

**GENERAL-PURPOSE COMMITTEE  
CAMPAIGN FINANCE REPORT**

**FORM GPAC  
COVER SHEET PG 1**

The GPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00080029	2 Total pages filed: 10
3 COMMITTEE NAME BOMA Fort Worth Political Action Committee		<b>OFFICE USE ONLY</b> Date Received <b>ELECTRONICALLY FILED</b> 01/14/2026  Date Hand-delivered or Date Postmarked  Receipt # <input type="text"/> Amount <input type="text"/>  Date Processed  Date Imaged	
4 COMMITTEE ADDRESS  <input type="checkbox"/> Change of Address 777 Main St., Ste. 600  Fort Worth, TX 76102			
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs.		
	NICKNAME .....	LAST Lynn	SUFFIX
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 777 Main St., Ste. 600  Fort Worth, TX 76102		APT / SUITE #; CITY; STATE; ZIP CODE
7 CAMPAIGN TREASURER MAILING ADDRESS  <input type="checkbox"/> Change of Address	STREET OR PO BOX; 777 Main St., Ste. 600  Fort Worth, TX 76102		
8 CAMPAIGN TREASURER PHONE	AREA CODE      PHONE NUMBER      EXTENSION (817) 336-2662		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff		
10 PERIOD COVERED	Month 07/01/2025	Day	Year
	THROUGH		Month 12/31/2025
11 ELECTION	Month Day Year	ELECTION DATE	ELECTION TYPE
		<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="checkbox"/> Runoff <input type="checkbox"/> Special
			<input type="checkbox"/> Other

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**GENERAL-PURPOSE COMMITTEE REPORT:  
PURPOSE AND TOTALS**

**FORM GPAC  
COVER SHEET PG 2**

<b>12 COMMITTEE NAME</b> BOMA Fort Worth Political Action Committee		<b>13 FILER ID</b> (Ethics Commission Filers) 00080029
<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported  B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported  B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	
<b>15 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input checked="" type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,375.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$ 2,848.80
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 6,293.87
<b>16 AFFIDAVIT</b>		
<p>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.</p> <p style="text-align: right;">_____ Mrs. Michelle H. Lynn _____ Signature of Campaign Treasurer</p>		
AFFIX NOTARY STAMP / SEAL ABOVE		
Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.		
_____ Signature of officer administering oath	_____ Printed name of officer administering oath	_____ Title of officer administering oath

**SUBTOTALS - GPAC****FORM GPAC**  
**COVER SHEET PG 3**  
3 of 10

<b>17</b> COMMITTEE NAME BOMA Fort Worth Political Action Committee	<b>18</b> FILER ID (Ethics Commission Filers) 00080029
<b>19</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE	
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$ 2,375.00	
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$	
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS \$	
4. <input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION \$	
5. <input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION \$	
6. <input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION \$	
7. <input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION \$	
8. <input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION \$	
9. <input type="checkbox"/> SCHEDULE E: LOANS \$	
10. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$ 2,848.80	
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: Sch: 1/5 Rpt: 4/10
<b>2</b> FILER NAME BOMA Fort Worth Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00080029
<b>4</b> Date 10/22/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen, Eddy	<b>7</b> Amount of Contribution (\$) \$100.00
	<b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75244	
<b>8</b> Principal occupation / Job title (See Instructions) CEO		<b>9</b> Employer (See Instructions) United Protective Services
<b>Date</b> 10/22/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Bernhardt, Adam	<b>Amount of Contribution (\$)</b> \$100.00
	<b>Contributor address; City; State; Zip Code</b>  Grapevine, TX 76051	
<b>Principal occupation / Job title (See Instructions)</b> VP Group Manager		<b>Employer (See Instructions)</b> JLL
<b>Date</b> 10/22/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Brazel, Edward	<b>Amount of Contribution (\$)</b> \$100.00
	<b>Contributor address; City; State; Zip Code</b>  Mesquite, TX 75150	
<b>Principal occupation / Job title (See Instructions)</b> Project Manager		<b>Employer (See Instructions)</b> Western Specialty Contractors
<b>Date</b> 10/22/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Buckley, Braxton	<b>Amount of Contribution (\$)</b> \$50.00
	<b>Contributor address; City; State; Zip Code</b>  Lantana, TX 76226	
<b>Principal occupation / Job title (See Instructions)</b> Project Manager		<b>Employer (See Instructions)</b> Alpha Paving
<b>Date</b> 09/18/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Dempsey, Janet	<b>Amount of Contribution (\$)</b> \$100.00
	<b>Contributor address; City; State; Zip Code</b>  Wylie, TX 75098	
<b>Principal occupation / Job title (See Instructions)</b> Business Development Manager		<b>Employer (See Instructions)</b> Texas Fifth Wall Roofing

