FORM MPAC MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** Filer ID 2 Total pages filed: The MPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00082848 3 COMMITTEE NAME **OFFICE USE ONLY** ACEC-H Infrastructure Solutions PAC Date Received **ELECTRONICALLY FILED** 01/05/2025 COMMITTEE ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP **ADDRESS** 2180 North Loop W, Suite 320 Change of Address Houston, TX 77018 Date Hand-delivered or Date Postmarked MS / MRS / MR **CAMPAIGN FIRST** MI **TREASURER** Receipt # Amount David NAME Date Processed **NICKNAME SUFFIX** LAST Date Imaged Hagy CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 2180 North Loop W, Suite 320 STREET **ADDRESS** (Residence or Business) Houston, TX 77018 **CAMPAIGN** STREET ADDRESS OR PO BOX; APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** 2180 N. Loop West, Suite 320 MAILING **ADDRESS** Change of Address Houston, TX 77018 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** (713) 426-0800 REPORT TYPE 10th day after campaign X Monthly Dissolution (Attach PAC-DR) treasurer termination 10 MONTHLY X January 5 April 5 July 5 October 5 REPORT FILING **DEADLINE** February 5 May 5 August 5 November 5 March 5 September 5 December 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 11/26/2024 12/25/2024

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

ACEC-H Infrastructure Solutions PAC 1. Candidates (Identify by name or, if applicable, classify by party.) (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed B. Opposed B. Opposed	s Commission Filers)
A COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.)	
ACTIVITY (Attach lists on plain paper to complete this report if necessary.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.)	
(Attach lists on plain paper to complete this report if necessary.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.)	
2. Measures (Describe by date and location of election and nature of issue.)	
(Describe by date and location of election and nature of issue.)	
(Describe by date and location of election and nature of issue.)	_
of election and nature of issue.)	
B. Opposed	
3. Officeholders	
Assisted (Identify by name or, if applicable, classify by party.)	
5 CONTRIBUTION TOTALS 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) X check here if this report qualifies for the higher itemization threshold	0.00
2. TOTAL POLITICAL CONTRIBUTIONS	
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	0.00
EXPENDITURE 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES TOTALS \$	0.00
4. TOTAL POLITICAL EXPENDITURES \$	0.00
CONTRIBUTION 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$	45.00
OUTSTANDING LOAN TOTALS 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$	0.00
6 AFFIDAVIT	
I swear, or affirm, under penalty of perjury, that the accompar true and correct and includes all information required to be re under Title 15, Election Code.	nying report is eported by me
David Hagy	
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 admin	nistering oath

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3 3 of 5

				0 01 0
	IITTEE NAME -H Infrastructure Solutions PAC	(Ethics Com	nmission Filers)	
	DULE SUBTOTALS	Τ		
NAME	OF SCHEDULE	SUBTO	OTAL AMOUNT	
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS			0.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS			0.00
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR ORGANIZATION	LABOR	\$	
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM COR LABOR ORGANIZATION	\$		
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION			
7.	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LA ORGANIZATION	ABOR	\$	
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LA	BOR ORGANIZATION	\$	
9.	SCHEDULE E: LOANS		\$	0.00
10.	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBU	ITIONS	\$	0.00
11.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00
12.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRI	IBUTIONS	\$	0.00
13.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRI	IBUTIONS	\$	
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTI TO FILER	ONS RETURNED	\$	

PLE	OGED CONTRIBUTIONS		SCHEDULE B		
T	he Instruction Guide explains how to	1 Total pages Schedule B: Sch: 1/1 Rpt: 4/5			
2 FILER NAME ACEC-H Infrastructure Solutions PAC			3 Filer ID (Ethics Commission Filers) 00082848		
<u></u>	OF UNITEMIZED PLEDGES		\$ 0.0		
5 Date	6 Full name of pledgor out-of-stat 7 Pledgor Address; City; State;	e PAC (ID#: Zip Code	8 Amount of pledge (\$) 9 In-kind description (If applicable)		
10 Principal	occupation / Job title (See Instructions)	11 5	Check if travel outside of Texas. Complete Schedule		
LO FIIICIPAI	occupation / 300 title (See Institutions)	11 Employer (See In:	si uctions)		

	LOANS					SCHEDUL	.E E
	The Instruction Guide explains how to complete this form				pages Schedule E: 1/1 Rpt: 5/5		
	2 FILER NAME ACEC-H Infrastructure Solutions PAC				3 Filer ID (Ethics Commission Filers) 00082848		
4	4 TOTAL OF UNITEMIZED LOANS			1	\$	0.00	
5	Date of loan	7 Name of lender	out-of-state PA	C (ID#:		9 Loan Amount (\$)	
	Is lender a financial institution?	8 Lender address; C	ity; State;	Zip Code		10 Interest Rate	
						11 Maturity Date	
12	Principal occupation	on / Job title (See Instructions)		13 Employer (See Instruction	s)		
14	Description of Coll None	ateral		15 Check if personal funds w	ere deposite	d into political account (See Instructions)	
	GUARANTOR INFORMATION	17 Name of guarantor				19 Amount Guarantee	ed (\$)
	not applicable	18 Guarantor address; C	ity; State;	Zip Code			
20	Principal occupation	on		21 Employer (See Instruction	s)	1	