## MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

## FORM MPAC COVER SHEET PG 1

| The MPAC Instruction   | Guide explains how to complete this form. | 1 Filer ID<br>(Ethics Commission Filers)<br>00055819 | 2 Total pages filed:<br>5              |  |  |
|--|---|--|--|--|--|
| 3 COMMITTEE NAME   | Ξ   |  | OFFICE USE ONLY                        |  |  |
| Texas BOMA PAG   | 2   |  | Date Received                          |  |  |
|  |   |  | ELECTRONICALLY FILED                   |  |  |
|  |   |  | 05/27/2025                             |  |  |
| 4 COMMITTEE  | ADDRESS / PO BOX; APT / SUITE #;          | CITY; STATE; ZIP                                     |  |  |  |
| ADDRESS  | P.O. Box 1056                             |  |  |  |  |
|  |   |  |  |  |  |
|  | Leander, TX 78646                         |  | Date Hand-delivered or Date Postmarked |  |  |
| 5 CAMPAIGN   | MS / MRS / MR FIRST                       | MI   |  |  |  |
| TREASURER<br>NAME  | Mrs. Colleen                              |  | Receipt # Amount                       |  |  |
|  |   |  |  |  |  |
|  | NICKNAME LAST                             | SUFFIX   | Date Processed                         |  |  |
|  | Burrows                                   |  | Date Imaged                            |  |  |
|  |   |  |  |  |  |
| 6 CAMPAIGN   | STREET ADDRESS (NO PO BOX PLEASE);        | APT / SUITE #; CITY; ST                              | ATE; ZIP CODE                          |  |  |
| TREASURER<br>STREET  | 2100 McKinney Ave. Ste. 700               |  |  |  |  |
| ADDRESS  |   |  |  |  |  |
| (Residence or Business)  | Dallas, TX 75201                          |  |  |  |  |
| 7 CAMPAIGN   | STREET ADDRESS OR PO BOX;                 | APT / SUITE #; CITY; ST                              | ATE; ZIP CODE                          |  |  |
| TREASURER<br>MAILING   | 2100 McKinney Ave. Ste. 700               |  |  |  |  |
| ADDRESS  |   |  |  |  |  |
|  | Dallas, TX 75201                          |  |  |  |  |
| 8 CAMPAIGN   | AREA CODE PHONE NUMBER                    | EXTENSION  |  |  |  |
| TREASURER<br>PHONE   | (281) 795-4554                            |  |  |  |  |
|  |   |  |  |  |  |
| 9 REPORT TYPE  | X Monthly                                 | 10th day after campaign                              | Dissolution (Attach PAC-DR)            |  |  |
|  |   | L treasurer termination                              |  |  |  |
| 10 MONTHLY<br>REPORT FILING  | January 5 April                           | 5 July 5   | October 5                              |  |  |
| DEADLINE   | February 5 May                            | 5 August 5   | November 5                             |  |  |
|  |   |  |  |  |  |
|  | March 5 X June                            | e 5 September 5                                      | December 5                             |  |  |
| 11 PERIOD  | Month Day Year                            | Month<br>THROUGH                                     | Day Year                               |  |  |
| COVERED  | 04/26/2025                                | 05/25/2  | 2025                                   |  |  |
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| GO TO PAGE 2   |   |  |  |  |  |
| Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V4.1.0.e02d6221 |   |  |  |  |  |

# MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

# FORM MPAC COVER SHEET PG 2

| 12 COMMITTEE NAME   |  |  | 13 Filer ID                          | (Ethics Commission Filers)                       |
|---|--|--|--------------------------------------|--|
| Texas BOMA PAC  |  |  | 00055819                             |  |
| 14 COMMITTEE  | 1. Candidates  | A. Supported   |                                      |  |
| ACTIVITY  | (Identify by name or, if applicable, classify by party.)         |  |                                      |  |
| (Attach lists on plain<br>paper to complete this<br>report if necessary.) |  | B. Opposed   |                                      |  |
|   | 2. Measures  | A. Supported   |                                      |  |
|   | (Describe by date and location of election and nature of issue.) |  |                                      |  |
|   |  | B. Opposed   |                                      |  |
|   | 3. Officeholders<br>Assisted                                     |  |                                      |  |
|   | (Identify by name or, if applicable, classify by party.)         |  |                                      |  |
| 15 CONTRIBUTION<br>TOTALS   | PLEDGES, LOANS,<br>CONTRIBUTIONS M                               | D POLITICAL CONTRIBUTIONS (OTHER THAN<br>OR GUARANTEES OF LOANS, OR<br>ADE ELECTRONICALLY)<br>qualifies for the higher itemization threshold | \$                                   | 0.00   |
|   | 2. TOTAL POLITICA  | L CONTRIBUTIONS  | \$                                   | 270.00   |
| EXPENDITURE   |  | DGES, LOANS, OR GUARANTEES OF LOANS)   |                                      |  |
| TOTALS  |  |  | \$                                   | 0.00   |
|   | 4. TOTAL POLITICA  | L EXPENDITURES   | \$                                   | 0.00   |
| CONTRIBUTION<br>BALANCE   | 5. TOTAL POLITICAL C<br>OF THE REPORTING                         | CONTRIBUTIONS MAINTAINED AS OF THE LAST<br>G PERIOD  | DAY \$                               | 20,059.36  |
| OUTSTANDING<br>LOAN TOTALS  |  | AMOUNT OF ALL OUTSTANDING LOANS AS OF T<br>REPORTING PERIOD  | THE \$                               | 0.00   |
| 16 AFFIDAVIT  | 1  |  | I                                    |  |
|   |  | I swear, or affirm, under penalty of pe<br>true and correct and includes all inforr<br>under Title 15, Election Code.                        | rjury, that the a<br>nation required | accompanying report is<br>d to be reported by me |
|   |  |  | _                                    |  |
|   |  |  | en Burrows                           | ror  |
|   |  | Signature of Car   | npaign neasu                         |  |
| AFFIX NOTARY  | STAMP / SEAL ABOVE   |  |                                      |  |
| Sworn to and subscribed   | before me, by the said   | , tł   | nis the                              | day  |
| of  | , 20, to certify v   | which, witness my hand and seal of office.   |                                      |  |
| Signature of officer ad   | ministering oath   | Printed name of officer administering oath   | Title of offic                       | cer administering oath                           |
| Forms provided by Texas E   | thics Commission   | www.ethics.state.tx.us   |                                      | Version V4.1.0.e02d6221                          |

| SUBTOTALS - MPAC   | FORM MPAC                      |                                      |
|--|--------------------------------|--------------------------------------|
| 17 COMMITTEE NAME<br>Texas BOMA PAC  | <b>18</b> Filer ID<br>00055819 | 3 of 5<br>(Ethics Commission Filers) |
| 19 SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE                                      | SUBTOTAL AMOUNT                |                                      |
| 1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                             | <b>\$</b> 270.00               |                                      |
| 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                 | \$                             |                                      |
| 3. SCHEDULE B: PLEDGED CONTRIBUTIONS   | \$                             |                                      |
| 4. SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO                | \$                             |                                      |
| 5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA              | \$                             |                                      |
| 6. SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG                 | ANIZATION                      | \$                                   |
| 7. SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR<br>ORGANIZATION |                                | \$                                   |
| 8. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (               | ORGANIZATION                   | \$                                   |
| 9. SCHEDULE E: LOANS   |                                | \$                                   |
| 10. SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:           | S                              | \$                                   |
| 11. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS                                   |                                | \$                                   |
| 12. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL 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                       | \$                                   |
|  |                                |                                      |

