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) 00016265 3 COMMITTEE NAME **OFFICE USE ONLY** Austin Apartment Association Political Action Committee Date Received **ELECTRONICALLY FILED** 07/03/2025 COMMITTEE ADDRESS / PO BOX; APT / SUITE #: CITY: STATE: ZIP **ADDRESS** 8620 Burnet Road Suite 475 Austin, TX 78757 Date Hand-delivered or Date Postmarked CAMPAIGN MS / MRS / MR **FIRST** MI **TREASURER** Receipt # Amount Ms. **Emily** NAME Date Processed **NICKNAME SUFFIX** LAST Date Imaged Blair CAMPAIGN APT / SUITE #; STREET ADDRESS (NO PO BOX PLEASE); CITY; STATE; ZIP CODE TREASURER 8620 Burnet Rd Suite 475 STREET **ADDRESS** (Residence or Business) Austin, TX 78757 **CAMPAIGN** STREET ADDRESS OR PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** 8620 Burnet Rd Suite 475 MAILING **ADDRESS** Austin, TX 78757 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** (512) 323-0990 REPORT TYPE 10th day after campaign X Monthly Dissolution (Attach PAC-DR) treasurer termination 10 MONTHLY January 5 April 5 X 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** 05/26/2025 06/25/2025

GO TO PAGE 2

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

| L2 COMMITTEE NAME | | | 13 Filer | | (Ethics Commission Filers) |
|---------------------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------------------------------------------------------|-----------------------------------|---------------------|-----------------------------------------------|
| Austin Apartment As | sociation Political Action (| Committee | 0001 | 6265 | |
| 4 COMMITTEE ACTIVITY | 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. Масачиса | A. Supported | | | |
| | 2. Measures (Describe by date and location | A. Supported | | | |
| | of election and nature of issue.) | | | | |
| | | B. Opposed | | | |
| | | | | | |
| | Officeholders Assisted | | | | |
| | (Identify by name or, if applicable, classify by party.) | | | | |
| L5 CONTRIBUTION TOTALS | | D POLITICAL CONTRIBUTIONS (OTHER THA OR GUARANTEES OF LOANS, OR | ı | | |
| TOTALO | CONTRIBUTIONS N | IADE ELECTRONICALLY) qualifies for the higher itemization threshold | | \$ | 0.00 |
| | 2. TOTAL POLITICA | | | \$ | |
| | (OTHER THAN PLE | DGES, LOANS, OR GUARANTEES OF LOANS | | Ф | 1,385.00 |
| EXPENDITURE TOTALS | | | | | 0.00 |
| | 4. TOTAL POLITICA | L EXPENDITURES | | \$ | 0.00 |
| CONTRIBUTION BALANCE | | TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | | | |
| OUTSTANDING LOAN TOTALS | | | | | 0.00 |
| 16 AFFIDAVIT | | | I | | |
| | | I swear, or affirm, under penalty true and correct and includes all under Title 15, Election Code. | of perjury, tha information re | at the a equired | ccompanying report is to be reported by me |
| | | Ma | s. Emily Blai | r | |
| | | | of Campaign 1 | | rer |
| | | o.g.tata.o.c | or Gampaigin i | | o. |
| AFFIX NOTA | RY STAMP / SEAL ABOVE | | | | |
| | | | , this the | | day |
| of | , 20, to certify | which, witness my hand and seal of office. | | | |
| | | | | | |
| | | | | | |
| Signature of officer | r administering oath | Printed name of officer administering oath | Title | of offic | er administering oath |
| - | - | Č | | | Ç |

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

| 18 Filer ID 00016265 | (Ethics Commission Filers) | | | | | | |
|------------------------------------------------------------------|---------------------------------------------------------|--|--|--|--|--|--|
| 00016265 | | | | | | | |
| | | | | | | | |
| 19 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | | | | | | |
| | \$ 1,385.0 | | | | | | |
| 2. X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | | | | | | | |
| | \$ 0.0 | | | | | | |
| BOR | \$ | | | | | | |
| RATION OR | \$ | | | | | | |
| RGANIZATION | \$ | | | | | | |
| OR | \$ | | | | | | |
| R ORGANIZATION | \$ | | | | | | |
| | \$ 0.0 | | | | | | |
| DNS | \$ 0.0 | | | | | | |
| | \$ 0.0 | | | | | | |
| ITIONS | \$ 0.0 | | | | | | |
| | \$ 0.0 | | | | | | |
| TIONS | \$ | | | | | | |
| IS RETURNED | \$ | | | | | | |
| | PRATION OR RGANIZATION DR R ORGANIZATION DNS TIONS | | | | | | |

