

# 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>00053156 |  | 2 Total pages filed:<br>5                                                                                                                                             |  |
| 3 COMMITTEE NAME<br>Boma Advocacy Committee - Political Action Committee |                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                      |  | OFFICE USE ONLY<br>Date Received<br>ELECTRONICALLY FILED<br>09/03/2025<br>Date Hand-delivered or Date Postmarked<br>Receipt # Amount<br>Date Processed<br>Date Imaged |  |
| 4 COMMITTEE ADDRESS                                                      | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP<br>24 Greenway Plz., Ste. 450<br>Houston, TX 77046                                                                                                                                                                                                                                                                                                                                       |                                                      |  |                                                                                                                                                                       |  |
| 5 CAMPAIGN TREASURER NAME                                                | MS / MRS / MR FIRST MI<br>Mr. Roger<br>NICKNAME LAST SUFFIX<br>Ritter                                                                                                                                                                                                                                                                                                                                                                      |                                                      |  |                                                                                                                                                                       |  |
| 6 CAMPAIGN TREASURER STREET ADDRESS<br>(Residence or Business)           | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br>24 Greenway Plz., Ste. 450<br>Houston, TX 77046                                                                                                                                                                                                                                                                                                                 |                                                      |  |                                                                                                                                                                       |  |
| 7 CAMPAIGN TREASURER MAILING ADDRESS                                     | STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br>9 Greenway Plz., Ste. 100<br>Houston, TX 77046                                                                                                                                                                                                                                                                                                                           |                                                      |  |                                                                                                                                                                       |  |
| 8 CAMPAIGN TREASURER PHONE                                               | AREA CODE PHONE NUMBER EXTENSION<br>(713) 510-3958                                                                                                                                                                                                                                                                                                                                                                                         |                                                      |  |                                                                                                                                                                       |  |
| 9 REPORT TYPE                                                            | <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Dissolution (Attach PAC-DR)                                                                                                                                                                                                                                                                    |                                                      |  |                                                                                                                                                                       |  |
| 10 MONTHLY REPORT FILING DEADLINE                                        | <input type="checkbox"/> January 5 <input type="checkbox"/> April 5 <input type="checkbox"/> July 5 <input type="checkbox"/> October 5<br><input type="checkbox"/> February 5 <input type="checkbox"/> May 5 <input type="checkbox"/> August 5 <input type="checkbox"/> November 5<br><input type="checkbox"/> March 5 <input type="checkbox"/> June 5 <input checked="" type="checkbox"/> September 5 <input type="checkbox"/> December 5 |                                                      |  |                                                                                                                                                                       |  |
| 11 PERIOD COVERED                                                        | Month Day Year    THROUGH    Month Day Year<br>07/26/2025    08/25/2025                                                                                                                                                                                                                                                                                                                                                                    |                                                      |  |                                                                                                                                                                       |  |

GO TO PAGE 2

# MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC  
COVER SHEET PG 2

|                                                                                  |                                                           |
|----------------------------------------------------------------------------------|-----------------------------------------------------------|
| <b>12 COMMITTEE NAME</b><br>Boma Advocacy Committee - Political Action Committee | <b>13 Filer ID</b> (Ethics Commission Filers)<br>00053156 |
|----------------------------------------------------------------------------------|-----------------------------------------------------------|

|                                                                                                         |                                                                                              |              |
|---------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|--------------|
| <b>14 COMMITTEE ACTIVITY</b><br><br>(Attach lists on plain paper to complete this report if necessary.) | <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.)             | A. Supported |
|                                                                                                         |                                                                                              | B. Opposed   |
|                                                                                                         | <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)       | A. Supported |
|                                                                                                         |                                                                                              | B. Opposed   |
|                                                                                                         | <b>3. Officeholders Assisted</b><br>(Identify by name or, if applicable, classify by party.) |              |
|                                                                                                         |                                                                                              |              |

|                                |                                                                                                                                                                                                                                                   |               |
|--------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| <b>15 CONTRIBUTION TOTALS</b>  | <b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b><br><input type="checkbox"/> check here if this report qualifies for the higher itemization threshold | \$ 0.00       |
|                                | <b>2. TOTAL POLITICAL CONTRIBUTIONS</b><br>(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)                                                                                                                                                    | \$ 200.00     |
| <b>EXPENDITURE TOTALS</b>      | <b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>                                                                                                                                                                                                 | \$ 0.00       |
|                                | <b>4. TOTAL POLITICAL EXPENDITURES</b>                                                                                                                                                                                                            | \$ 0.00       |
| <b>CONTRIBUTION BALANCE</b>    | <b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>                                                                                                                                                     | \$ 256,777.08 |
| <b>OUTSTANDING LOAN TOTALS</b> | <b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>                                                                                                                                              | \$ 0.00       |

