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) 00016546 3 COMMITTEE NAME **OFFICE USE ONLY** Texas Society of Architects Committee Date Received **ELECTRONICALLY FILED** 01/06/2025 COMMITTEE ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP **ADDRESS** 500 Chicon St. Change of Address Austin, TX 78702 Date Hand-delivered or Date Postmarked MS / MRS / MR **FIRST CAMPAIGN** MI **TREASURER** Receipt # Amount Mrs. Jennifer B. NAME Date Processed **NICKNAME SUFFIX** LAST Date Imaged **Briggs** CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 500 Chicon St. STREET **ADDRESS** (Residence or Business) Austin, TX 78702 **CAMPAIGN** STREET ADDRESS OR PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** 500 Chicon St. MAILING **ADDRESS** Change of Address Austin, TX 78702 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** (512) 478-7386 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 **GO TO PAGE 2**

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

L2 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Texas Society of Archite	ects Committee			00016546	i
4 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Rafael	Anchia		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
5 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS N	D POLITICAL CONTRIBU OR GUARANTEES OF LO ADE ELECTRONICALLY qualifies for the higher itemiz	OANS, ÒR ')	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLEI	L CONTRIBUTIONS DGES, LOANS, OR GUAF	RANTEES OF LOANS)	\$	10,064.62
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDIT	JRES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES		\$	64,351.73
CONTRIBUTION BALANCE	5. TOTAL POLITICAL (OF THE REPORTIN		AINED AS OF THE LAST	DAY \$	185,312.00
OUTSTANDING LOAN TOTALS	•	AMOUNT OF ALL OUTST REPORTING PERIOD	TANDING LOANS AS OF	THE \$	0.00
6 AFFIDAVIT	<u> </u>				
		true and co	affirm, under penalty of pe prrect and includes all infor 15, Election Code.		
			Mrs. Jenni	fer B. Briggs	
			Signature of Ca	mpaign Treası	urer
AFFIX NOTARY	STAMP / SEAL ABOVE				
Sworn to and subscribed	before me, by the said		, t	his the	day
of	, 20, to certify v	vhich, witness my hand a	nd seal of office.		
Signature of officer ad	ministering oath	Printed name of officer ac	dministering oath	Title of offi	cer administering oath

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ID (Ethics Commission Filers)
16546
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12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
Texas Society of Architect	s Committee				00016546	
L4 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Diego Bernal	State Represent	ative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures	A. Supported				
	(Describe by date and location of election and nature of issue.)					
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if					
	applicable, classify by party.)	1				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Salman Bhoja	ani State Represe	entative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE	1. Candidates	A. Supported	Molly Cook S	state Senator		
ACTIVITY	(Identify by name or, if applicable, classify by party.)		,			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	Officeholders Assisted					
	(Identify by name or, if					

					Page 5 of 32
L2 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Texas Society of Architect	.s Committee			00016546	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Yvonne Davis State Represent	ative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures	A. Supported			
	(Describe by date and location of election and nature of issue.)				
		B. Opposed			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE	1. Candidates		Lulu Flores State Representativ		
ACTIVITY	(Identify by name or, if applicable, classify by party.)		Luiu rivies State Representati	ve	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE	1. Candidates	A. Supported	Barbara Gervin-Hawkins State	Representative	
ACTIVITY	(Identify by name or, if applicable, classify by party.)				
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted				
	applicable, classify by party.)				
	Assisted (Identify by name or, if				

				T	Page 6 of 32
L2 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Texas Society of Architects	s Committee			00016546	
L4 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Jessica Gonzales State Repres	sentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures	A. Supported			
	(Describe by date and location of election and nature of issue.)				
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if				
	applicable, classify by party.)		<u>.</u>		
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Mary Gonzalez State Represer	ntative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE	1. Candidates	A. Supported			
ACTIVITY	(Identify by name or, if applicable, classify by party.)				
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted (Identify by name or, if		Kelly Hancock State Senator		
	applicable, classify by party.)				

