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** 07/05/2025 COMMITTEE ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP **ADDRESS** 2180 North Loop W, Suite 320 Houston, TX 77018 Date Hand-delivered or Date Postmarked CAMPAIGN MS / MRS / MR **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** 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 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

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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

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	MMITTE	(Ethic	s Commission Filers)		
	HEDULI	Τ			
NA	ME OF	SCHEDULE	SUBTOTAL AMOUNT		
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	0.00	
2.	X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0.00
3.	X	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	0.00	
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOURGANIZATION	R	\$	
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORAL LABOR ORGANIZATION	TION OR	\$	
6.		SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$	
7.		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$	
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (ORGANIZATION	\$	
9.	X	SCHEDULE E: LOANS		\$	0.00
10.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$	0.00
11.	X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00
12.	X	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	0.00
13.	X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00
14.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$	
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$	

PLEDGED CONTRIBUTIONS	SCHEDULE B			
The Instruction Guide explains how to complete this form.	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			
4 TOTAL OF UNITEMIZED PLEDGES	\$ 0.00			
5 Date 6 Full name of pledgorout-of-state PAC (ID#:) 7 Pledgor Address; City; State; Zip Code	8 Amount of pledge (\$) 9 In-kind description (If applicable)			
10 Principal occupation / Job title (See Instructions) 11 Employer (See Instru	Check if travel outside of Texas. Complete Schedule T.			
22 Finished decapation, one time (See institutions)	ictions)			

	LOANS					SCHEDUL	.E E	
	The Instruction Guide explains how to complete this form.					Total pages Schedule E: Sch: 1/1 Rpt: 5/5		
	2 FILER NAME ACEC-H Infrastructure Solutions PAC				3 Filer ID (Ethics Commission Filers) 00082848			
4	TOTAL OF UN	IITEMIZED 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		