

# 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>00015715 |  | 2 Total pages filed:<br>44                                                                                                                                            |  |
| 3 COMMITTEE NAME<br>HOMEPAC of the Texas Assn. of Builders     |                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                      |  | OFFICE USE ONLY<br>Date Received<br>ELECTRONICALLY FILED<br>10/31/2025<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>313 E. 12th St., Suite 210<br><br>Austin, TX 78701                                                                                                                                                                                                                                                                                                                                    |                                                      |  |                                                                                                                                                                       |  |
| 5 CAMPAIGN TREASURER NAME                                      | MS / MRS / MR FIRST MI<br>Mr. Michael Scott<br><br>NICKNAME LAST SUFFIX<br>Norman Jr.                                                                                                                                                                                                                                                                                                                                                      |                                                      |  |                                                                                                                                                                       |  |
| 6 CAMPAIGN TREASURER STREET ADDRESS<br>(Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br>313 E. 12th St., Ste. 210<br><br>Austin, TX 78701                                                                                                                                                                                                                                                                                                               |                                                      |  |                                                                                                                                                                       |  |
| 7 CAMPAIGN TREASURER MAILING ADDRESS                           | STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br>313 E. 12th St., Ste. 210<br><br>Austin, TX 78701                                                                                                                                                                                                                                                                                                                        |                                                      |  |                                                                                                                                                                       |  |
| 8 CAMPAIGN TREASURER PHONE                                     | AREA CODE PHONE NUMBER EXTENSION<br>(512) 476-6346                                                                                                                                                                                                                                                                                                                                                                                         |                                                      |  |                                                                                                                                                                       |  |
| 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 checked="" type="checkbox"/> November 5<br><input type="checkbox"/> March 5 <input type="checkbox"/> June 5 <input type="checkbox"/> September 5 <input type="checkbox"/> December 5 |                                                      |  |                                                                                                                                                                       |  |
| 11 PERIOD COVERED                                              | Month Day Year    THROUGH    Month Day Year<br>09/26/2025    10/25/2025                                                                                                                                                                                                                                                                                                                                                                    |                                                      |  |                                                                                                                                                                       |  |

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# MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC  
COVER SHEET PG 2

|                                                                     |                                                           |
|---------------------------------------------------------------------|-----------------------------------------------------------|
| <b>12 COMMITTEE NAME</b><br>HOMEPAAC of the Texas Assn. of Builders | <b>13 Filer ID</b> (Ethics Commission Filers)<br>00015715 |
|---------------------------------------------------------------------|-----------------------------------------------------------|

|                                                                                                         |                                                                                              |                                                  |
|---------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|--------------------------------------------------|
| <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<br><br>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.) | The Honorable Tom Oliverson State Representative |

|                               |                                                                                                                                                                                                                                                   |               |
|-------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| <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)                                                                                                                                                    | \$ 27,253.82  |
| EXPENDITURE TOTALS            | <b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>                                                                                                                                                                                                 | \$ 0.00       |
|                               | <b>4. TOTAL POLITICAL EXPENDITURES</b>                                                                                                                                                                                                            | \$ 51,750.00  |
| CONTRIBUTION BALANCE          | <b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>                                                                                                                                                     | \$ 303,120.46 |
| OUTSTANDING LOAN TOTALS       | <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. Michael Scott Norman Jr.  
 \_\_\_\_\_  
 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

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|---------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| <b>12 COMMITTEE NAME</b><br>HOMEPAC of the Texas Assn. of Builders                                      |                                                                                                      | <b>13 Filer ID</b> (Ethics Commission Filers)<br>00015715                        |
| <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.)         | The Honorable Charles Perry State Senator                                        |
|                                                                                                         | <b>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.) |
| 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.)            |                                                                                                      | The Honorable Dennis Paul State Representative                                   |
| <b>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.) |
|                                                                                                         | 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.)         | The Honorable Phil King State Senator                                            |

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|---------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| <b>12 COMMITTEE NAME</b><br>HOMEPAC of the Texas Assn. of Builders                                      |                                                                                                      | <b>13 Filer ID</b> (Ethics Commission Filers)<br>00015715                        |
| <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.)         | The Honorable Mitch Little State Representative                                  |
|                                                                                                         | <b>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.) |
| 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.)            |                                                                                                      | The Honorable Jared Patterson State Representative                               |
| <b>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.) |
|                                                                                                         | 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.)         | The Honorable Mihaela Plesa State Representative                                 |

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| <b>12 COMMITTEE NAME</b><br>HOMEPAC of the Texas Assn. of Builders                                      |                                                                                                      | <b>13 Filer ID</b> (Ethics Commission Filers)<br>00015715                        |
| <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.)         | The Honorable David Cook State Representative                                    |
|                                                                                                         | <b>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.) |
| 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.)            |                                                                                                      | The Honorable Keresa Richardson State Representative                             |
| <b>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.) |
|                                                                                                         | 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.)         | The Honorable Kelly Hancock Comptroller                                          |

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| <b>12 COMMITTEE NAME</b><br>HOMEPAC of the Texas Assn. of Builders                                      |                                                                                                      | <b>13 Filer ID</b> (Ethics Commission Filers)<br>00015715                        |
| <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.)         | The Honorable Charlene Ward Johnson State Representative                         |
|                                                                                                         | <b>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.) |
| 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.)            |                                                                                                      | The Honorable Angie Chen Button State Representative                             |
| <b>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.) |
|                                                                                                         | 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.)         | The Honorable Cassandra Hernandez State Representative                           |

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| <b>12 COMMITTEE NAME</b><br>HOMEPAC of the Texas Assn. of Builders                                      |                                                                                                      | <b>13 Filer ID</b> (Ethics Commission Filers)<br>00015715                        |
| <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.)         | The Honorable Charles Schwertner State Senator                                   |
|                                                                                                         | <b>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.) |
| 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.)            |                                                                                                      | The Honorable Joan Huffman State Senator                                         |
| <b>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.) |
|                                                                                                         | 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.)         | The Honorable Donna Campbell State Senator                                       |

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| <b>12 COMMITTEE NAME</b><br>HOMEPAC of the Texas Assn. of Builders |  | <b>13 Filer ID</b> (Ethics Commission Filers)<br>00015715 |
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|                                                                                                         |                                                                                              |                                                |
|---------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|------------------------------------------------|
| <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.) | The Honorable Aicha Davis State Representative |

  

|                                                                                                      |                                                                                              |                                                  |
|------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|--------------------------------------------------|
| <b>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.) | The Honorable Claudia Ordaz State Representative |

  

|                                                                                                      |                                                                                              |                                                   |
|------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|---------------------------------------------------|
| <b>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.) | The Honorable Salman Bhojani State Representative |

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| <b>12 COMMITTEE NAME</b><br>HOMEPAC of the Texas Assn. of Builders                                      |                                                                                                      | <b>13 Filer ID</b> (Ethics Commission Filers)<br>00015715                        |
| <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.)         | The Honorable Royce West State Senator                                           |
|                                                                                                         | <b>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.) |
| 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.)            |                                                                                                      | The Honorable Nathan Johnson State Senator                                       |
| <b>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.) |
|                                                                                                         | 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.)         | The Honorable Angela Paxton State Senator                                        |

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| <b>12 COMMITTEE NAME</b><br>HOMEPAAC of the Texas Assn. of Builders                                     |                                                                                                      | <b>13 Filer ID</b> (Ethics Commission Filers)<br>00015715                        |
| <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.)         | The Honorable Brent Hagenbuch State Senator                                      |
|                                                                                                         | <b>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.) |
| 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.)            |                                                                                                      | The Honorable Adam Hinojosa State Senator                                        |
| <b>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.) |
|                                                                                                         | 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.)         | The Honorable Bob Hall State Senator                                             |