| | MONET | ARY POLITICAL C | CONTRIBUTION | N _ | S | | SCHEDUL | E A1 |
|---|---------------------------------|------------------------------------------------------------------------------------------------|-----------------------------------------|--------|--------------------------------------------------|----------|-----------------------------------------------|-------------|
| | The Instru | ction Guide explains how | to complete this fo | rn | n. | 1 | Total pages Schedule A1: Sch: 1/3 Rpt: 4/8 | |
| 2 | FILER NAME Austin Apart | ment Association Political Act | ion Committee | | | 3 | Filer ID (Ethics Commission 00016265 | n Filers) |
| 4 | Date 06/16/2025 | | | 7 | Amount of Contribution (\$) | \$100.00 | | |
| | | Ausin, TX 78734 | | | | | | |
| 8 | Principal occu Sales Execu | pation / Job title (See Instructions tive | 9 | | Employer (See Instructions Zillow Rentals | s) | | |
| | Date 06/02/2025 | Full name of contributor Bisson, Conney Contributor address; City; St | out-of-state PAC (ID#: ate; Zip Code | | | | Amount of Contribution (\$) | \$100.00 |
| | Principal occu | Leander , TX 78641 pation / Job title (See Instructions | s) | | Employer (See Instructions | ;) | | |
| | Account Mar | | , | | Redi Carpet | , | | |
| | Date 06/03/2025 | Full name of contributor Einem, Andrew Contributor address; City; St | out-of-state PAC (ID#: | |) | | Amount of Contribution (\$) | \$20.00 |
| | | Lakeway , TX 78734 | | | | | | |
| | Principal occu District Mana | pation / Job title (See Instructions ager | | | Employer (See Instructions Camden Property Trust | • | | |
| | Date 06/24/2025 | Full name of contributor Faulkner, Kimberly Contributor address; City; St Round Rock, TX 78681 | out-of-state PAC (ID#: | |) | | Amount of Contribution (\$) | \$200.00 |
| | • | pation / Job title (See Instructions Property Manager |) | | Employer (See Instructions Greystar | s) | | |
| | Date 06/03/2025 | Full name of contributor Garcia, Michael Contributor address; City; St Hutto, TX 78634 | out-of-state PAC (ID#: | |) | | Amount of Contribution (\$) | \$100.00 |
| | Principal occu Regional Ma | pation / Job title (See Instructions Inager | ·) | | Employer (See Instructions ZRS Management LLC | 5) | | |
| | | | I | | | | | |

| | MONEI | ARY POLITICAL C | ONTRIBUTION | NS | | SCHEDUL | E A1 | |
|---|-------------------------------|-----------------------------------------------------------------------------------------------------------------|------------------------|------------------------------------------|----------------|-----------------------------------------------|-------------|--|
| | The Instru | ction Guide explains how | to complete this for | m. | 1 | Total pages Schedule A1: Sch: 2/3 Rpt: 5/8 | | |
| 2 | FILER NAME | | 0 | | 3 | Filer ID (Ethics Commission | n Filers) | |
| _ | - | ment Association Political Acti | | | L | 00016265 | | |
| 4 | Date 06/02/2025 | 5 Full name of contributorGarvey, Heather6 Contributor address; City; State | out-of-state PAC (ID#: |) | 7 | Amount of Contribution (\$) | \$100.00 | |
| | | Bastrop, TX 78602 | | | | | | |
| 8 | | pation / Job title (See Instructions) | 9 | Employer (See Instructions | | | | |
| | Regional Dir | ector | | CWS Apartment Homes | ; | | | |
| | Date 06/02/2025 | Full name of contributor Garza , Donna Contributor address; City; Sta | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | \$100.00 | |
| | | Manor, TX 78653 | | | | | | |
| | | pation / Job title (See Instructions) |) | Employer (See Instructions | 5) | | | |
| | Property Ma | nager | | Avenue5 Residential | | | | |
| | Date 06/03/2025 | Full name of contributor Nichols, Joshua (Mr.) Contributor address; City; Sta | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | \$250.00 | |
| | | Austin, TX 78748 | | | | | | |
| | Principal occu | pation / Job title (See Instructions) |) | Employer (See Instructions | <u>l</u> ;) | | | |
| | | ector of Business Developmer | | Guardian Construction | | | | |
| | Date 06/02/2025 | Full name of contributor Rocha, Travis Contributor address; City; Sta | out-of-state PAC (ID#: | | | Amount of Contribution (\$) | \$15.00 | |
| | Principal occu Community I | pation / Job title (See Instructions) Manager | | Employer (See Instructions Bell Partners | 5) | | | |
| | Date 06/24/2025 | Full name of contributor Russell, Heather Contributor address; City; Sta | out-of-state PAC (ID#: | | | Amount of Contribution (\$) | \$200.00 | |
| | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions | <u>.</u> 5) | | | |
| | Regional Ma | nager | | RPM Living | | | | |
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| ONET | ARY POLITICAL CONTRIBUTION | | SCHEDULE A1 | | |
|--------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| The Instruction Guide explains how to complete this form. | | | | | Total pages Schedule A1: Sch: 3/3 Rpt: 6/8 |
| 2 FILER NAME | | | | | Filer ID (Ethics Commission Filers) |
| | | | | | 00016265 |
| Date 5 Full name of contributor out-of-state PAC (ID#:) Sanchez, Christy 6 Contributor address; City; State; Zip Code | | | | 7 | Amount of Contribution (\$) \$200.00 |
| | Dripping Springs, TX 78620 | | | | |
| | | | | 5) | |
| ector of A | sset Management | \ | Wilson Capital | | |
| | | | | | |
| t / | e Instruction of the Instruction | e Instruction Guide explains how to complete this fee ER NAME Stin Apartment Association Political Action Committee e | e Instruction Guide explains how to complete this form ER NAME stin Apartment Association Political Action Committee e 5 | ER NAME stin Apartment Association Political Action Committee e | e Instruction Guide explains how to complete this form. ER NAME stin Apartment Association Political Action Committee e 5 Full name of contributor |