FORM MPAC ADDENDUM

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s Committee		13 Filer ID (Ethics Commission Filers) 00016546
Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Sam Harless Stat	e Representative
	B. Opposed	
2. Measures (Describe by date and location of election and nature of issue.)	A. Supported	
	B. Opposed	
3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)		
Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Ana Hernandez S	tate Representative
	B. Opposed	
2. Measures (Describe by date and location of election and nature of issue.)	A. Supported	
	B. Opposed	
Officeholders Assisted (Identify by name or, if applicable, classify by party.)		
Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Juan Hinojosa Sta	ate Representative
	B. Opposed	
2. Measures (Describe by date and location of election and nature of issue.)	A. Supported	
	B. Opposed	
Officeholders Assisted		
	1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders 3. Officeholders 4. Candidates (Identify by name or, if applicable, classify by party.)	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.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed A. Supported Ana Hernandez S (Identify by name or, if applicable, classify by party.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) B. Opposed 4. Supported Juan Hinojosa States (Identify by name or, if applicable, classify by party.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) B. Opposed 3. Opposed 4. Supported Juan Hinojosa States (Identify by name or, if applicable, classify by party.) B. Opposed

2 COMMITTEE NAME						13 Filer ID	(Ethics Commission Filers)
exas Society of Architect	ts Committee					00016546	(Lunes Commission Filers)
<u> </u>	1	T					
4 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Supported	Todd Hunter Sta	te Representati	ve	
(Attach lists on plain paper to complete this report if necessary.)		B. C	Opposed				
	Measures (Describe by date and location of election and	A. S	Supported				
	nature of issue.)	B. C	Opposed				
	3. Officeholders Assisted (Identify by name or, if						
	applicable, classify by party.)	1					
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Supported	Brooks Landgraf	State Represe	ntative	
(Attach lists on plain paper to complete this report if necessary.)		B. C	Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. S	Supported				
		B. C	Opposed				
	Officeholders Assisted (Identify by name or, if applicable, classify by party.))					
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Supported	Oscar Longoria S	State Represen	tative	
(Attach lists on plain paper to complete this report if necessary.)		B. C	Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. S	Supported				
		B. C	Opposed				
	Officeholders Assisted (Identify by name or, if						
	applicable, classify by party.)	1					

ACTIVITY (Id	Committee Candidates			13 Filer ID 00016546	(Ethics Commission Filers)
4 COMMITTEE 1.					
ACTIVITY (Id	Candidates			00010540	
(Attach lists on plain	dentify by name or, if pplicable, classify by party.)	A. Supported			
paper to complete this report if necessary.)		B. Opposed			
2	2. Measures	A. Supported			
lo	Describe by date and ocation of election and ature of issue.)				
		B. Opposed			
3.	B. Officeholders Assisted Identify by name or, if pplicable, classify by party.)		Mayes Middleton State Senator		
	. Candidates		Claudia Ordaz Ctata Danvasant	ntii ra	
ACTIVITY	dentify by name or, if pplicable, classify by party.)		Claudia Ordaz State Representa	auve	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
(D	2. Measures Describe by date and ocation of election and ature of issue.)	A. Supported			
		B. Opposed			
	B. Officeholders Assisted Identify by name or, if pplicable, classify by party.)				
COMMITTEE 1	. Candidates	A. Supported			
ACTIVITY	dentify by name or, if pplicable, classify by party.)				
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
(D	2. Measures Describe by date and ocation of election and lature of issue.)	A. Supported			
		B. Opposed			
	B. Officeholders Assisted		Dan Patrick Lieutenant Governo	r	
	pplicable, classify by party.)				