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/5 Rpt: 5/10
<b>2</b> FILER NAME BOMA Fort Worth Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00080029
<b>4</b> Date 09/18/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Earley, Christy	<b>7</b> Amount of Contribution (\$) \$100.00
	<b>6</b> Contributor address; City; State; Zip Code  Arlington, TX 76017	
<b>8</b> Principal occupation / Job title (See Instructions) Business Development Manager		<b>9</b> Employer (See Instructions) TDJ Contractors
<b>Date</b> 10/22/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Fuentes, Rick	<b>Amount of Contribution (\$)</b> \$100.00
	<b>Contributor address; City; State; Zip Code</b>  Arlington, TX 76012	
<b>Principal occupation / Job title (See Instructions)</b> Project Manager		<b>Employer (See Instructions)</b> Western Specialty Contractors
<b>Date</b> 10/22/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Hammett, Elaine	<b>Amount of Contribution (\$)</b> \$50.00
	<b>Contributor address; City; State; Zip Code</b>  Red Oak, TX 75154	
<b>Principal occupation / Job title (See Instructions)</b> Director Business Development		<b>Employer (See Instructions)</b> RBM Building Services
<b>Date</b> 10/22/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Hansen, Andrew	<b>Amount of Contribution (\$)</b> \$100.00
	<b>Contributor address; City; State; Zip Code</b>  Stephenville, TX 76401	
<b>Principal occupation / Job title (See Instructions)</b> EVP		<b>Employer (See Instructions)</b> Burnett Plaza
<b>Date</b> 10/22/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Heinemann, Charles	<b>Amount of Contribution (\$)</b> \$100.00
	<b>Contributor address; City; State; Zip Code</b>  Addison, TX 75001	
<b>Principal occupation / Job title (See Instructions)</b> President		<b>Employer (See Instructions)</b> Precision Water Technologies

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/5 Rpt: 6/10
<b>2</b> FILER NAME BOMA Fort Worth Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00080029
<b>4</b> Date 09/18/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kurek, John	<b>7</b> Amount of Contribution (\$) \$25.00
	<b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75231	
<b>8</b> Principal occupation / Job title (See Instructions) Account Manager		<b>9</b> Employer (See Instructions) The Steam Team Restoration
<b>Date</b> 10/22/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Madison, Paul	<b>Amount of Contribution (\$)</b> \$50.00
	<b>Contributor address; City; State; Zip Code</b>  Fort Worth, TX 76177	
<b>Principal occupation / Job title (See Instructions)</b> Business Development		<b>Employer (See Instructions)</b> Alpha Paving
<b>Date</b> 09/18/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) McLaughlin, Dan	<b>Amount of Contribution (\$)</b> \$100.00
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75093	
<b>Principal occupation / Job title (See Instructions)</b> Director of Sales		<b>Employer (See Instructions)</b> Facility Solutions Group
<b>Date</b> 10/22/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Montalvo, Emmanuel	<b>Amount of Contribution (\$)</b> \$175.00
	<b>Contributor address; City; State; Zip Code</b>  Grand Prairie, TX 75054	
<b>Principal occupation / Job title (See Instructions)</b> Project Manager		<b>Employer (See Instructions)</b> Texas Fifth Wall Roofing
<b>Date</b> 09/18/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Pals, Tracey	<b>Amount of Contribution (\$)</b> \$100.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75229	
<b>Principal occupation / Job title (See Instructions)</b> Business Development		<b>Employer (See Instructions)</b> APS Buidling Services

