|-----------------------------|---------------|-------------|
| <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<br>12/12/2024 | Payee name<br>Middleton, Mayes (The Honorable) |
|--------------------|--|

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| Amount (\$)<br>\$2,000.00<br><br><input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code<br>P.O. Box 300<br><br>Wallisville, TX 77597 |
|--|---|

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|-------------------------------|---|---|
| <b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>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<br>12/03/2024 | Payee name<br>Money, Brent (Ms.) |
|--------------------|----------------------------------|

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|--|---|
| Amount (\$)<br>\$500.00<br><br><input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code<br>2606 Lee Street<br><br>Greenville, TX 75401 |
|--|---|

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|-------------------------------|---|---|
| <b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Contribution |
|-------------------------------|---|---|

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|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> 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:<br>Sch: 23/35 Rpt:  | <b>2</b> FILER NAME<br>HOMEPAC of the Texas Assn. of Builders   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015715  |
| <b>4</b> Date<br>12/09/2024   | <b>5</b> Payee name<br>Moody, Joe (The Honorable)   |   |
| <b>6</b> Amount (\$)<br>\$750.00<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>P.O. Box 920827<br><br>El Paso, TX 79902   |   |
| <b>8</b> PURPOSE OF EXPENDITURE   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Contribution |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH                                      | Candidate/Officeholder name   | Office sought Office held   |
| Date<br>12/09/2024  | Payee name<br>Morales, Eddie (The Honorable)  |   |
| Amount (\$)<br>\$500.00<br><br><input type="checkbox"/> Expenditure from corporate funds          | Payee address; City; State; Zip Code<br>352 Hillcrest Blvd.<br><br>Eagle Pass, TX 78852   |   |
| <b>PURPOSE OF EXPENDITURE</b>   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Contribution |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder name   | Office sought Office held   |
| Date<br>12/11/2024  | Payee name<br>Morgan, Matt (Mr.)  |   |
| Amount (\$)<br>\$250.00<br><br><input type="checkbox"/> Expenditure from corporate funds          | Payee address; City; State; Zip Code<br>503 FM 359<br>Ste. 130<br>Richmond, TX 77406  |   |
| <b>PURPOSE OF EXPENDITURE</b>   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>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:<br>Sch: 24/35 Rpt: | <b>2</b> FILER NAME<br>HOMEPAC of the Texas Assn. of Builders | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015715 |
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| <b>4</b> Date<br>12/10/2024 | <b>5</b> Payee name<br>Munoz, Sergio (The Honorable) |
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| <b>6</b> Amount (\$)<br>\$500.00<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>121 E. Tom Landry<br><br>Mission, TX 78572 |
|---|---|

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| <b>8</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Contribution |
|---------------------------------|---|---|

|   |                             |               |             |
|---|-----------------------------|---------------|-------------|
| <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<br>12/05/2024 | Payee name<br>Nichols, Roberts (The Honorable) |
|--------------------|--|

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| Amount (\$)<br>\$5,000.00<br><br><input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code<br>P.O. Box 2347<br><br>Jacksonville, TX 75766 |
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| <b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>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<br>12/11/2024 | Payee name<br>Oliverson, Tom (The Honorable) |
|--------------------|--|

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| Amount (\$)<br>\$2,000.00<br><br><input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code<br>1 E. Greenway Plza., Ste. 225<br><br>Houston, TX 77046 |
|--|--|

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|-------------------------------|---|---|
| <b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Contribution |
|-------------------------------|---|---|

|  |                             |               |             |
|--|-----------------------------|---------------|-------------|
| 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:<br>Sch: 25/35 Rpt: | <b>2</b> FILER NAME<br>HOMEPAC of the Texas Assn. of Builders | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015715 |
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| <b>4</b> Date<br>12/11/2024 | <b>5</b> Payee name<br>Ordaz Perez, Claudia (The Honorable) |
|-----------------------------|---|

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|---|--|
| <b>6</b> Amount (\$)<br>\$750.00<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>PO Box 71738<br><br>El Paso, TX 79917 |
|---|--|

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|---------------------------------|---|---|
| <b>8</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Contribution |
|---------------------------------|---|---|

|   |                             |               |             |
|---|-----------------------------|---------------|-------------|
| <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<br>12/06/2024 | Payee name<br>Orr, Angelia (The Honorable) |
|--------------------|--|

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| Amount (\$)<br>\$250.00<br><br><input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code<br>PO Box 113<br><br>Itasca, TX 76055 |
|--|--|

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| <b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Contribution |
|-------------------------------|---|---|

|  |                             |               |             |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

|                    |  |
|--------------------|--|
| Date<br>12/12/2024 | Payee name<br>Patrick, Dan (The Honorable) |
|--------------------|--|

|   |   |
|---|---|
| Amount (\$)<br>\$10,000.00<br><br><input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code<br>1 E Greenway Plaza, Ste. 225<br><br>Houston, TX 77046 |
|---|---|