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12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
Texas Society of Architects	s Committee				00016546	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported				
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)		Charles Perry S	tate Senator		
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Ramon Romero	State Represe	ntative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Armondo Walle	State Represer	ntative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
	approach, stately by party,	<u> </u>				

FORM MPAC

				Page 11 of 32
			13 Filer ID	(Ethics Commission Filers)
s Committee			00016546	
Candidates (Identify by name or, if applicable, classify by party.)	A. Supported			
	B. Opposed			
2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
	B. Opposed			
3. Officeholders Assisted		Judith Zaffirini State Senator		
(Identify by name or, if applicable, classify by party.)				
Candidates (Identify by name or, if applicable, classify by party.)		Sarah Eckhardt State Senator		
	B. Opposed			
2. Measures	A. Supported			
(Describe by date and location of election and nature of issue.)				
	B. Opposed			
Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if	1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 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.) A. Supported B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted	A. Supported	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.) B. Opposed A. Supported 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed A. Supported Judith Zaffirini State Senator Assisted (Identify by name or, if applicable, classify by party.) B. Opposed A. Supported Sarah Eckhardt State Senator B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)

SUBTOTALS - MPAC

FORM MPAC **COVER SHEET PG 3**

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17 CC	MMITTE	EE NAME	18 Filer ID	(Ethics C	commission Filers)
Te	xas So	ciety of Architects Committee	00016546		
l	HEDULI	SUI	BTOTAL AMOUNT		
INA	IVIE OF				
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	4,384.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	X	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOURGANIZATION	R	\$	350.00
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$	
6.		SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$	
7.	Х	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$	5,330.62
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (ORGANIZATION	\$	
9.		SCHEDULE E: LOANS		\$	
10.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$	64,351.73
11.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
12.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
13.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
14.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL CONTRIBUT	IONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this	s form.	1	Total pages Schedule A1: Sch: 1/8 Rpt: 13/32	
2	FILER NAME Texas Socie	y of Architects Committee		3	Filer ID (Ethics Commission 00016546	n Filers)
4	Date 12/02/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$55.00
		Dallas, TX 75204				
8	Principal occu Architect	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Date 12/16/2024	Full name of contributor out-of-state PAC (ID Alexander, Caitlyn Contributor address; City; State; Zip Code Austin, TX 78756	#:)		Amount of Contribution (\$)	\$15.00
		pation / Job title (See Instructions)	Employer (See Instructions	<u>l</u> s)		
	Government	Affairs				
	Date 12/25/2024	Full name of contributor	#:)		Amount of Contribution (\$)	\$100.00
		Dallas, TX 75270				
	Principal occu Architect	oation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 12/09/2024	Full name of contributor out-of-state PAC (ID Aoki, Kate Contributor address; City; State; Zip Code Dallas, TX 75243	#:)		Amount of Contribution (\$)	\$10.00
	Principal occu Architect	pation / Job title (See Instructions)	Employer (See Instructions	<u>l</u> s)		
	Date Full name of contributor out-of-state PAC (ID#:				Amount of Contribution (\$)	\$50.00
	Principal occu Executive Di	pation / Job title (See Instructions)	Employer (See Instructions	s)		
			1			

MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE		E A1	
	The Instruction Guide explains how to complete this form.		1	Total pages Schedule A1: Sch: 2/8 Rpt: 14/32		
2	FILER NAME Texas Socie	y of Architects Committee		3	Filer ID (Ethics Commission 00016546	n Filers)
4	Date 12/19/2024			7	Amount of Contribution (\$)	\$13.00
_		Bryan, TX 77802				
8	Architect	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 12/19/2024 Brant, Elizabeth Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$40.00	
	Delicalization	Dallas, TX 75206	Fundament (On a landament and	Ĺ		
Principal occupation / Job title (See Instructions) Architect Employer (See Instructions)						
	Date 12/18/2024				Amount of Contribution (\$)	\$42.00
		Duncanville, TX 75116-2064				
	Principal occu Architect	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 12/03/2024				Amount of Contribution (\$)	\$35.00
	Principal occu Architect	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 12/03/2024 Drewell, Theresa Contributor address; City; State; Zip Code Slaton, TX 79364			Amount of Contribution (\$)	\$350.00	
	Principal occu Architect	pation / Job title (See Instructions)	Employer (See Instructions)		