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| <b>12 COMMITTEE NAME</b><br>HOMEPAC of the Texas Assn. of Builders                                      |                                                                                                      | <b>13 Filer ID</b> (Ethics Commission Filers)<br>00015715                        |
| <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.)         | The Honorable Bryan Hughes State Senator                                         |
|                                                                                                         | <b>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.) |
| 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.)            |                                                                                                      | The Honorable Todd Hunter State Representative                                   |
| <b>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.) |
|                                                                                                         | 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.)         | The Honorable Dustin Burrows State Representative                                |

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| <b>12 COMMITTEE NAME</b><br>HOMEPAC of the Texas Assn. of Builders                                      |                                                                                                      | <b>13 Filer ID</b> (Ethics Commission Filers)<br>00015715                        |
| <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.)         | The Honorable Jay Dean State Representative                                      |
|                                                                                                         | <b>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.) |
| 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.)            |                                                                                                      | The Honorable Cole Hefner State Representative                                   |
| <b>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.) |
|                                                                                                         | 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.)         | The Honorable Jeff Leach State Representative                                    |

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| <b>12 COMMITTEE NAME</b><br>HOMEPAC of the Texas Assn. of Builders                                      |                                                                                                      | <b>13 Filer ID</b> (Ethics Commission Filers)<br>00015715                        |
| <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.)         | The Honorable Janie Lopez State Representative                                   |
|                                                                                                         | <b>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.) |
| 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.)            |                                                                                                      | The Honorable John McQueeney State Representative                                |
| <b>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.) |
|                                                                                                         | 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.)         | The Honorable Morgan Meyer State Representative                                  |

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|---------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| <b>12 COMMITTEE NAME</b><br>HOMEPAAC of the Texas Assn. of Builders                                     |                                                                                                      | <b>13 Filer ID</b> (Ethics Commission Filers)<br>00015715                        |
| <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.)         | The Honorable Candy Noble State Representative                                   |
|                                                                                                         | <b>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.) |
| 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.)            |                                                                                                      | The Honorable Angela Orr State Representative                                    |
| <b>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.) |
|                                                                                                         | 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.)         | The Honorable Matt Shaheen State Representative                                  |

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|---------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| <b>12 COMMITTEE NAME</b><br>HOMEPAAC of the Texas Assn. of Builders                                     |                                                                                                      | <b>13 Filer ID</b> (Ethics Commission Filers)<br>00015715                        |
| <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.)         | The Honorable Tan Parker State Senator                                           |
|                                                                                                         | <b>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.) |
| 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.)            |                                                                                                      | The Honorable Richard Hayes State Representative                                 |
| <b>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.) |
|                                                                                                         | 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.)         | The Honorable Ben Bumgarner State Representative                                 |

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|---------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| <b>12 COMMITTEE NAME</b><br>HOME PAC of the Texas Assn. of Builders                                     |                                                                                                      | <b>13 Filer ID</b> (Ethics Commission Filers)<br>00015715                        |
| <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.)         | The Honorable Ron Reynolds State Representative                                  |
|                                                                                                         | <b>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.) |
| 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.)            |                                                                                                      | The Honorable Christian Manuel State Representative                              |
| <b>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.) |
|                                                                                                         | 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.)         | The Honorable Vince Perez State Representative                                   |

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|---------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| <b>12 COMMITTEE NAME</b><br>HOMEPAAC of the Texas Assn. of Builders                                     |                                                                                                      | <b>13 Filer ID</b> (Ethics Commission Filers)<br>00015715                        |
| <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.)         | The Honorable Josey Garcia State Representative                                  |
|                                                                                                         | <b>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.) |
| 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.)            |                                                                                                      | The Honorable Rhetta Bowers State Representative                                 |
| <b>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.) |
|                                                                                                         | 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.)         | The Honorable Drew Darby State Representative                                    |

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|---------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|-----------------------------------------------------------|--|
| <b>12 COMMITTEE NAME</b><br>HOME PAC of the Texas Assn. of Builders                                     |                                                                                              | <b>13 Filer ID</b> (Ethics Commission Filers)<br>00015715 |  |
| <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.) | The Honorable Caroline Fairly State Representative        |  |

**SUBTOTALS - MPAC****FORM MPAC**  
**COVER SHEET PG 3**  
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|                                                                     |                                                                                                                   |                                                           |
|---------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|
| <b>17 COMMITTEE NAME</b><br>HOME PAC of the Texas Assn. of Builders |                                                                                                                   | <b>18 Filer ID</b> (Ethics Commission Filers)<br>00015715 |
| <b>19 SCHEDULE SUBTOTALS</b><br>NAME OF SCHEDULE                    |                                                                                                                   | SUBTOTAL AMOUNT                                           |
| 1.                                                                  | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                 | \$ 22,080.00                                              |
| 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 checked="" type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION          | \$ 173.82                                                 |
| 7.                                                                  | <input checked="" type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION      | \$ 5,000.00                                               |
| 8.                                                                  | <input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION                 | \$                                                        |
| 9.                                                                  | <input type="checkbox"/> SCHEDULE E: LOANS                                                                        | \$                                                        |
| 10.                                                                 | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS              | \$ 51,750.00                                              |
| 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 type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS                      | \$                                                        |
| 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: 1/7 Rpt: 20/44        |
| <b>2</b> FILER NAME<br>HOMEPAC of the Texas Assn. of Builders         |                                                                                                                                                                                                    | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015715        |
| <b>4</b> Date<br>10/16/2025                                           | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Acree, Tiffany (Ms.)<br><b>6</b> Contributor address; City; State; Zip Code<br><br>Arlington, TX 76017 | <b>7</b> Amount of Contribution (\$)<br><br>\$125.00            |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Sales |                                                                                                                                                                                                    | <b>9</b> Employer (See Instructions)<br>StrucSure Home Warranty |
| Date<br>10/22/2025                                                    | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Alonso, David (Mr.)<br>Contributor address; City; State; Zip Code<br><br>Lubbock, TX 79424-7546                 | Amount of Contribution (\$)<br><br>\$200.00                     |
| Principal occupation / Job title (See Instructions)<br>Owner          |                                                                                                                                                                                                    | Employer (See Instructions)<br>D & D Concrete                   |
| Date<br>10/03/2025                                                    | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Aschmann, Adam (Mr.)<br>Contributor address; City; State; Zip Code<br><br>Houston, TX 77007                     | Amount of Contribution (\$)<br><br>\$375.00                     |
| Principal occupation / Job title (See Instructions)<br>Builder        |                                                                                                                                                                                                    | Employer (See Instructions)<br>Tilson Home Corp                 |
| Date<br>10/03/2025                                                    | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Atmos Energy Corporation PAC<br>Contributor address; City; State; Zip Code<br><br>Dallas, TX 75240              | Amount of Contribution (\$)<br><br>\$600.00                     |
| Principal occupation / Job title (See Instructions)                   |                                                                                                                                                                                                    | Employer (See Instructions)                                     |
| Date<br>10/07/2025                                                    | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Bowling, Bobby (Mr.)<br>Contributor address; City; State; Zip Code<br><br>El Paso, TX 79924                     | Amount of Contribution (\$)<br><br>\$5,000.00                   |
| Principal occupation / Job title (See Instructions)<br>Builder        |                                                                                                                                                                                                    | Employer (See Instructions)<br>Tropicana Building Corp          |