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|-------------------------------|---|---|
| <b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Contribution |
|-------------------------------|---|---|

|  |                             |               |             |
|--|-----------------------------|---------------|-------------|
| 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:<br>Sch: 26/35 Rpt: | <b>2</b> FILER NAME<br>HOMEPAC of the Texas Assn. of Builders | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015715 |
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|                             |   |
|-----------------------------|---|
| <b>4</b> Date<br>12/11/2024 | <b>5</b> Payee name<br>Perez, Vince (Mr.) |
|-----------------------------|---|

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|---|--|
| <b>6</b> Amount (\$)<br>\$250.00<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>PO Box 71309<br><br>El Paso, TX 79917 |
|---|--|

|                                 |   |   |
|---------------------------------|---|---|
| <b>8</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Contribution |
|---------------------------------|---|---|

|   |                             |               |             |
|---|-----------------------------|---------------|-------------|
| <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<br>12/12/2024 | Payee name<br>Perry, Charles (The Honorable) |
|--------------------|--|

|  |   |
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| Amount (\$)<br>\$1,000.00<br><br><input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code<br>P.O. Box 94806<br><br>Lubbock, TX 79493 |
|--|---|

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|------------------------|--|--|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Contribution |
|------------------------|--|--|

|  |                             |               |             |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

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|--------------------|--|
| Date<br>12/05/2024 | Payee name<br>Phelan, Dade (The Honorable) |
|--------------------|--|

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|---|---|
| Amount (\$)<br>\$10,000.00<br><br><input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code<br>P.O. Box 848<br><br>Nederland, TX 77627 |
|---|---|

|                        |  |  |
|------------------------|--|--|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Contribution |
|------------------------|--|--|

|  |                             |               |             |
|--|-----------------------------|---------------|-------------|
| 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:<br>Sch: 27/35 Rpt: | <b>2</b> FILER NAME<br>HOMEPAC of the Texas Assn. of Builders | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015715 |
|--|---|--|

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|-----------------------------|---|
| <b>4</b> Date<br>12/09/2024 | <b>5</b> Payee name<br>Plesa, Mihaela (The Honorable) |
|-----------------------------|---|

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|---|--|
| <b>6</b> Amount (\$)<br>\$500.00<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>P.O. Box 796311<br><br>Dallas, TX 75248 |
|---|--|

|                                 |   |   |
|---------------------------------|---|---|
| <b>8</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Contribution |
|---------------------------------|---|---|

|   |                             |               |             |
|---|-----------------------------|---------------|-------------|
| <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<br>12/13/2024 | Payee name<br>Raymond, Richard (The Honorable) |
|--------------------|--|

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|--|---|
| Amount (\$)<br>\$1,000.00<br><br><input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code<br>PO Box 450349<br><br>Laredo, TX 78045 |
|--|---|

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|------------------------|---|---|
| PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>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<br>12/09/2024 | Payee name<br>Richardson, Keresa (Mr.) |
|--------------------|--|

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|--|---|
| Amount (\$)<br>\$500.00<br><br><input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code<br>P.O. Box 1179<br><br>McKinney, TX 75070 |
|--|---|

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|------------------------|---|---|
| PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Contribution |
|------------------------|---|---|

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|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> 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:<br>Sch: 28/35 Rpt: | <b>2</b> FILER NAME<br>HOMEPAC of the Texas Assn. of Builders | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015715 |
|--|---|--|

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| <b>4</b> Date<br>12/12/2024 | <b>5</b> Payee name<br>Romero Jr., Ramon (The Honorable) |
|-----------------------------|--|

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|---|---|
| <b>6</b> Amount (\$)<br>\$1,500.00<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>PO Box 181<br><br>Fort Worth, TX 76101 |
|---|---|

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|---------------------------------|---|---|
| <b>8</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>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<br>12/04/2024 | Payee name<br>Schatzline, Nate (The Honorable) |
|--------------------|--|

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|--|---|
| Amount (\$)<br>\$500.00<br><br><input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code<br>13037 Monte Alto St<br><br>Fort Worth, TX 76244 |
|--|---|

|                               |   |   |
|-------------------------------|---|---|
| <b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>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<br>12/09/2024 | Payee name<br>Schofield, Mike (The Honorable) |
|--------------------|---|

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| Amount (\$)<br>\$1,500.00<br><br><input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code<br>1 E Greenway Plaza, Ste. 225<br><br>Houston, TX 77046 |
|--|---|

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|-------------------------------|---|---|
| <b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Contribution |
|-------------------------------|---|---|

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|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> 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:<br>Sch: 29/35 Rpt: | <b>2</b> FILER NAME<br>HOMEPAC of the Texas Assn. of Builders | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015715 |
|--|---|--|