MONETARY POLITICAL CONTRIBUTIONS				SCHEDUL	E A1	
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 3/8 Rpt: 15/32	
2	FILER NAME Texas Socie	ty of Architects Committee		3	Filer ID (Ethics Commission 00016546	n Filers)
4	Date 12/09/2024			7	Amount of Contribution (\$)	\$250.00
_		Austin, TX 78703				
8	Principal occu Architect	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date Full name of contributor out-of-state PAC (ID#:) 12/17/2024 Durham, Steve Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$650.00	
	Dringinal occu	Houston, TX 77055	Employer (See Instructions			
Principal occupation / Job title (See Instructions) Architect Employer (See Instructions)						
	Date 12/25/2024				Amount of Contribution (\$)	\$350.00
		Houston, TX 77055				
	Principal occu Architect	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/07/2024	Full name of contributor out-of-state PAC (ID#:_Flores, Richard Contributor address; City; State; Zip Code Abilene, TX 79605			Amount of Contribution (\$)	\$25.00
		Employer (See Instructions)			
	Date 12/02/2024	Full name of contributor out-of-state PAC (ID#:_Franz, John Contributor address; City; State; Zip Code Forth Worth, TX 76109)		Amount of Contribution (\$)	\$250.00
	Principal occu Architect	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONETARY POLITICAL CONTRIBUTIONS			SCHED		ULE A1	
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 4/8 Rpt: 16/32		
2	FILER NAME Texas Socie	y of Architects Committee		3	Filer ID (Ethics Commission 00016546	n Filers)	
4	Date 12/17/2024	5 Full name of contributor out-of-state PAC (ID#:)		7	Amount of Contribution (\$)	\$50.00	
_		Tyler, TX 75703					
8	Principal occu Architect	pation / Job title (See Instructions)	9 Employer (See Instructions)			
	Date Full name of contributor out-of-state PAC (ID#:) 12/02/2024 Haecker, Krystyn Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$20.00		
	District	Bellaire, TX 77401	Everland (Construction				
Principal occupation / Job title (See Instructions) Architect Employer (See Instructions)							
	Date 12/22/2024				Amount of Contribution (\$)	\$35.00	
		College Station, TX 77840					
	Principal occu Architect	pation / Job title (See Instructions)	Employer (See Instructions)			
	Date Full name of contributor out-of-state PAC (ID#:) 12/03/2024 Heeren, Ashley Contributor address; City; State; Zip Code Austin, TX 78704		,		Amount of Contribution (\$)	\$50.00	
	Principal occu Architect	pation / Job title (See Instructions)	Employer (See Instructions)			
	Date Full name of contributor out-of-state PAC (ID#:) 12/20/2024 Hellinghausen, D. Michael Contributor address; City; State; Zip Code Dallas, TX 75214			Amount of Contribution (\$)	\$150.00		
	Principal occu Architect	pation / Job title (See Instructions)	Employer (See Instructions)			
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MONETARY POLITICAL CONTRIBUTIONS				SCHEDULI	EDULE A1	
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 5/8 Rpt: 17/32	
2	FILER NAME Texas Socie	y of Architects Committee		3	Filer ID (Ethics Commission 00016546	ı Filers)
4	Date 12/02/2024			7	Amount of Contribution (\$)	\$10.00
		Anna, TX 75409				
8	Principal occu Architect	pation / Job title (See Instructions)	9 Employer (See Instructions	i)		
	Date Full name of contributor out-of-state PAC (ID#:) 11/27/2024 Jimenez-Draper, Mitzi Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00	
	Principal occu	Houston, TX 77077 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Architect					
	Date 11/27/2024	Full name of contributor out-of-state PAC (ID#:) Lawrence, James Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$15.00
		Fort Worth, TX 76112				
	Principal occu Architect	oation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/15/2024	Full name of contributor out-of-state PAC (ID#:_Lopez, Robert Contributor address; City; State; Zip Code Midland, TX 79705			Amount of Contribution (\$)	\$20.00
	Principal occu Architect	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 12/17/2024	Full name of contributor out-of-state PAC (ID#:_Martin , Ryan Contributor address; City; State; Zip Code Dallas, TX 75214			Amount of Contribution (\$)	\$15.00
	Principal occu Architect	pation / Job title (See Instructions)	Employer (See Instructions	<u>(</u>		
			ı			

MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A			
	The Instruc	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 6/8 Rpt: 18/32	
2	FILER NAME Texas Societ	y of Architects Committee		3	Filer ID (Ethics Commission 00016546	n Filers)
4	Date 12/03/2024	 Full name of contributor	·	7	Amount of Contribution (\$)	\$200.00
_		Austin, TX 78702		Ĺ		
8	Architect	pation / Job title (See Instructions)	9 Employer (See Instructions	S)		
	Date Full name of contributor out-of-state PAC (ID#:) 12/19/2024 Miller, Jesse Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$15.00	
		Brownsville, TX 78520	1	Ĺ		
Principal occupation / Job title (See Instructions) Architect Employer (See Instructions)						
	Date 12/16/2024			•	Amount of Contribution (\$)	\$300.00
		Austin, TX 78746				
	Principal occu Architect	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 12/04/2024 Motal, Stephi Contributor address; City; State; Zip Code Austin, TX 78701			•	Amount of Contribution (\$)	\$44.00
	Principal occu Architect	pation / Job title (See Instructions)	Employer (See Instructions	<u>1</u> S)		
	Date Full name of contributor out-of-state PAC (ID#:) 12/18/2024 Ngo, Diana Contributor address; City; State; Zip Code Houston, TX 77055			Amount of Contribution (\$)	\$150.00	
	Principal occu Architect	pation / Job title (See Instructions)	Employer (See Instructions	5)		
			•			

MONETARY POLITICAL CONTRIBUTIONS				SCHEDUL	EDULE A1	
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 7/8 Rpt: 19/32	
2	FILER NAME Texas Socie	y of Architects Committee		3	Filer ID (Ethics Commissio 00016546	n Filers)
4	Date 11/28/2024	 Full name of contributor out-of-state PAC (IE Price, Elizabeth Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$25.00
_		Brenham, TX 77833	1	Ĺ		
8	Principal occu Architect	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Date Full name of contributor out-of-state PAC (ID#:) 12/16/2024 Rivera, Miguel Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$300.00	
	Dringing ogg	Austin, TX 78703	Employer (See Instruction	<u>0)</u>		
Principal occupation / Job title (See Instructions) Architect Employer (See Instructions)						
	Date 12/20/2024	Full name of contributor out-of-state PAC (ID#:) Southwick, Philip Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$200.00
		Austin, TX 78757				
	Principal occu Architect	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 12/03/2024				Amount of Contribution (\$)	\$150.00
	Principal occu Architect	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date Full name of contributor out-of-state PAC (ID#:) 12/17/2024 Upchurch, Steven Contributor address; City; State; Zip Code Dallas, TX 75225			Amount of Contribution (\$)	\$300.00	
	Principal occu Architect	pation / Job title (See Instructions)	Employer (See Instructions	s)		
			,			

	MONET	ARY POLITICAL CONTRIBUTIO	NS	SCHEDULE A1
	The Instruc	ction Guide explains how to complete this fo	rm.	1 Total pages Schedule A1: Sch: 8/8 Rpt: 20/32
2	FILER NAME Texas Societ	ty of Architects Committee		3 Filer ID (Ethics Commission Filers) 00016546
4	12/24/2024	 Full name of contributor)	7 Amount of Contribution (\$) \$50.00
		Taylor, TX 76574		
8	Principal occup Government		9 Employer (See Instructions Texas Society of Archite	
	Date 12/03/2024	Full name of contributor out-of-state PAC (ID#: Wier, Christina Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$25.00
		Lubbock, TX 79407		
	Principal occup Architect	pation / Job title (See Instructions)	Employer (See Instructions	ns)

MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C1

The Instru	ction Guide explains how to complete this form.	1 Total pages Schedule C1: Sch: 1/1 Rpt: 21/32	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
Texas Socie	ety of Architects Committee	00016546	
4 Date	5 Corporation / Labor Organization name	7 Amount of contribution (\$)	
12/17/2024	DLR Group	\$100.00	
	6 Corporation / Labor Organization address; City; State; Zip Code		
	Katy, TX 77449		
Date	Corporation / Labor Organization name	Amount of contribution (\$)	
12/10/2024	Jobe Corral Architects	\$250.00	
	Corporation / Labor Organization address; City; State; Zip Code		
	Austin, TX 78705		

NON-MONETARY SUPPORT FROM CORPORATION SCHEDULE C4 **OR LABOR ORGANIZATION** 1 Total pages Schedule C4: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 22/32 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Texas Society of Architects Committee 00016546 4 Date 5 Corporation / Labor Organization name 6 Amount (\$) 12/25/2024 Texas Society of Architects 5,330.62

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations N

Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Cabadula F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
1 Total pages Schedule F1: Sch: 1/10 Rpt: 23/32	2 FILER NAME Texas Society of Architects Committee 3 Filer ID (Ethics Commission Filers) 00016546
4 Date	5 Payee name
12/10/2024	Ana Hernandez Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	Post Office Box 15538
Expenditure from	Houston, TV 77220
corporate funds	Houston, TX 77220
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXPENDITORE	Candidate/Officeholder/Political Committee
	Campaign contribution
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
12/10/2024	Armado Walle Campaign
	, ,
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	4101 Washington Ave
Expenditure from corporate funds	Houston, TX 77007
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXI ENDITORE	Candidate/Officeholder/Political Committee
	Campaign contribution
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
•	
Date	Payee name
12/11/2024	Barbara Gervin-Hawkins Campaign
Amount (\$)	Payee address; City; State; Zip Code
` ′	
\$1,500.00	Post Office Box 39602
Expenditure from corporate funds	San Antonio, TX 78218
	I
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	Campaign contributions
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (outer a category not listed above)

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Cabadula F1:	· · · · · · · · · · · · · · · · · · ·
1 Total pages Schedule F1: Sch: 2/10 Rpt: 24/32	2 FILER NAME Texas Society of Architects Committee 3 Filer ID (Ethics Commission Filers) 00016546
4 Date	5 Payee name
12/11/2024	Bhojani for Texas Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	6301 Campus Circle Dr E, Ste 100
Expenditure from corporate funds	Irving, TX 75063
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXPENDITORE	Candidate/Officeholder/Political Committee
	Campaign contribution
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
12/10/2024	Cesar Blanco for Texas Senate
Amount (\$)	Payee address; City; State; Zip Code
\$2,500.00	P.O. Box 27074
- Funanditura from	
Expenditure from corporate funds	El Paso, TX 79926
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
_/	Candidate/Officeholder/Political Committee
	Campaign contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
12/12/2024	Charles Perry Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$2,500.00	Post Office Box 94806
_	
Expenditure from corporate funds	Lubbock, TX 79493
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
D. LIBITORE	Candidate/Officeholder/Political Committee
	Campaign contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiorare to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District
Travel Out of District

Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.	OTHER (enter a category not listed above)
1 Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
Sch: 3/10 Rpt: 25/32	Texas Society of Architects Committee	00016546
4 Date	5 Payee name	
12/11/2024	Claudia Ordaz Campaign	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$1,000.00	P.O. Box 71738	
Expenditure from corporate funds	El Paso, TX 79917	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Contributions/Bonations Made By	I outside of Texas. Complete Schedule T.
	Carranació Ciniconolidadi/i Cinicali Committee	in, TX, officeholder living expense
	Campaign of	ontribution
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought OH	Office held
Date	Payee name	
12/11/2024	Diego Bernal Campaign	
Amount (\$)	Payee address; City; State; Zip Code	
\$1,000.00	P.O. Box 15677	
Expenditure from corporate funds	San Antonio, TX 78212	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Contributions/Donations Made By	l outside of Texas. Complete Schedule T.
		in, TX, officeholder living expense
	Campaign of	Onlindution
Complete ONLY if direct	Condidate Office helder name Office acquisht	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought OH	Office field
Date	Payee name	
11/30/2024	FiServ	
Amount (\$)	Payee address; City; State; Zip Code	
\$36.95	PO Box 979	
Expenditure from corporate funds	Brookfield, WI 53008-0979	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	1 003	l outside of Texas. Complete Schedule T.
		in, TX, officeholder living expense
	Processing to corporate ac	fees for online/credit card contributions to ecount
Operation Of Walk III		
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
Exposition to bottom O/OI	•	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Cor Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 4/10 Rpt: 26/32	Texas Society of Architects Committee 00016546
4 Date	5 Payee name
11/30/2024	FiServ
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$314.78	PO Box 979
Expenditure from corporate funds	Brookfield, WI 53008-0979
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Processing fees for online/credit card contributions to committee account
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
12/11/2024	Jessica Gonzalez Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	400 S. Zang Blvd., Suite 1022
Expenditure from corporate funds	Dallas, TX 75208
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	Campaign contribution
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	· ·
Date	Payee name
12/11/2024	Lulu Flores Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	Post Office Box 40969
Expenditure from corporate funds	Austin, TX 78704
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
-	Candidate/Officeholder/Political Committee
	Campaign continuution
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Award/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTUES (or the Expense and Fished should)

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
Sch: 5/10 Rpt: 27/32	Texas Society of Architects Committee 00016546	
4 Date	5 Payee name	
12/11/2024	Mary E. Gonzalez Campaign	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$1,000.00	P.O. Box 450	
Expenditure from corporate funds	Clint, TX 79836	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	Candidate/Officeholder/Political Committee	
	Campaigh contribution	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
experiulture to beliefft C/Oi	1	
Date	Payee name	
12/12/2024	Mayes Middleton for Texas Senate	
Amount (\$)	Payee address; City; State; Zip Code	
` '		
\$2,500.00	Post Office Box 1526	
Expenditure from		
corporate funds	Galveston, TX 77553	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Candidate/Officeholder/Political Committee	
	Campaign contribution	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI		
Date	Payee name	
12/12/2024	Molly for Texas	
Amount (\$)	Payee address; City; State; Zip Code	
\$1,000.00	P.O. Box 667238	
Expenditure from	Houston, TX 77266	
corporate funds		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	Contributions/Donations Made By Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.	
	Candidate/Officeholder/Political Committee	
	Campaign continuation	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
experialitare to benefit 0/011		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Git/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

/Reimbursement Solicitation/Fundraising Expense
Rental Expense Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 6/10 Rpt: 28/32	Texas Society of Architects Committee 00016546
4 Date	5 Payee name
12/12/2024	Oscar Longoria Campign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	Post Office Box 4224
Expenditure from corporate funds	Mission, TX 78572
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXI ENDITORE	Candidate/Officeholder/Political Committee
	Campaign contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiditure to beliefit C/Oi	
Date	Payee name
12/11/2024	Rafael Anchia for Texas House District 103
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	Post Office Box 4468
Expenditure from corporate funds	Dallas, TX 75208
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Campaign continuuton
One of the ONE Wife disease	On didn't 10ff a halden game.
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
12/11/2024	Ramon Romero Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	Post Office Box 181
, ,	
Expenditure from corporate funds	Fort Worth, TX 76101
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Campaign contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experience to belief 6/01	•

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comm Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 7/10 Rpt: 29/32	Texas Society of Architects Committee 00016546
4 Date	5 Payee name
12/11/2024	Sam Harless Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	15814Champion Forest PMB 312
Expenditure from corporate funds	Spring, TX 77379
<u>'</u>	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Campaign contribution
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
12/12/2024	Sarah Eckhardt Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$2,500.00	Post Office Box 301586
42,000.00	1 001 0 miles 20 N 00 20 00
Expenditure from	A . ('. T.) 70700
corporate funds	Austin, TX 78703
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee Campaign contribution
	Campaign Contribution
0 1: 01111/11	
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
12/11/2024	Senator Juan "Chuy" Hinojosa Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$2,500.00	1508 S. Lone Star Way, Ste. 5B
Expenditure from corporate funds	Edinburg, TX 78539
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Campaign contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District Travel in District