# 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: 2/7 Rpt: 21/44                 |
| <b>2</b> FILER NAME<br>HOMEPAC of the Texas Assn. of Builders         |                                                                                                                                                                                                 | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015715                 |
| <b>4</b> Date<br>10/14/2025                                           | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Butler, LuAnne (Ms.)<br><b>6</b> Contributor address; City; State; Zip Code<br><br>Hewitt, TX 76643 | <b>7</b> Amount of Contribution (\$)<br><br>\$250.00                     |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Owner |                                                                                                                                                                                                 | <b>9</b> Employer (See Instructions)<br>Woody Butler Homes               |
| Date<br>10/24/2025                                                    | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Carver, Cindy (Ms.)<br>Contributor address; City; State; Zip Code<br><br>Lubbock, TX 79424                   | Amount of Contribution (\$)<br><br>\$600.00                              |
| Principal occupation / Job title (See Instructions)<br>Banker         |                                                                                                                                                                                                 | Employer (See Instructions)<br>City Bank                                 |
| Date<br>10/23/2025                                                    | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Cooper, Ken (Mr.)<br>Contributor address; City; State; Zip Code<br><br>Waco, TX 76712-7671                   | Amount of Contribution (\$)<br><br>\$500.00                              |
| Principal occupation / Job title (See Instructions)<br>Builder        |                                                                                                                                                                                                 | Employer (See Instructions)<br>Cooper Custom Homes                       |
| Date<br>10/17/2025                                                    | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Cummings, Glen (Mr.)<br>Contributor address; City; State; Zip Code<br><br>Lubbock , TX 79424                 | Amount of Contribution (\$)<br><br>\$600.00                              |
| Principal occupation / Job title (See Instructions)<br>Manager        |                                                                                                                                                                                                 | Employer (See Instructions)<br>Overhead Door Company                     |
| Date<br>10/23/2025                                                    | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Dickson, David (Mr.)<br>Contributor address; City; State; Zip Code<br><br>Waco, TX 76701                     | Amount of Contribution (\$)<br><br>\$200.00                              |
| Principal occupation / Job title (See Instructions)<br>Owner          |                                                                                                                                                                                                 | Employer (See Instructions)<br>Beard Kultgen Brophy Bostwick Dickson LLP |

# 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: 3/7 Rpt: 22/44      |
| <b>2</b> FILER NAME<br>HOMEPAC of the Texas Assn. of Builders           |                                                                                                                                                                                                             | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015715      |
| <b>4</b> Date<br>10/06/2025                                             | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Dishberger, Michael (Mr.)<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Houston, TX 77007 | <b>7</b> Amount of Contribution (\$)<br><br>\$750.00          |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Builder |                                                                                                                                                                                                             | <b>9</b> Employer (See Instructions)<br>Sandcastle Homes, Inc |
| Date<br>10/03/2025                                                      | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Drozd, Victor (Mr.)<br><hr/> Contributor address; City; State; Zip Code<br><br>Bryan, TX 77802                           | Amount of Contribution (\$)<br><br>\$375.00                   |
| Principal occupation / Job title (See Instructions)<br>Builder          |                                                                                                                                                                                                             | Employer (See Instructions)<br>2D Homes                       |
| Date<br>10/23/2025                                                      | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Dulock, Penny (Ms.)<br><hr/> Contributor address; City; State; Zip Code<br><br>Waco, TX 76703                            | Amount of Contribution (\$)<br><br>\$100.00                   |
| Principal occupation / Job title (See Instructions)<br>Sales            |                                                                                                                                                                                                             | Employer (See Instructions)<br>First Title of Waco, LLC       |
| Date<br>10/14/2025                                                      | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Garcia, Jose (Mr.)<br><hr/> Contributor address; City; State; Zip Code<br><br>Wichita Falls, TX 76307                    | Amount of Contribution (\$)<br><br>\$250.00                   |
| Principal occupation / Job title (See Instructions)<br>Builder          |                                                                                                                                                                                                             | Employer (See Instructions)<br>Garnel Construction Company    |
| Date<br>10/24/2025                                                      | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Jackson, Tim (Mr.)<br><hr/> Contributor address; City; State; Zip Code<br><br>Allen, TX 75013                            | Amount of Contribution (\$)<br><br>\$1,250.00                 |
| Principal occupation / Job title (See Instructions)<br>Builder          |                                                                                                                                                                                                             | Employer (See Instructions)<br>Tim Jackson Custom Homes, Inc  |

# 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: 4/7 Rpt: 23/44 |
| <b>2</b> FILER NAME<br>HOMEPAC of the Texas Assn. of Builders           |                                                                                                                                                                                                       | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015715 |
| <b>4</b> Date<br>10/20/2025                                             | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Jordan, James (Mr.)<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Lubbock, TX 79424 | <b>7</b> Amount of Contribution (\$)<br><br>\$600.00     |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Builder |                                                                                                                                                                                                       | <b>9</b> Employer (See Instructions)<br>Addison Homes    |
| Date<br>10/10/2025                                                      | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Lust, Cameron (Mr.)<br><hr/> Contributor address; City; State; Zip Code<br><br>Lubbock, TX 79424                   | Amount of Contribution (\$)<br><br>\$600.00              |
| Principal occupation / Job title (See Instructions)<br>VP               |                                                                                                                                                                                                       | Employer (See Instructions)<br>First United Bank         |
| Date<br>10/23/2025                                                      | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Martin, Brett (Mr.)<br><hr/> Contributor address; City; State; Zip Code<br><br>Houston, TX 77007                   | Amount of Contribution (\$)<br><br>\$2,500.00            |
| Principal occupation / Job title (See Instructions)<br>CPA              |                                                                                                                                                                                                       | Employer (See Instructions)<br>Tilson Home Corp          |
| Date<br>10/10/2025                                                      | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Mikeska, Brendon (Mr.)<br><hr/> Contributor address; City; State; Zip Code<br><br>Lubbock, TX 79424                | Amount of Contribution (\$)<br><br>\$600.00              |
| Principal occupation / Job title (See Instructions)<br>Builder          |                                                                                                                                                                                                       | Employer (See Instructions)<br>Mikeska Made, LLC         |
| Date<br>10/10/2025                                                      | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Neel, Eric (Mr.)<br><hr/> Contributor address; City; State; Zip Code<br><br>Grapevine, TX 76051                    | Amount of Contribution (\$)<br><br>\$1,000.00            |
| Principal occupation / Job title (See Instructions)<br>Sales            |                                                                                                                                                                                                       | Employer (See Instructions)<br>The Jarrell Company       |

# 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: 5/7 Rpt: 24/44              |
| <b>2</b> FILER NAME<br>HOMEPAC of the Texas Assn. of Builders       |                                                                                                                                                                                                      | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015715              |
| <b>4</b> Date<br>10/24/2025                                         | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Norman, Scott (Mr.)<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Austin, TX 78701 | <b>7</b> Amount of Contribution (\$)<br><br>\$750.00                  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>CEO |                                                                                                                                                                                                      | <b>9</b> Employer (See Instructions)<br>Texas Association of Builders |
| Date<br>10/23/2025                                                  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Patterson, Jim (Mr.)<br><hr/> Contributor address; City; State; Zip Code<br><br>Lorena, TX 76655                  | Amount of Contribution (\$)<br><br>\$755.00                           |
| Principal occupation / Job title (See Instructions)<br>Builder      |                                                                                                                                                                                                      | Employer (See Instructions)<br>Jim Patterson Construction             |
| Date<br>10/10/2025                                                  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Pendergrass, Griffyn<br><hr/> Contributor address; City; State; Zip Code<br><br>Lubbock, TX 79423                 | Amount of Contribution (\$)<br><br>\$600.00                           |
| Principal occupation / Job title (See Instructions)<br>Sales        |                                                                                                                                                                                                      | Employer (See Instructions)<br>Texas Tech Federal Credit Union        |
| Date<br>10/10/2025                                                  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Reynolds, Ryan (Mr.)<br><hr/> Contributor address; City; State; Zip Code<br><br>Lubbock, TX 79401                 | Amount of Contribution (\$)<br><br>\$600.00                           |
| Principal occupation / Job title (See Instructions)<br>President    |                                                                                                                                                                                                      | Employer (See Instructions)<br>Grimes Insurance                       |
| Date<br>10/24/2025                                                  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Rodriguez, James (Mr.)<br><hr/> Contributor address; City; State; Zip Code<br><br>Fort Worth, TX 76109            | Amount of Contribution (\$)<br><br>\$375.00                           |
| Principal occupation / Job title (See Instructions)<br>Owner        |                                                                                                                                                                                                      | Employer (See Instructions)<br>Fox Energy Specialists                 |