| PLE | OGED CONTRIBU | TIONS | | | SCHEDULE E | 3 | | | |
|-----------------------------------------------------------|------------------------------------|----------------------|----------------------|--------|--------------------------------------------------|--------|--|--|--|
| The Instruction Guide explains how to complete this form. | | | | | 1 Total pages Schedule B: Sch: 1/1 Rpt: 7/8 | | | | |
| 2 FILER N | AME | | | 3 | Filer ID (Ethics Commission Filers) | | | | |
| Austin Apartment Association Political Action Committee | | | | | 00016265 | | | | |
| 4 TOTAL | TOTAL OF UNITEMIZED PLEDGES | | | | \$ | 0.00 | | | |
| 5 Date | 6 Full name of pledgor | out-of-state PAC (ID | #: | _) 8 | Amount of 9 In-kind description | | | | |
| | | | | | pledge (\$) (If applicable) | | | | |
| | 7 Pledgor Address; | City; State; Zip Cod | le | | | | | | |
| | | | | | | | | | |
| | | | | - | Check if travel outside of Texas. Complete Scheo | lulo T | | | |
| 10 Princinal | occupation / Job title (See Instru | ıctions) | 11 Employer (See Ins | L | | uie i | | | |
| 10 i illicipai | occupation / oob title (occ motiv | 20110113) | Employer (See ins | Suucuc | טוס) | | | | |
| | | | | | | | | | |
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| | LOANS | | | | | | SCHED | ULE E | |
|----|----------------------------------------------------------|-------------------------------------------|--------|-------------------------|-----------|-------------------------------|--------------------------------------------|--------------|--|
| | The Instruction Guide explains how to complete this form | | | | | ges Schedule E: 1 Rpt: 8/8 | | | |
| | FILER NAME Austin Apartmen | nt Association Political Action Committee | | | 3 | Filer ID 000162 | (Ethics Commission Filers) | | |
| 4 | TOTAL OF UN | IITEMIZED LOANS | | | | | \$ | 0.00 | |
| 5 | Date of loan | 7 Name of lender out-of-sta | ate PA | C (ID#: | |) | 9 Loan Amount (| \$) | |
| | Is lender a financial institution? | 8 Lender address; City; Sta | ite; | Zip Code | | | 10 Interest Rate | | |
| | | | | | | | 11 Maturity Date | | |
| 12 | Principal occupation | on / Job title (See Instructions) | | 13 Employer (See Inst | ructions) | | | | |
| 14 | Description of Coll | ateral | | 15 Check if personal fu | unds were | deposited | l into political accou (See Instruction | | |
| | GUARANTOR INFORMATION | 17 Name of guarantor | | | | | 19 Amount Guara | nteed (\$) | |
| | not applicable | 18 Guarantor address; City; Sta | te; | Zip Code | | | | | |
| | | | | | | | | | |
| 20 | Principal occupation | on | | 21 Employer (See Inst | ructions) | | | | |
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