**16 AFFIDAVIT**

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Mr. Roger Ritter

\_\_\_\_\_  
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 administering oath

**SUBTOTALS - MPAC****FORM MPAC**  
**COVER SHEET PG 3**  
3 of 5

|                                                                                  |                                                                                                                   |                                                           |
|----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|
| <b>17 COMMITTEE NAME</b><br>Boma Advocacy Committee - Political Action Committee |                                                                                                                   | <b>18 Filer ID</b> (Ethics Commission Filers)<br>00053156 |
| <b>19 SCHEDULE SUBTOTALS</b><br>NAME OF SCHEDULE                                 |                                                                                                                   | SUBTOTAL AMOUNT                                           |
| 1.                                                                               | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                 | \$ 200.00                                                 |
| 2.                                                                               | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                              | \$                                                        |
| 3.                                                                               | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS                                                        | \$                                                        |
| 4.                                                                               | <input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION               | \$                                                        |
| 5.                                                                               | <input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | \$                                                        |
| 6.                                                                               | <input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION                     | \$                                                        |
| 7.                                                                               | <input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION                 | \$                                                        |
| 8.                                                                               | <input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION                 | \$                                                        |
| 9.                                                                               | <input type="checkbox"/> SCHEDULE E: LOANS                                                                        | \$                                                        |
| 10.                                                                              | <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS                         | \$                                                        |
| 11.                                                                              | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS                                                 | \$                                                        |
| 12.                                                                              | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS                        | \$                                                        |
| 13.                                                                              | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                            | \$                                                        |
| 14.                                                                              | <input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS           | \$ 348.45                                                 |
| 15.                                                                              | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER       | \$                                                        |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|                                                                                |                                                                                                                                                                                            |                                                              |
|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| <b>The Instruction Guide explains how to complete this form.</b>               |                                                                                                                                                                                            | <b>1</b> Total pages Schedule A1:<br>Sch: 1/1 Rpt: 4/5       |
| <b>2</b> FILER NAME<br>Boma Advocacy Committee - Political Action Committee    |                                                                                                                                                                                            | <b>3</b> Filer ID (Ethics Commission Filers)<br>00053156     |
| <b>4</b> Date<br>08/22/2025                                                    | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Lee, Alex<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Austin, TX 78720 | <b>7</b> Amount of Contribution (\$)<br><br>\$200.00         |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Branch Manager |                                                                                                                                                                                            | <b>9</b> Employer (See Instructions)<br>Clean Scapes Houston |

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

|                                                                                         |                                                                                             |                                                                                                                                       |
|-----------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|
| 1 Total pages Schedule I:<br>Sch: 1/1 Rpt: 5/5                                          | 2 FILER NAME<br>Boma Advocacy Committee - Political Action Committee                        | 3 Filer ID (Ethics Commission Filers)<br>00053156                                                                                     |
| 4 Date<br>07/28/2025                                                                    | 5 Payee name<br>American Express                                                            |                                                                                                                                       |
| 6 Amount (\$)<br><br>78.91<br><input type="checkbox"/> Expenditure from corporate funds | 7 Payee Address; City; State; Zip<br>PO Box 6031<br><br>Carol Stream, IL 60197-6031         |                                                                                                                                       |
| 8 PURPOSE OF EXPENDITURE                                                                | (a) Category (See instructions for examples of acceptable categories)<br>Accounting/Banking | (b) Description (See instructions regarding type of information required.)<br>Intuit monthly fee                                      |
| Date<br>08/07/2025                                                                      | Payee name<br>Houston BOMA                                                                  |                                                                                                                                       |
| Amount (\$)<br><br>269.54<br><input type="checkbox"/> Expenditure from corporate funds  | Payee Address; City; State; Zip<br>24 Greenway Plaza<br>Suite 450<br>Houston, TX 77046      |                                                                                                                                       |
| PURPOSE OF EXPENDITURE                                                                  | (a) Category (See instructions for examples of acceptable categories)<br>Event Expense      | (b) Description (See instructions regarding type of information required.)<br>Misc Gift giveaway expense for Sporting Clay tournament |