# 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: 6/7 Rpt: 25/44       |
| <b>2</b> FILER NAME<br>HOMEPAC of the Texas Assn. of Builders           |                                                                                                                                                                                                    | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015715       |
| <b>4</b> Date<br>10/03/2025                                             | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Schmid, Shad (Mr.)<br><b>6</b> Contributor address; City; State; Zip Code<br><br>San Antonio, TX 77256 | <b>7</b> Amount of Contribution (\$)<br><br>\$250.00           |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Builder |                                                                                                                                                                                                    | <b>9</b> Employer (See Instructions)<br>Armadillo Homes        |
| Date<br>10/03/2025                                                      | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Self, Scott (Mr.)<br>Contributor address; City; State; Zip Code<br><br>Lubbock, TX 79424                        | Amount of Contribution (\$)<br><br>\$600.00                    |
| Principal occupation / Job title (See Instructions)<br>Owner            |                                                                                                                                                                                                    | Employer (See Instructions)<br>Elite Homes                     |
| Date<br>10/17/2025                                                      | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Vance, Matt (Mr.)<br>Contributor address; City; State; Zip Code<br><br>Wolfforth, TX 79382                      | Amount of Contribution (\$)<br><br>\$600.00                    |
| Principal occupation / Job title (See Instructions)<br>Owner            |                                                                                                                                                                                                    | Employer (See Instructions)<br>Matt Vance Homes                |
| Date<br>10/22/2025                                                      | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Venable, Bud (Mr.)<br>Contributor address; City; State; Zip Code<br><br>Lubbock, TX 79407                       | Amount of Contribution (\$)<br><br>\$100.00                    |
| Principal occupation / Job title (See Instructions)<br>Sales            |                                                                                                                                                                                                    | Employer (See Instructions)<br>A & J Blinds, Shutters & Shades |
| Date<br>10/14/2025                                                      | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Ware, Wayne (Mr.)<br>Contributor address; City; State; Zip Code<br><br>Lubbock, TX 79363                        | Amount of Contribution (\$)<br><br>\$600.00                    |
| Principal occupation / Job title (See Instructions)<br>Sales            |                                                                                                                                                                                                    | Employer (See Instructions)<br>Overhead Door Co. of Lubbock    |

# 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: 7/7 Rpt: 26/44        |
| <b>2</b> FILER NAME<br>HOMEPAC of the Texas Assn. of Builders                                   |                                                                                                                                                                                                                | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015715        |
| <b>4</b> Date<br>10/01/2025                                                                     | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Whisenant, Scott (Mr.)<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>New Braunfels, TX 78130 | <b>7</b> Amount of Contribution (\$)<br><br>\$375.00            |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>VP of Sales and Risk Management |                                                                                                                                                                                                                | <b>9</b> Employer (See Instructions)<br>StrucSure Home Warranty |

# MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE **C3**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule C3:  
Sch: 1/1 Rpt: 27/44

2 FILER NAME  
HOMEPAC of the Texas Assn. of Builders

3 Filer ID (Ethics Commission Filers)  
00015715

4 Date  
10/10/2025

5 Corporation / Labor Organization name  
Texas Association of Builders

6 Amount (\$)  
173.82

# NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE **C4**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule C4:  
Sch: 1/1 Rpt: 28/44

2 FILER NAME

HOME PAC of the Texas Assn. of Builders

3 Filer ID (Ethics Commission Filers)  
00015715

4 Date

10/25/2025

5 Corporation / Labor Organization name

Texas Association of Builders

6 Amount (\$)

5,000.00

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

|                                                                                                   |                                                                                                                                                          |                                                                                                                                                                                                                 |
|---------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b> Total pages Schedule F1:<br>Sch: 1/16 Rpt: 29/44                                         | <b>2</b> FILER NAME<br>HOMEPAC of the Texas Assn. of Builders                                                                                            | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015715                                                                                                                                                        |
| <b>4</b> Date<br>10/10/2025                                                                       | <b>5</b> Payee name<br>Bhojani, Salman (The Honorable)                                                                                                   |                                                                                                                                                                                                                 |
| <b>6</b> Amount (\$)<br>\$250.00<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>P.O. Box 392<br><br>Euless, TX 76039                                                                    |                                                                                                                                                                                                                 |
| <b>8</b> PURPOSE OF EXPENDITURE                                                                   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Contribution |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH                               | Candidate/Officeholder name                                                                                                                              | Office sought Office held                                                                                                                                                                                       |
| Date<br>10/10/2025                                                                                | Payee name<br>Bowers, Rhetta (The Honorable)                                                                                                             |                                                                                                                                                                                                                 |
| Amount (\$)<br>\$250.00<br><br><input type="checkbox"/> Expenditure from corporate funds          | Payee address; City; State; Zip Code<br>3526 Lakeview Parkway<br>Ste. B 211<br>Rowlett, TX 75088                                                         |                                                                                                                                                                                                                 |
| PURPOSE OF EXPENDITURE                                                                            | (a) Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee        | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Contribution        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                        | Candidate/Officeholder name                                                                                                                              | Office sought Office held                                                                                                                                                                                       |
| Date<br>10/10/2025                                                                                | Payee name<br>Bumgarner, Ben (The Honorable)                                                                                                             |                                                                                                                                                                                                                 |
| Amount (\$)<br>\$500.00<br><br><input type="checkbox"/> Expenditure from corporate funds          | Payee address; City; State; Zip Code<br>5150 Kensington Ct.<br><br>Flower Mound, TX 75022                                                                |                                                                                                                                                                                                                 |
| PURPOSE OF EXPENDITURE                                                                            | (a) Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee        | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Contribution        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                        | Candidate/Officeholder name                                                                                                                              | Office sought Office held                                                                                                                                                                                       |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

|                                                                                                     |                                                                                                                                                          |                                                                                                                                                                                                                 |
|-----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b> Total pages Schedule F1:<br>Sch: 2/16 Rpt: 30/44                                           | <b>2</b> FILER NAME<br>HOMEPAC of the Texas Assn. of Builders                                                                                            | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015715                                                                                                                                                        |
| <b>4</b> Date<br>10/10/2025                                                                         | <b>5</b> Payee name<br>Burrows, Dustin (The Honorable)                                                                                                   |                                                                                                                                                                                                                 |
| <b>6</b> Amount (\$)<br>\$5,000.00<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>10507 Quaker Ave.<br>Ste. 103<br>Lubbock, TX 79424                                                      |                                                                                                                                                                                                                 |
| <b>8</b> PURPOSE OF EXPENDITURE                                                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Contribution |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                 | Candidate/Officeholder name                                                                                                                              | Office sought Office held                                                                                                                                                                                       |
| Date<br>10/10/2025                                                                                  | Payee name<br>Button, Angie Chen (The Honorable)                                                                                                         |                                                                                                                                                                                                                 |
| Amount (\$)<br>\$2,000.00<br><br><input type="checkbox"/> Expenditure from corporate funds          | Payee address; City; State; Zip Code<br>PO Box 832748<br><br>Richardson, TX 75083                                                                        |                                                                                                                                                                                                                 |
| PURPOSE OF EXPENDITURE                                                                              | (a) Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee        | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Contribution        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                          | Candidate/Officeholder name                                                                                                                              | Office sought Office held                                                                                                                                                                                       |
| Date<br>10/10/2025                                                                                  | Payee name<br>Campbell, Donna (The Honorable)                                                                                                            |                                                                                                                                                                                                                 |
| Amount (\$)<br>\$1,000.00<br><br><input type="checkbox"/> Expenditure from corporate funds          | Payee address; City; State; Zip Code<br>P.O. Box 171002<br><br>San Antonio, TX 78217                                                                     |                                                                                                                                                                                                                 |
| PURPOSE OF EXPENDITURE                                                                              | (a) Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee        | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Contribution        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                          | Candidate/Officeholder name                                                                                                                              | Office sought Office held                                                                                                                                                                                       |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