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| <b>4</b> Date<br>12/11/2024 | <b>5</b> Payee name<br>Schwertner, Charles (The Honorable) |
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| <b>6</b> Amount (\$)<br>\$2,500.00<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>PO Box 2448<br><br>Georgetown, TX 78627 |
|---|--|

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|---------------------------------|---|---|
| <b>8</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Contribution |
|---------------------------------|---|---|

|   |                             |               |             |
|---|-----------------------------|---------------|-------------|
| <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<br>12/12/2024 | Payee name<br>Shofner, Joanne (Ms.) |
|--------------------|-------------------------------------|

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| Amount (\$)<br>\$500.00<br><br><input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code<br>638A N. University Drive<br>#177<br>Nacogdoches, TX 75961 |
|--|---|

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|-------------------------------|---|---|
| <b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>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<br>12/10/2024 | Payee name<br>Simmons, Lauren Ashley (Ms.) |
|--------------------|--|

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|--|---|
| Amount (\$)<br>\$250.00<br><br><input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code<br>PO Box 56386<br><br>Houston, TX 77256 |
|--|---|

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|-------------------------------|---|---|
| <b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>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                        | 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 -         | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | OTHER (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

|   |   |   |
|---|---|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 30/35 Rpt:  | <b>2</b> FILER NAME<br>HOMEPAC of the Texas Assn. of Builders   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015715  |
| <b>4</b> Date<br>12/10/2024   | <b>5</b> Payee name<br>Slawson, Shelby (The Honorable)  |   |
| <b>6</b> Amount (\$)<br>\$1,500.00<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>PO Box 286<br><br>Stephenville, TX 76401   |   |
| <b>8</b> PURPOSE OF EXPENDITURE   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Contribution |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH  | Candidate/Officeholder name   | Office sought                      Office held  |
| Date<br>12/10/2024  | Payee name<br>Sparks, Kevin (The Honorable)   |   |
| Amount (\$)<br>\$1,000.00<br><br><input type="checkbox"/> Expenditure from corporate funds          | Payee address; City; State; Zip Code<br>2600 Mockingbird Ln.<br><br>Midland, TX 79705   |   |
| <b>PURPOSE OF EXPENDITURE</b>   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Contribution |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder name   | Office sought                      Office held  |
| Date<br>12/12/2024  | Payee name<br>Swanson, Valoree (The Honorable)  |   |
| Amount (\$)<br>\$500.00<br><br><input type="checkbox"/> Expenditure from corporate funds            | Payee address; City; State; Zip Code<br>6046 FM 2920 Box 617<br><br>Spring, TX 77379  |   |
| <b>PURPOSE OF EXPENDITURE</b>   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>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:<br>Sch: 31/35 Rpt: | <b>2</b> FILER NAME<br>HOMEPAC of the Texas Assn. of Builders | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015715 |
|--|---|--|

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| <b>4</b> Date<br>12/03/2024 | <b>5</b> Payee name<br>Thompson, Senfronia (The Honorable) |
|-----------------------------|--|

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| <b>6</b> Amount (\$)<br>\$500.00<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>10527 Homestead Rd<br><br>Houston, TX 77016 |
|---|--|

|                                 |   |   |
|---------------------------------|---|---|
| <b>8</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Contribution |
|---------------------------------|---|---|

|   |                             |               |             |
|---|-----------------------------|---------------|-------------|
| <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<br>12/03/2024 | Payee name<br>Tinderholt, Tony (The Honorable) |
|--------------------|--|

|  |   |
|--|---|
| Amount (\$)<br>\$500.00<br><br><input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code<br>1221 W Nathan Lowe Rd.<br><br>Arlington, TX 76017 |
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| <b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Contribution |
|-------------------------------|---|---|

|  |                             |               |             |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

|                    |   |
|--------------------|---|
| Date<br>12/03/2024 | Payee name<br>Toth, Steve (The Honorable) |
|--------------------|---|

|  |   |
|--|---|
| Amount (\$)<br>\$500.00<br><br><input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code<br>67 Chestnut Meadow Dr. Ste. 100<br><br>Conroe, TX 77384 |
|--|---|

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| <b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Contribution |
|-------------------------------|---|---|

|  |                             |               |             |
|--|-----------------------------|---------------|-------------|
| 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:<br>Sch: 32/35 Rpt: | <b>2</b> FILER NAME<br>HOMEPAC of the Texas Assn. of Builders | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015715 |
|--|---|--|

|                             |   |
|-----------------------------|---|
| <b>4</b> Date<br>12/12/2024 | <b>5</b> Payee name<br>Troxclair, Ellen (The Honorable) |
|-----------------------------|---|

|   |  |
|---|--|
| <b>6</b> Amount (\$)<br>\$1,000.00<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>12600 Hill Country Blvd. Suite R-130 #124<br><br>Bee Cave, TX 78738 |
|---|--|

|                                 |   |   |
|---------------------------------|---|---|
| <b>8</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Contribution |
|---------------------------------|---|---|

|   |                             |               |             |
|---|-----------------------------|---------------|-------------|
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

|                    |   |
|--------------------|---|
| Date<br>12/12/2024 | Payee name<br>Vasut, Cody (The Honorable) |
|--------------------|---|