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment					
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
Sch: 8/10 Rpt: 30/32	Texas Society of Architects Committee 00016546				
4 Date	5 Payee name				
12/11/2024	Senator Judith Zaffirini Campaign				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
\$2,500.00	Post Office Box 627				
Expenditure from corporate funds	Laredo, TX 78042				
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
OF EXPENDITURE	Contributions/Donations Made By				
EXI ENDITORE	Candidate/Officeholder/Political Committee				
	Campaign contribution				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
Date	Payee name				
12/11/2024	Terry Meza Campaign				
Amount (\$)	Payee address; City; State; Zip Code				
\$1,000.00	P.O. Box 155076				
— F					
Expenditure from corporate funds	Irving, TX 75015				
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
EXPENDITURE	Contributions/Donations Made By Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.				
	Candidate/Officeholder/Political Committee				
	Campaign continuation				
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held				
expenditure to benefit C/OI	· ·				
Date	Payee name				
12/11/2024	Texans for Dan Patrick				
Amount (\$)	Payee address; City; State; Zip Code				
\$12,000.00	P.O. Box 685085				
Expenditure from corporate funds	Austin, TX 78768				
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
OF EXPENDITURE	Contributions/Donations Made By				
	Candidate/Officeholder/Political Committee				
	Campaign contribution				
Complete CNII V if alian-	Condidate/Officeholder name Office cought				
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	ounting/Banking Fees Office Overhead/Rental Expense Insulting Expense Food/Beverage Expense Polling Expense Printing Expense Printing Expense Printing Expense Printing Expense Printing Expense Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor		Rental Expense Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
	· · · · · · · · · · · · · · · · · · ·	how to complet			
1 Total pages Schedule F1: Sch: 9/10 Rpt: 31/32	2 FILER NAME Texas Society of Architects Committee		[3	3 Filer ID 00016546	(Ethics Commission Filers)
	•	•		00010340	
4 Date	5 Payee name				
12/11/2024	Texans for Greg Abbott				
\$15,000.00	7 Payee address; City; State; P.O. Box 308	Zip Code			
Expenditure from corporate funds	Austin, TX 78767				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sch Contributions/Donations Made By Candidate/Officeholder/Political Comm	P By Check if travel outside of Texas. Complete Schedule T.			
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Office sought		Office he	eld
Date	Payee name				
12/11/2024	Texans for Kelly Hancock				
Amount (\$)	Payee address; City; State;	Zip Code			
\$2,500.00	P.O. Box 821349				
Expenditure from corporate funds	North Richland Hills, TX 76182				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sch Contributions/Donations Made By Candidate/Officeholder/Political Comm	ittee [utside of Texas. Com TX, officeholder living ntribution	•
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Office sought		Office he	eld
Date	Payee name				
12/11/2024	The Brooks Landgraf Campaign				
Amount (\$) \$1,000.00	Payee address; City; State; Post Office Box 13146	Zip Code			
Expenditure from corporate funds	Odessa, TX 79768				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sch Contributions/Donations Made By Candidate/Officeholder/Political Comm	ittee [utside of Texas. Com TX, officeholder living ntribution	•
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Office sought		Office he	eld

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

Candidate/Officenoider/Politica	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 10/10 Rpt: 32/32	Texas Society of Architects Committee 00016546
4 Date	5 Payee name
12/11/2024	Todd Hunter Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,500.00	445 Cape Henry Drive
Expenditure from corporate funds	Corpus Christi, TX 78412
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
	Campaign contribution
Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
Date	Payee name
12/11/2024	YDavis for Texas
Amount (\$)	Payee address; City; State; Zip Code
\$1,500.00	Post Office Box 763368
Ψ1,000.00	1 ost office Box 1 occor
Expenditure from corporate funds	Dallas, TX 75376
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee Campaign contribution
	Campaign contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	