|                                                                                                     |                                                                                                                                                          |                                                                                                                                                                                                                 |
|-----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b> Total pages Schedule F1:<br>Sch: 3/16 Rpt: 31/44                                           | <b>2</b> FILER NAME<br>HOMEPAC of the Texas Assn. of Builders                                                                                            | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015715                                                                                                                                                        |
| <b>4</b> Date<br>10/09/2025                                                                         | <b>5</b> Payee name<br>Cook, David (The Honorable)                                                                                                       |                                                                                                                                                                                                                 |
| <b>6</b> Amount (\$)<br>\$1,000.00<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>309 E. Broad St.<br><br>Mansfield, TX 76063                                                             |                                                                                                                                                                                                                 |
| <b>8</b> PURPOSE OF EXPENDITURE                                                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Contribution |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                 | Candidate/Officeholder name                                                                                                                              | Office sought Office held                                                                                                                                                                                       |
| Date<br>10/15/2025                                                                                  | Payee name<br>Darby, Drew (The Honorable)                                                                                                                |                                                                                                                                                                                                                 |
| Amount (\$)<br>\$2,000.00<br><br><input type="checkbox"/> Expenditure from corporate funds          | Payee address; City; State; Zip Code<br>PO Box 3284<br><br>San Angelo, TX 76902                                                                          |                                                                                                                                                                                                                 |
| PURPOSE OF EXPENDITURE                                                                              | (a) Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee        | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Contribution        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                          | Candidate/Officeholder name                                                                                                                              | Office sought Office held                                                                                                                                                                                       |
| Date<br>10/10/2025                                                                                  | Payee name<br>Davis, Aicha (The Honorable)                                                                                                               |                                                                                                                                                                                                                 |
| Amount (\$)<br>\$250.00<br><br><input type="checkbox"/> Expenditure from corporate funds            | Payee address; City; State; Zip Code<br>608 Tata Dr.<br><br>DeSoto, TX 75115                                                                             |                                                                                                                                                                                                                 |
| PURPOSE OF EXPENDITURE                                                                              | (a) Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee        | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Contribution        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                          | Candidate/Officeholder name                                                                                                                              | Office sought Office held                                                                                                                                                                                       |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

|                                                                                                   |                                                                                                                                                          |                                                                                                                                                                                                                 |
|---------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b> Total pages Schedule F1:<br>Sch: 4/16 Rpt: 32/44                                         | <b>2</b> FILER NAME<br>HOMEPAC of the Texas Assn. of Builders                                                                                            | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015715                                                                                                                                                        |
| <b>4</b> Date<br>10/10/2025                                                                       | <b>5</b> Payee name<br>Dean, Jay (The Honorable)                                                                                                         |                                                                                                                                                                                                                 |
| <b>6</b> Amount (\$)<br>\$500.00<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>3822 Holly Ridge Drive<br><br>Longview, TX 75605                                                        |                                                                                                                                                                                                                 |
| <b>8</b> PURPOSE OF EXPENDITURE                                                                   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Contribution |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH                               | Candidate/Officeholder name                                                                                                                              | Office sought Office held                                                                                                                                                                                       |
| Date<br>10/15/2025                                                                                | Payee name<br>Fairly, Caroline (The Honorable)                                                                                                           |                                                                                                                                                                                                                 |
| Amount (\$)<br>\$500.00<br><br><input type="checkbox"/> Expenditure from corporate funds          | Payee address; City; State; Zip Code<br>P.O. Box 2848<br><br>Amarillo, TX 79105                                                                          |                                                                                                                                                                                                                 |
| PURPOSE OF EXPENDITURE                                                                            | (a) Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee        | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Contribution        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                        | Candidate/Officeholder name                                                                                                                              | Office sought Office held                                                                                                                                                                                       |
| Date<br>10/10/2025                                                                                | Payee name<br>Garcia, Josey (The Honorable)                                                                                                              |                                                                                                                                                                                                                 |
| Amount (\$)<br>\$250.00<br><br><input type="checkbox"/> Expenditure from corporate funds          | Payee address; City; State; Zip Code<br>110 E. Houston Street<br>7th Floor, Box 176<br>San Antonio, TX 78205                                             |                                                                                                                                                                                                                 |
| PURPOSE OF EXPENDITURE                                                                            | (a) Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee        | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Contribution        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                        | Candidate/Officeholder name                                                                                                                              | Office sought Office held                                                                                                                                                                                       |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

|                                                                                                     |                                                                                                                                                          |                                                                                                                                                                                                                 |
|-----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b> Total pages Schedule F1:<br>Sch: 5/16 Rpt: 33/44                                           | <b>2</b> FILER NAME<br>HOMEPAC of the Texas Assn. of Builders                                                                                            | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015715                                                                                                                                                        |
| <b>4</b> Date<br>10/10/2025                                                                         | <b>5</b> Payee name<br>Hagenbuch, Brent (The Honorable)                                                                                                  |                                                                                                                                                                                                                 |
| <b>6</b> Amount (\$)<br>\$1,000.00<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>2800 Shoreline Dr #310<br><br>Denton, TX 76210                                                          |                                                                                                                                                                                                                 |
| <b>8</b> PURPOSE OF EXPENDITURE                                                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Contribution |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                 | Candidate/Officeholder name                                                                                                                              | Office sought Office held                                                                                                                                                                                       |
| Date<br>10/10/2025                                                                                  | Payee name<br>Hall, Bob (The Honorable)                                                                                                                  |                                                                                                                                                                                                                 |
| Amount (\$)<br>\$1,000.00<br><br><input type="checkbox"/> Expenditure from corporate funds          | Payee address; City; State; Zip Code<br>P.O. Box 513<br><br>Canton, TX 75103                                                                             |                                                                                                                                                                                                                 |
| PURPOSE OF EXPENDITURE                                                                              | (a) Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee        | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Contribution        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                          | Candidate/Officeholder name                                                                                                                              | Office sought Office held                                                                                                                                                                                       |
| Date<br>10/10/2025                                                                                  | Payee name<br>Hancock, Kelly (The Honorable)                                                                                                             |                                                                                                                                                                                                                 |
| Amount (\$)<br>\$2,500.00<br><br><input type="checkbox"/> Expenditure from corporate funds          | Payee address; City; State; Zip Code<br>PO Box 821349<br><br>North Richland Hills, TX 76182                                                              |                                                                                                                                                                                                                 |
| PURPOSE OF EXPENDITURE                                                                              | (a) Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee        | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Contribution        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                          | Candidate/Officeholder name                                                                                                                              | Office sought Office held                                                                                                                                                                                       |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