# MONETARY POLITICAL CONTRIBUTIONS

### SCHEDULE A1

| The Instruction Guide explains how to complete this form. |  |   | 1                          | Total pages Schedule A1:<br>Sch: 1/2 Rpt: 4/5 |                             |           |
|---|--|---|----------------------------|---|-----------------------------|-----------|
| 2   | FILER NAME                                 |   |                            | 3   | Filer ID (Ethics Commission | n Filers) |
|   | Texas BOMA                                 | A PAC   |                            |   | 00055819                    |           |
| 4   | Date                                       | 5 Full name of contributor Out-of-state PAC (ID#:_                  | )                          | 7   | Amount of Contribution (\$) |           |
|   | 05/08/2025                                 | Chalker-Williams, Cindy   |                            |   | -                           | \$20.00   |
|   | ļ  | 6 Contributor address; City; State; Zip Code                        |                            |   |                             |           |
|   |  |   |                            |   |                             |           |
|   |  |   |                            |   |                             |           |
|   |  | San Antonio, TX 78244   |                            |   |                             |           |
| 8   | Principal occu                             | upation / Job title (See Instructions) 9 Employer (See Instructions |                            | 5)  |                             |           |
|   | Property Mai                               | nager   | Port San Antonio           |   |                             |           |
| ╞   | Date                                       | Full name of contributor out-of-state PAC (ID#:                     | )                          |   | Amount of Contribution (\$) |           |
|   | 05/08/2025                                 | Hosford, Max  |                            |   |                             | \$100.00  |
|   |  | Contributor address; City; State; Zip Code                          |                            |   |                             |           |
|   |  |   |                            |   |                             |           |
|   | ļ  |   |                            |   |                             |           |
|   |  | San Marcos, TX 78666  |                            |   |                             |           |
|   | Principal occu                             | ipation / Job title (See Instructions)                              | Employer (See Instructions | 5)  |                             |           |
|   | Not Employe                                | 3d  | Not Employed               |   |                             |           |
|   | Date                                       | Full name of contributor out-of-state PAC (ID#:                     | )                          |   | Amount of Contribution (\$) |           |
|   | 05/08/2025                                 | Hutchins, Rebecca   |                            |   |                             | \$40.00   |
|   | 1  | Contributor address; City; State; Zip Code                          |                            |   |                             |           |
|   | ļ  |   |                            |   |                             |           |
|   | ļ  |   |                            |   |                             |           |
|   |  | San Antonio, TX 78265   | i                          |   |                             |           |
|   |  | ipation / Job title (See Instructions)                              | Employer (See Instructions | 5)  |                             |           |
|   | VP of Proper                               | rty Management  | Concord Properties         |   |                             |           |
|   | Date                                       | Full name of contributor out-of-state PAC (ID#:                     | )                          |   | Amount of Contribution (\$) |           |
|   | 05/08/2025                                 | McArthur, Melissa   |                            |   |                             | \$50.00   |
|   | ļ  | Contributor address; City; State; Zip Code                          |                            | 1   |                             |           |
|   |  |   |                            |   |                             |           |
|   | ļ  |   |                            |   |                             |           |
|   | <u> </u>                                   | Prosper, TX 78078   | 1 _ /0                     | Ĺ   |                             |           |
|   |  | Ipation / Job title (See Instructions)                              | Employer (See Instructions |   |                             |           |
|   | Business De                                | Business Development Manager Allied Universal Secur                 |                            | /   |                             |           |
|   | Date                                       | Full name of contributor out-of-state PAC (ID#:                     | )                          |   | Amount of Contribution (\$) |           |
|   | 05/08/2025                                 | 05/08/2025 Mullane, Laurie  |                            |   |                             | \$10.00   |
|   | Contributor address; City; State; Zip Code |   |                            |   |                             |           |
|   |  |   |                            |   |                             |           |
|   | Chring Branch, TV 70070                    |   |                            |   |                             |           |
| $\vdash$  | Spring Branch, TX 78070                    |   |                            |   |                             |           |
|   | Principal occu<br>Sales                    | ipation / Job title (See Instructions)                              | Employer (See Instructions | 5)  |                             |           |
|   | Sales                                      |   | Cleanscapes                |   |                             |           |
|   |  |   |                            |   |                             |           |

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 2/2 Rpt: 5/5 2 FILER NAME Filer ID (Ethics Commission Filers) 3 **Texas BOMA PAC** 00055819 Amount of Contribution (\$) 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 05/08/2025 Rabanal, Kelly \$20.00 6 Contributor address; City; State; Zip Code San Antonio, TX 78258 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 **Property Manager** Cambridge Asset Advisors Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 05/08/2025 \$10.00 Schulman, Lindsey Contributor address; City; State; Zip Code Helotes, TX 78023 Principal occupation / Job title (See Instructions) Employer (See Instructions) Pollock Gora Sales Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 05/08/2025 Smith, Dave \$20.00 ..... Contributor address; City; State; Zip Code Plano, TX 75075 Principal occupation / Job title (See Instructions) Employer (See Instructions) VP, Sales and Marketing **APS Building Services**