FORM MPAC MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** Filer ID 2 Total pages filed: The MPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00015566 3 COMMITTEE NAME **OFFICE USE ONLY** Hammer & Nails PAC Date Received **ELECTRONICALLY FILED** 11/05/2025 COMMITTEE ADDRESS / PO BOX; APT / SUITE #: CITY: STATE: ZIP **ADDRESS** 100 E. 15th St., Ste. 600 Fort Worth, TX 76102 Date Hand-delivered or Date Postmarked CAMPAIGN MS / MRS / MR **FIRST** MI **TREASURER** Receipt # Amount Robert M. NAME Date Processed NICKNAME **SUFFIX** LAST Bob Date Imaged Madeja CAMPAIGN APT / SUITE #; STREET ADDRESS (NO PO BOX PLEASE); CITY; STATE; ZIP CODE **TREASURER** 6613 Waterwood Circle STREET **ADDRESS** (Residence or Business) Benbrook, TX 76132 **CAMPAIGN** STREET ADDRESS OR PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** 6613 Waterwood Circle MAILING **ADDRESS** Benbrook, TX 76132 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** (817) 269-5100 REPORT TYPE 10th day after campaign X Monthly Dissolution (Attach PAC-DR) treasurer termination 10 MONTHLY January 5 April 5 July 5 October 5 REPORT FILING **DEADLINE** February 5 May 5 August 5 November 5 March 5 September 5 December 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 09/26/2025 10/25/2025

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

2 COMMITTEE NAME			13 F	iler ID	(Ethics Commission Filers)
Hammer & Nails PAC				0015566	,
4 COMMITTEE	1. Candidates	A. Supported	_		
ACTIVITY	(Identify by name or, if applicable, classify by party.)				
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures	A. Supported			
	(Describe by date and location of election and nature of issue.)				
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
5 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	POLITICAL CONTRIBUTIONS (DR GUARANTEES OF LOANS, (ADE ELECTRONICALLY) qualifies for the higher itemization thre	OR	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLEI	L CONTRIBUTIONS DGES, LOANS, OR GUARANTER	ES OF LOANS)	\$	2,050.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES		\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES		\$	3,767.65
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTING	CONTRIBUTIONS MAINTAINED	AS OF THE LAST DAY	\$	48,392.65
OUTSTANDING LOAN TOTALS		MOUNT OF ALL OUTSTANDIN REPORTING PERIOD	G LOANS AS OF THE	\$	0.00
6 AFFIDAVIT	<u>I</u>			l	
		l swear, or affirm, u true and correct an under Title 15, Elec	under penalty of perjury d includes all information ction Code.	r, that the a	accompanying report is d to be reported by me
			Robert M. M	ladeia	
			Signature of Campa		rer
AFFIX NOTARY	STAMP / SEAL ABOVE				
Sworn to and subscribed	before me. by the said		. this th	ne	day
		which, witness my hand and seal			- y
Signature of officer add	ministering oath	Printed name of officer administe	ring oath	Fitle of offic	cer administering oath

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3 3 of 7

Filer ID 00015566	(Ethics Commission Filers) SUBTOTAL AMOUNT \$ 2,050.00 \$ 0.00	
00015566	\$ 2,050.00 \$ 0.00	
	\$ 2,050.00 \$ 0.00	
	\$ 0.00	
	A 0.00	
	\$ 0.00	
	\$	
N OR	\$	
ZATION	\$	
	\$	
ANIZATION	\$	
	\$ 0.00	
	\$ 3,767.65	
	\$ 0.00	
	\$ 0.00	
	\$ 0.00	
	\$	
15. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDUL	E A1	
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 1/1 Rpt: 4/7	
2	FILER NAME Hammer & N	FILER NAME Hammer & Nails PAC			Filer ID (Ethics Commission 00015566	on Filers)
4	Date 10/15/2025				Amount of Contribution (\$)	\$500.00
_		Fort Worth, TX 76109	I			
8	Owner	pation / Job title (See Instructions)	9 Employer (See Instructions B Smart Builders	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 10/17/2025 Brass Key Custom Builders Inc. Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$300.00
	Principal occu	Mansfield, TX 76063 pation / Job title (See Instructions)	Employer (See Instructions			
	Timopal occa	pation / vob title (oce instructions)	Employer (See instructions	')		
	Date 09/26/2025				Amount of Contribution (\$)	\$1,000.00
		Fort Worth, TX 76107				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	i)		
	Date 10/23/2025	Full name of contributor out-of-state PAC (ID#:_ Knight, Sean Contributor address; City; State; Zip Code Aledo, TX 76008			Amount of Contribution (\$)	\$250.00
	Principal occu Manager	pation / Job title (See Instructions)	Employer (See Instructions Sean Knight Custom Ho		es	