|                                                                                                   |                                                                                                                                                          |                                                                                                                                                                                                                 |
|---------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b> Total pages Schedule F1:<br>Sch: 6/16 Rpt: 34/44                                         | <b>2</b> FILER NAME<br>HOMEPAC of the Texas Assn. of Builders                                                                                            | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015715                                                                                                                                                        |
| <b>4</b> Date<br>10/10/2025                                                                       | <b>5</b> Payee name<br>Hayes, Richard (The Honorable)                                                                                                    |                                                                                                                                                                                                                 |
| <b>6</b> Amount (\$)<br>\$500.00<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>P.O. Box 2818<br><br>Denton, TX 76202                                                                   |                                                                                                                                                                                                                 |
| <b>8</b> PURPOSE OF EXPENDITURE                                                                   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Contribution |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH                               | Candidate/Officeholder name                                                                                                                              | Office sought Office held                                                                                                                                                                                       |
| Date<br>10/10/2025                                                                                | Payee name<br>Hefner, Cole (The Honorable)                                                                                                               |                                                                                                                                                                                                                 |
| Amount (\$)<br>\$500.00<br><br><input type="checkbox"/> Expenditure from corporate funds          | Payee address; City; State; Zip Code<br>P.O. Box 167<br><br>Mount Pleasant, TX 75456                                                                     |                                                                                                                                                                                                                 |
| PURPOSE OF EXPENDITURE                                                                            | (a) Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee        | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Contribution        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                        | Candidate/Officeholder name                                                                                                                              | Office sought Office held                                                                                                                                                                                       |
| Date<br>10/10/2025                                                                                | Payee name<br>Hernandez, Cassandra (The Honorable)                                                                                                       |                                                                                                                                                                                                                 |
| Amount (\$)<br>\$500.00<br><br><input type="checkbox"/> Expenditure from corporate funds          | Payee address; City; State; Zip Code<br>P.O. Box 1289<br><br>Addison, TX 75001                                                                           |                                                                                                                                                                                                                 |
| PURPOSE OF EXPENDITURE                                                                            | (a) Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee        | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Contribution        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                        | Candidate/Officeholder name                                                                                                                              | Office sought Office held                                                                                                                                                                                       |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

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| <b>1</b> Total pages Schedule F1:<br>Sch: 7/16 Rpt: 35/44                                           | <b>2</b> FILER NAME<br>HOMEPAC of the Texas Assn. of Builders                                                                                            | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015715                                                                                                                                                        |
| <b>4</b> Date<br>10/10/2025                                                                         | <b>5</b> Payee name<br>Hinojosa, Adam (The Honorable)                                                                                                    |                                                                                                                                                                                                                 |
| <b>6</b> Amount (\$)<br>\$1,000.00<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>P.O. Box 18301<br><br>Corpus Christi, TX 78480                                                          |                                                                                                                                                                                                                 |
| <b>8</b> PURPOSE OF EXPENDITURE                                                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Contribution |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                 | Candidate/Officeholder name                                                                                                                              | Office sought Office held                                                                                                                                                                                       |
| Date<br>10/10/2025                                                                                  | Payee name<br>Huffman, Joan (The Honorable)                                                                                                              |                                                                                                                                                                                                                 |
| Amount (\$)<br>\$1,500.00<br><br><input type="checkbox"/> Expenditure from corporate funds          | Payee address; City; State; Zip Code<br>3375 Westpark Dr.<br>Suite 135<br>Houston, TX 77005                                                              |                                                                                                                                                                                                                 |
| PURPOSE OF EXPENDITURE                                                                              | (a) Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee        | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Contribution        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                          | Candidate/Officeholder name                                                                                                                              | Office sought Office held                                                                                                                                                                                       |
| Date<br>10/10/2025                                                                                  | Payee name<br>Hughes, Bryan (The Honorable)                                                                                                              |                                                                                                                                                                                                                 |
| Amount (\$)<br>\$2,500.00<br><br><input type="checkbox"/> Expenditure from corporate funds          | Payee address; City; State; Zip Code<br>6775 Old Jacksonville Highway, Suite 3<br><br>Tyler, TX 75703                                                    |                                                                                                                                                                                                                 |
| PURPOSE OF EXPENDITURE                                                                              | (a) Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee        | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Contribution        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                          | Candidate/Officeholder name                                                                                                                              | Office sought Office held                                                                                                                                                                                       |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

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| <b>1</b> Total pages Schedule F1:<br>Sch: 8/16 Rpt: 36/44                                           | <b>2</b> FILER NAME<br>HOMEPAC of the Texas Assn. of Builders                                                                                            | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015715                                                                                                                                                        |
| <b>4</b> Date<br>10/10/2025                                                                         | <b>5</b> Payee name<br>Hunter, Todd (The Honorable)                                                                                                      |                                                                                                                                                                                                                 |
| <b>6</b> Amount (\$)<br>\$2,000.00<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>445 Cape Henry Dr.<br><br>Corpus Christi , TX 78412                                                     |                                                                                                                                                                                                                 |
| <b>8</b> PURPOSE OF EXPENDITURE                                                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Contribution |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                 |                                                                                                                                                          |                                                                                                                                                                                                                 |
| Date<br>10/10/2025                                                                                  | Candidate/Officeholder name<br>Office sought<br>Office held                                                                                              |                                                                                                                                                                                                                 |
| Payee name<br>Johnson, Nathan (The Honorable)                                                       |                                                                                                                                                          |                                                                                                                                                                                                                 |
| Amount (\$)<br>\$1,000.00<br><br><input type="checkbox"/> Expenditure from corporate funds          | Payee address; City; State; Zip Code<br>8499 Greenville Ave.<br>Ste. 205<br>Dallas, TX 75231                                                             |                                                                                                                                                                                                                 |
| PURPOSE OF EXPENDITURE                                                                              | (a) Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee        | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Contribution        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                          |                                                                                                                                                          |                                                                                                                                                                                                                 |
| Date<br>10/08/2025                                                                                  | Candidate/Officeholder name<br>Office sought<br>Office held                                                                                              |                                                                                                                                                                                                                 |
| Payee name<br>King, Phil (The Honorable)                                                            |                                                                                                                                                          |                                                                                                                                                                                                                 |
| Amount (\$)<br>\$3,500.00<br><br><input type="checkbox"/> Expenditure from corporate funds          | Payee address; City; State; Zip Code<br>PO Box 1913<br><br>Weatherford, TX 76086                                                                         |                                                                                                                                                                                                                 |
| PURPOSE OF EXPENDITURE                                                                              | (a) Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee        | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Contribution        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                          |                                                                                                                                                          |                                                                                                                                                                                                                 |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

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| <b>1</b> Total pages Schedule F1:<br>Sch: 9/16 Rpt: 37/44                                           | <b>2</b> FILER NAME<br>HOMEPAC of the Texas Assn. of Builders                                                                                            | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015715                                                                                                                                                        |
| <b>4</b> Date<br>10/10/2025                                                                         | <b>5</b> Payee name<br>Leach, Jeff (The Honorable)                                                                                                       |                                                                                                                                                                                                                 |
| <b>6</b> Amount (\$)<br>\$2,000.00<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>PO Box 866186<br><br>Plano, TX 75086                                                                    |                                                                                                                                                                                                                 |
| <b>8</b> PURPOSE OF EXPENDITURE                                                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Contribution |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                 | Candidate/Officeholder name                                                                                                                              | Office sought Office held                                                                                                                                                                                       |
| Date<br>10/09/2025                                                                                  | Payee name<br>Little, Mitch (The Honorable)                                                                                                              |                                                                                                                                                                                                                 |
| Amount (\$)<br>\$500.00<br><br><input type="checkbox"/> Expenditure from corporate funds            | Payee address; City; State; Zip Code<br>1505 Elm St<br>Suite 1601<br>Dallas, TX 75201                                                                    |                                                                                                                                                                                                                 |
| PURPOSE OF EXPENDITURE                                                                              | (a) Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee        | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Contribution        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                          | Candidate/Officeholder name                                                                                                                              | Office sought Office held                                                                                                                                                                                       |
| Date<br>10/10/2025                                                                                  | Payee name<br>Lopez, Janie (The Honorable)                                                                                                               |                                                                                                                                                                                                                 |
| Amount (\$)<br>\$500.00<br><br><input type="checkbox"/> Expenditure from corporate funds            | Payee address; City; State; Zip Code<br>PO Box 2073<br><br>San Benito, TX 78586                                                                          |                                                                                                                                                                                                                 |
| PURPOSE OF EXPENDITURE                                                                              | (a) Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee        | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Contribution        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                          | Candidate/Officeholder name                                                                                                                              | Office sought Office held                                                                                                                                                                                       |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