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>			<b>1</b> Total pages Schedule A1: Sch: 4/5 Rpt: 7/10
<b>2</b> FILER NAME BOMA Fort Worth Political Action Committee			<b>3</b> Filer ID (Ethics Commission Filers) 00080029
<b>4</b> Date 10/22/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phillips, Jenny ..... <b>6</b> Contributor address; City; State; Zip Code  Carrollton, TX 75007	<b>7</b> Amount of Contribution (\$)  \$250.00	
<b>8</b> Principal occupation / Job title (See Instructions) Sales Manager		<b>9</b> Employer (See Instructions) Nouveau Texas	
Date 10/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pierce, Billy ..... Contributor address; City; State; Zip Code  Grand Prairie, TX 75052	Amount of Contribution (\$)  \$50.00	
Principal occupation / Job title (See Instructions) District Manager		Employer (See Instructions) Firetrol Protection Systems	
Date 09/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saccomanno, Andrea ..... Contributor address; City; State; Zip Code  Little Elm, TX 75060	Amount of Contribution (\$)  \$200.00	
Principal occupation / Job title (See Instructions) Business Development Manager		Employer (See Instructions) GuardTexas	
Date 10/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stout, Timothy ..... Contributor address; City; State; Zip Code  Plano, TX 75093	Amount of Contribution (\$)  \$50.00	
Principal occupation / Job title (See Instructions) OPS Manager		Employer (See Instructions) Billingsley	
Date 10/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tramonte, Drew ..... Contributor address; City; State; Zip Code  Frisco, TX 75034	Amount of Contribution (\$)  \$200.00	
Principal occupation / Job title (See Instructions) Vice President		Employer (See Instructions) BlueSky Restoration Contractors	

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/5 Rpt: 8/10
<b>2</b> FILER NAME BOMA Fort Worth Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00080029
<b>4</b> Date 10/22/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wade, Angelique ..... <b>6</b> Contributor address; City; State; Zip Code  Arlington, TX 76012	<b>7</b> Amount of Contribution (\$) \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) General Manager		<b>9</b> Employer (See Instructions) Crescent
Date 09/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wingate, Greg ..... Contributor address; City; State; Zip Code  Mansfield, TX 76063	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Facility Manager		Employer (See Instructions) City of Fort Worth
Date 10/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wingate, Greg ..... Contributor address; City; State; Zip Code  Mansfield, TX 76063	Amount of Contribution (\$) \$125.00
Principal occupation / Job title (See Instructions) Facility Manager		Employer (See Instructions) City of Fort Worth

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 1/2 Rpt: 9/10	2 FILER NAME BOMA Fort Worth Political Action Committee	3 Filer ID (Ethics Commission Filers) 00080029
4 Date 07/11/2025	5 Payee name ESP-BIZ	
6 Amount (\$) \$1,894.38	7 Payee address; City; State; Zip Code 53 Trail Ridge Dr  Melissa, TX 75454	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Items purchased with PAC logo for fundraising events
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/16/2025	Payee name ESP-BIZ	
Amount (\$) \$111.50	Payee address; City; State; Zip Code 53 Trail Ridge Dr  Melissa, TX 75454	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Items purchased with PAC logo for fundraising events
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/18/2025	Payee name ESP-BIZ	
Amount (\$) \$333.41	Payee address; City; State; Zip Code 53 Trail Ridge Dr  Melissa, TX 75454	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Items purchased with PAC logo for fundraising events
Complete ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 2/2 Rpt: 10/10	2 FILER NAME BOMA Fort Worth Political Action Committee	3 Filer ID (Ethics Commission Filers) 00080029
4 Date 10/07/2025	5 Payee name ESP-BIZ	
6 Amount (\$) \$437.33	7 Payee address; City; State; Zip Code 53 Trail Ridge Dr  Melissa, TX 75454	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Items purchased with PAC logo for fundraising events
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/30/2025	Payee name Square, Inc.	
Amount (\$) \$26.43	Payee address; City; State; Zip Code 1455 Market Street Suite 600 San Francisco, CA 94103	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card transaction service fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/31/2025	Payee name Square, Inc.	
Amount (\$) \$45.75	Payee address; City; State; Zip Code 1455 Market Street Suite 600 San Francisco, CA 94103	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card transaction service fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held