PLE	OGED CONTRIBU	TIONS			SCHEDULE B		
The Instruction Guide explains how to complete this form.				1	Total pages Schedule B: Sch: 1/1 Rpt: 5/7		
2 FILER NAME Hammer & Nails PAC			3	3 Filer ID (Ethics Commission Filers) 00015566			
4 TOTAL	TOTAL OF UNITEMIZED PLEDGES				\$ 0.0		
5 Date	6 Full name of pledgor 7 Pledgor Address;	:	8	Amount of pledge (\$) In-kind description (If applicable)			
40 Duba da al	And the Contraction of the Contraction	etion a)	Taa =		Check if travel outside of Texas. Complete Schedule		
10 Principai	occupation / Job title (See Instru	Ctions)	11 Employer (See Ins	structi	ons)		

	LOANS					SCH	EDULE E	
	The Instruction Guide explains how to complete this form				1	ages Schedule E: ./1 Rpt: 6/7		
	2 FILER NAME Hammer & Nails PAC				3 Filer ID (Ethics Commission Filers) 00015566			
4	TOTAL OF UN	TOTAL OF UNITEMIZED LOANS		\$	0.00			
5	Date of loan	7 Name of lender	out-of-state PA	C (ID#:		9 Loan Amou	int (\$)	
	Is lender a financial institution?	8 Lender address; City;	State;	Zip Code		10 Interest Ra		
						11 Maturity Da	te	
12	Principal occupation	on / Job title (See Instructions)		13 Employer (See Instruction	ins)			
14	Description of Coll None	ateral		15 Check if personal funds were deposited into political account (See Instructions)				
	GUARANTOR INFORMATION	17 Name of guarantor				19 Amount Gu	aranteed (\$)	
	not applicable	18 Guarantor address; City;	State;	Zip Code				
20	Principal occupation	on		21 Employer (See Instruction	ns)	1		

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District
Travel Out of District

Candidate/Officeholder/Political Committee Credit Card Payment Candidate/Officeholder/Political Committee Credit Card Payment Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
Sch: 1/1 Rpt: 7/7	Hammer & Nails PAC 00015566				
4 Date	5 Payee name				
10/13/2025	Meredith Vantage				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
\$2,500.00	222 W. Las Colinas Blvd., Suite 1570E				
Expenditure from corporate funds	Irving, TX 75039				
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.				
	Check if Austin, TX, officeholder living expense CPA Fees				
	CPA Fees				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
experiulture to beliefft C/OI					
Date	Payee name				
10/13/2025	Romero, Ramon				
Amount (\$)	Payee address; City; State; Zip Code				
\$1,250.00	PO Box 181				
Ψ1,200.00	1 O BOX 101				
Expenditure from	F I.W II. TV 70404				
corporate funds	Fort Worth, TX 76101				
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.				
	Candidate/Officeholder/Political Committee				
	Campaign Contribution				
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
experialitate to belieff of of	•				
Date	Payee name				
10/14/2025	SquareUp.com				
Amount (\$)	Payee address; City; State; Zip Code				
\$17.65	1455 Market St				
+ =					
Expenditure from	San Francisco, CA 04102				
corporate funds	San Francisco, CA 94103				
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
	Merchant Fees				
	Wichtard CC3				
Complete CNII V if direct	Candidate/Officeholder name Office sought Office held				
Complete <u>ONLY</u> if direct expenditure to benefit C/OI					
,					