|                                                                                                   |                                                                                                                                                          |                                                                                                                                                                                                                 |
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| <b>1</b> Total pages Schedule F1:<br>Sch: 10/16 Rpt: 38/44                                        | <b>2</b> FILER NAME<br>HOMEPAC of the Texas Assn. of Builders                                                                                            | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015715                                                                                                                                                        |
| <b>4</b> Date<br>10/10/2025                                                                       | <b>5</b> Payee name<br>Manuel, Christian (The Honorable)                                                                                                 |                                                                                                                                                                                                                 |
| <b>6</b> Amount (\$)<br>\$250.00<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>505 Orleans St.<br><br>Beaumont, TX 77701                                                               |                                                                                                                                                                                                                 |
| <b>8</b> PURPOSE OF EXPENDITURE                                                                   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Contribution |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH                               | Candidate/Officeholder name                                                                                                                              | Office sought Office held                                                                                                                                                                                       |
| Date<br>10/10/2025                                                                                | Payee name<br>McQueeney, John (The Honorable)                                                                                                            |                                                                                                                                                                                                                 |
| Amount (\$)<br>\$500.00<br><br><input type="checkbox"/> Expenditure from corporate funds          | Payee address; City; State; Zip Code<br>PO Box 100458<br><br>Fort Worth, TX 76185                                                                        |                                                                                                                                                                                                                 |
| PURPOSE OF EXPENDITURE                                                                            | (a) Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee        | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Contribution        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                        | Candidate/Officeholder name                                                                                                                              | Office sought Office held                                                                                                                                                                                       |
| Date<br>10/10/2025                                                                                | Payee name<br>Meyer, Morgan (The Honorable)                                                                                                              |                                                                                                                                                                                                                 |
| Amount (\$)<br>\$1,000.00<br><br><input type="checkbox"/> Expenditure from corporate funds        | Payee address; City; State; Zip Code<br>3838 Oak Lawn Avenue, Ste. 400<br><br>Dallas, TX 75219                                                           |                                                                                                                                                                                                                 |
| PURPOSE OF EXPENDITURE                                                                            | (a) Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee        | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Contribution        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                        | Candidate/Officeholder name                                                                                                                              | Office sought Office held                                                                                                                                                                                       |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

|                                                                                                     |                                                                                                                                                          |                                                                                                                                                                                                                 |
|-----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b> Total pages Schedule F1:<br>Sch: 11/16 Rpt: 39/44                                          | <b>2</b> FILER NAME<br>HOMEPAC of the Texas Assn. of Builders                                                                                            | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015715                                                                                                                                                        |
| <b>4</b> Date<br>10/10/2025                                                                         | <b>5</b> Payee name<br>Noble, Candy (The Honorable)                                                                                                      |                                                                                                                                                                                                                 |
| <b>6</b> Amount (\$)<br>\$1,000.00<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>1105 E Main Street, #223<br><br>Allen, TX 75002                                                         |                                                                                                                                                                                                                 |
| <b>8</b> PURPOSE OF EXPENDITURE                                                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Contribution |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                 |                                                                                                                                                          |                                                                                                                                                                                                                 |
| Date<br>09/29/2025                                                                                  | Candidate/Officeholder name<br>Oliverson, Tom (The Honorable)                                                                                            |                                                                                                                                                                                                                 |
| Amount (\$)<br>\$1,000.00<br><br><input type="checkbox"/> Expenditure from corporate funds          | Office sought<br>1 E. Greenway Plza., Ste. 225<br><br>Houston, TX 77046                                                                                  |                                                                                                                                                                                                                 |
| PURPOSE OF EXPENDITURE                                                                              | (a) Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee        | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Contribution        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                          |                                                                                                                                                          |                                                                                                                                                                                                                 |
| Date<br>10/10/2025                                                                                  | Candidate/Officeholder name<br>Ordaz, Claudia (The Honorable)                                                                                            |                                                                                                                                                                                                                 |
| Amount (\$)<br>\$500.00<br><br><input type="checkbox"/> Expenditure from corporate funds            | Office sought<br>PO Box 71738<br><br>El Paso, TX 79917                                                                                                   |                                                                                                                                                                                                                 |
| PURPOSE OF EXPENDITURE                                                                              | (a) Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee        | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Contribution        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                          |                                                                                                                                                          |                                                                                                                                                                                                                 |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

|                                                                                                     |                                                                                                                                                          |                                                                                                                                                                                                                 |
|-----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b> Total pages Schedule F1:<br>Sch: 12/16 Rpt: 40/44                                          | <b>2</b> FILER NAME<br>HOMEPAC of the Texas Assn. of Builders                                                                                            | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015715                                                                                                                                                        |
| <b>4</b> Date<br>10/10/2025                                                                         | <b>5</b> Payee name<br>Orr, Angelia (The Honorable)                                                                                                      |                                                                                                                                                                                                                 |
| <b>6</b> Amount (\$)<br>\$1,000.00<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>PO Box 113<br><br>Itasca, TX 76055                                                                      |                                                                                                                                                                                                                 |
| <b>8</b> PURPOSE OF EXPENDITURE                                                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Contribution |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                 | Candidate/Officeholder name                                                                                                                              | Office sought Office held                                                                                                                                                                                       |
| Date<br>10/10/2025                                                                                  | Payee name<br>Parker, Tan (The Honorable)                                                                                                                |                                                                                                                                                                                                                 |
| Amount (\$)<br>\$1,000.00<br><br><input type="checkbox"/> Expenditure from corporate funds          | Payee address; City; State; Zip Code<br>P.O. Box 271741<br><br>Flower Mound, TX 75027                                                                    |                                                                                                                                                                                                                 |
| PURPOSE OF EXPENDITURE                                                                              | (a) Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee        | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Contribution        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                          | Candidate/Officeholder name                                                                                                                              | Office sought Office held                                                                                                                                                                                       |
| Date<br>10/09/2025                                                                                  | Payee name<br>Patterson, Jared (The Honorable)                                                                                                           |                                                                                                                                                                                                                 |
| Amount (\$)<br>\$2,000.00<br><br><input type="checkbox"/> Expenditure from corporate funds          | Payee address; City; State; Zip Code<br>PO Box 5419<br><br>Frisco, TX 75035                                                                              |                                                                                                                                                                                                                 |
| PURPOSE OF EXPENDITURE                                                                              | (a) Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee        | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Contribution        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                          | Candidate/Officeholder name                                                                                                                              | Office sought Office held                                                                                                                                                                                       |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