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| Amount (\$)<br>\$1,000.00<br><br><input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code<br>PO Box 2724<br><br>Angleton, TX 77516 |
|--|---|

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|------------------------|---|---|
| PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Contribution |
|------------------------|---|---|

|  |                             |               |             |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

|                    |  |
|--------------------|--|
| Date<br>12/02/2024 | Payee name<br>Villalobos, Denise (Ms.) |
|--------------------|--|

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|--|--|
| Amount (\$)<br>\$500.00<br><br><input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code<br>101 East Main Avenue<br><br>Robstown, TX 78380 |
|--|--|

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|------------------------|---|---|
| PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Contribution |
|------------------------|---|---|

|  |                             |               |             |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> 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:<br>Sch: 33/35 Rpt: | <b>2</b> FILER NAME<br>HOMEPAC of the Texas Assn. of Builders | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015715 |
|--|---|--|

|                             |  |
|-----------------------------|--|
| <b>4</b> Date<br>12/11/2024 | <b>5</b> Payee name<br>Vo, Herbert (The Honorable) |
|-----------------------------|--|

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|---|--|
| <b>6</b> Amount (\$)<br>\$250.00<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>7474 South Kirkwood #106<br><br>Houston, TX 77072 |
|---|--|

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|---------------------------------|---|---|
| <b>8</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Contribution |
|---------------------------------|---|---|

|   |                             |               |             |
|---|-----------------------------|---------------|-------------|
| <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<br>12/10/2024 | Payee name<br>Walle, Armando (The Honorable) |
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| Amount (\$)<br>\$250.00<br><br><input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code<br>4826 Hollybrook Ln<br><br>Houston, TX 77039 |
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|------------------------|---|---|
| PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>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<br>12/10/2024 | Payee name<br>Ward Johnson, Charlene (Ms.) |
|--------------------|--|

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| Amount (\$)<br>\$250.00<br><br><input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code<br>P.O. Box 925775<br><br>Houston, TX 77292 |
|--|--|

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|------------------------|---|---|
| PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Contribution |
|------------------------|---|---|

|  |                             |               |             |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> 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:<br>Sch: 34/35 Rpt: | <b>2</b> FILER NAME<br>HOMEPAC of the Texas Assn. of Builders | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015715 |
|--|---|--|

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| <b>4</b> Date<br>12/09/2024 | <b>5</b> Payee name<br>Wilson, Terry (The Honorable) |
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| <b>6</b> Amount (\$)<br>\$500.00<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>P.O. Box 489<br><br>Marble Falls , TX 78654 |
|---|--|

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|---------------------------------|---|---|
| <b>8</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>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<br>12/03/2024 | Payee name<br>Wright, Jim (The Honorable) |
|--------------------|---|

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|--|--|
| Amount (\$)<br>\$1,000.00<br><br><input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code<br>PO Box 426<br><br>Corpus Christi, TX 78403 |
|--|--|

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| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>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<br>12/10/2024 | Payee name<br>Wu, Gene (The Honorable) |
|--------------------|--|

|  |  |
|--|--|
| Amount (\$)<br>\$250.00<br><br><input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code<br>P.O. Box 742442<br><br>Houston, TX 77274 |
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| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Contribution |
|------------------------|--|--|

|  |                             |               |             |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> 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:<br>Sch: 35/35 Rpt: | <b>2</b> FILER NAME<br>HOME PAC of the Texas Assn. of Builders | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015715 |
|--|--|--|

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|-----------------------------|--|
| <b>4</b> Date<br>12/03/2024 | <b>5</b> Payee name<br>Zaffirini, Judith (The Honorable) |
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| <b>6</b> Amount (\$)<br>\$1,000.00<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>823 Congress Ave.<br>Suite 1030<br>Austin, TX 78701 |
|---|--|

|                                 |   |   |
|---------------------------------|---|---|
| <b>8</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Contribution |
|---------------------------------|---|---|

|   |                             |               |             |
|---|-----------------------------|---------------|-------------|
| <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<br>12/12/2024 | Payee name<br>Zwiener, Erin (The Honorable) |
|--------------------|---|

|  |   |
|--|---|
| Amount (\$)<br>\$200.00<br><br><input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code<br>PO Box 184<br><br>Driftwood, TX 78619 |
|--|---|

|                               |   |   |
|-------------------------------|---|---|
| <b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>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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