|                                                                                                     |                                                                                                                                                          |                                                                                                                                                                                                                 |
|-----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b> Total pages Schedule F1:<br>Sch: 13/16 Rpt: 41/44                                          | <b>2</b> FILER NAME<br>HOMEPAC of the Texas Assn. of Builders                                                                                            | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015715                                                                                                                                                        |
| <b>4</b> Date<br>10/07/2025                                                                         | <b>5</b> Payee name<br>Paul, Dennis (The Honorable)                                                                                                      |                                                                                                                                                                                                                 |
| <b>6</b> Amount (\$)<br>\$1,000.00<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>17225 El Camino Real Blvd. Suite 415<br><br>Houston, TX 77058                                           |                                                                                                                                                                                                                 |
| <b>8</b> PURPOSE OF EXPENDITURE                                                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Contribution |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                 | Candidate/Officeholder name                                                                                                                              | Office sought Office held                                                                                                                                                                                       |
| Date<br>10/23/2025                                                                                  | Payee name<br>Paul, Dennis (The Honorable)                                                                                                               |                                                                                                                                                                                                                 |
| Amount (\$)<br>\$1,000.00<br><br><input type="checkbox"/> Expenditure from corporate funds          | Payee address; City; State; Zip Code<br>17225 El Camino Real Blvd. Suite 415<br><br>Houston, TX 77058                                                    |                                                                                                                                                                                                                 |
| PURPOSE OF EXPENDITURE                                                                              | (a) Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee        | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Contribution        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                          | Candidate/Officeholder name                                                                                                                              | Office sought Office held                                                                                                                                                                                       |
| Date<br>10/10/2025                                                                                  | Payee name<br>Paxton, Angela (The Honorable)                                                                                                             |                                                                                                                                                                                                                 |
| Amount (\$)<br>\$1,000.00<br><br><input type="checkbox"/> Expenditure from corporate funds          | Payee address; City; State; Zip Code<br>P.O. Box 2878<br><br>McKinney, TX 75070                                                                          |                                                                                                                                                                                                                 |
| PURPOSE OF EXPENDITURE                                                                              | (a) Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee        | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Contribution        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                          | Candidate/Officeholder name                                                                                                                              | Office sought Office held                                                                                                                                                                                       |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

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| <b>1</b> Total pages Schedule F1:<br>Sch: 14/16 Rpt: 42/44                                        | <b>2</b> FILER NAME<br>HOMEPAC of the Texas Assn. of Builders                                                                                            | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015715                                                                                                                                                        |
| <b>4</b> Date<br>10/10/2025                                                                       | <b>5</b> Payee name<br>Perez, Vince (The Honorable)                                                                                                      |                                                                                                                                                                                                                 |
| <b>6</b> Amount (\$)<br>\$250.00<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>PO Box 71309<br><br>El Paso, TX 79917                                                                   |                                                                                                                                                                                                                 |
| <b>8</b> PURPOSE OF EXPENDITURE                                                                   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Contribution |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH                               | Candidate/Officeholder name                                                                                                                              | Office sought Office held                                                                                                                                                                                       |
| Date<br>09/29/2025                                                                                | Payee name<br>Perry, Charles (The Honorable)                                                                                                             |                                                                                                                                                                                                                 |
| Amount (\$)<br>\$1,000.00<br><br><input type="checkbox"/> Expenditure from corporate funds        | Payee address; City; State; Zip Code<br>P.O. Box 94806<br><br>Lubbock, TX 79493                                                                          |                                                                                                                                                                                                                 |
| PURPOSE OF EXPENDITURE                                                                            | (a) Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee        | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Contribution        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                        | Candidate/Officeholder name                                                                                                                              | Office sought Office held                                                                                                                                                                                       |
| Date<br>10/09/2025                                                                                | Payee name<br>Plesa, Mihaela (The Honorable)                                                                                                             |                                                                                                                                                                                                                 |
| Amount (\$)<br>\$250.00<br><br><input type="checkbox"/> Expenditure from corporate funds          | Payee address; City; State; Zip Code<br>P.O. Box 796311<br><br>Dallas, TX 75248                                                                          |                                                                                                                                                                                                                 |
| PURPOSE OF EXPENDITURE                                                                            | (a) Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee        | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Contribution        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                        | Candidate/Officeholder name                                                                                                                              | Office sought Office held                                                                                                                                                                                       |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

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|---------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b> Total pages Schedule F1:<br>Sch: 15/16 Rpt: 43/44                                        | <b>2</b> FILER NAME<br>HOMEPAC of the Texas Assn. of Builders                                                                                            | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015715                                                                                                                                                        |
| <b>4</b> Date<br>10/10/2025                                                                       | <b>5</b> Payee name<br>Reynolds, Ron (The Honorable)                                                                                                     |                                                                                                                                                                                                                 |
| <b>6</b> Amount (\$)<br>\$250.00<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>2440 Texas Parkway<br>Suite 102<br>Missouri City, TX 77489                                              |                                                                                                                                                                                                                 |
| <b>8</b> PURPOSE OF EXPENDITURE                                                                   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Contribution |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH                               | Candidate/Officeholder name                                                                                                                              | Office sought Office held                                                                                                                                                                                       |
| Date<br>10/10/2025                                                                                | Payee name<br>Richardson, Keresa (The Honorable)                                                                                                         |                                                                                                                                                                                                                 |
| Amount (\$)<br>\$250.00<br><br><input type="checkbox"/> Expenditure from corporate funds          | Payee address; City; State; Zip Code<br>P.O. Box 1179<br><br>McKinney, TX 75070                                                                          |                                                                                                                                                                                                                 |
| PURPOSE OF EXPENDITURE                                                                            | (a) Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee        | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Contribution        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                        | Candidate/Officeholder name                                                                                                                              | Office sought Office held                                                                                                                                                                                       |
| Date<br>10/10/2025                                                                                | Payee name<br>Schwertner, Charles (The Honorable)                                                                                                        |                                                                                                                                                                                                                 |
| Amount (\$)<br>\$1,500.00<br><br><input type="checkbox"/> Expenditure from corporate funds        | Payee address; City; State; Zip Code<br>PO Box 2448<br><br>Georgetown, TX 78627                                                                          |                                                                                                                                                                                                                 |
| PURPOSE OF EXPENDITURE                                                                            | (a) Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee        | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Contribution        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                        | Candidate/Officeholder name                                                                                                                              | Office sought Office held                                                                                                                                                                                       |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

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| <b>1</b> Total pages Schedule F1:<br>Sch: 16/16 Rpt: 44/44                                        | <b>2</b> FILER NAME<br>HOMEPAC of the Texas Assn. of Builders                                                                                            | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015715                                                                                                                                                        |
| <b>4</b> Date<br>10/10/2025                                                                       | <b>5</b> Payee name<br>Shaheen, Matt (The Honorable)                                                                                                     |                                                                                                                                                                                                                 |
| <b>6</b> Amount (\$)<br>\$500.00<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>5304 West Plano Parkway, Ste. 2<br><br>Plano, TX 75093                                                  |                                                                                                                                                                                                                 |
| <b>8</b> PURPOSE OF EXPENDITURE                                                                   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Contribution |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH                               | Candidate/Officeholder name                                                                                                                              | Office sought Office held                                                                                                                                                                                       |
| Date<br>10/10/2025                                                                                | Payee name<br>Ward Johnson, Charlene (The Honorable)                                                                                                     |                                                                                                                                                                                                                 |
| Amount (\$)<br>\$500.00<br><br><input type="checkbox"/> Expenditure from corporate funds          | Payee address; City; State; Zip Code<br>P.O. Box 925775<br><br>Houston, TX 77292                                                                         |                                                                                                                                                                                                                 |
| PURPOSE OF EXPENDITURE                                                                            | (a) Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee        | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Contribution        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                        | Candidate/Officeholder name                                                                                                                              | Office sought Office held                                                                                                                                                                                       |
| Date<br>10/10/2025                                                                                | Payee name<br>West, Royce (The Honorable)                                                                                                                |                                                                                                                                                                                                                 |
| Amount (\$)<br>\$2,000.00<br><br><input type="checkbox"/> Expenditure from corporate funds        | Payee address; City; State; Zip Code<br>5787 South Hampton Road, Ste. 255<br><br>Dallas, TX 75232                                                        |                                                                                                                                                                                                                 |
| PURPOSE OF EXPENDITURE                                                                            | (a) Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee        | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Contribution        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                        | Candidate/Officeholder name                                                                                                                              | Office sought Office held                                                                                                                                                                                       |