

# CORRECTION/AMENDMENT AFFIDAVIT FOR POLITICAL COMMITTEE

FORM COR-PAC

<b>1</b> Filer ID (Ethics Commission Filers) 00032546	<b>2</b> Total pages filed: 15	<b>OFFICE USE ONLY</b>	
<b>3</b> COMMITTEE NAME Temple Area Builders Assn. Home - PAC	Date Received ELECTRONICALLY FILED 02/23/2026		Date Hand-delivered or Date Postmarked
<b>4</b> TREASURER NAME Smith, Michael	Receipt #		Amount
<b>5</b> ORIGINAL REPORT TYPE <input type="checkbox"/> January 15 <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> 8th day before election	<input type="checkbox"/> Runoff <input type="checkbox"/> 10th day after campaign treasurer resignation <input type="checkbox"/> Dissolution report <input type="checkbox"/> Other (specify) _____		Date Processed
	<b>6</b> ORIGINAL PERIOD COVERED Month Day Year                      Month Day Year 01/01/2026                      THROUGH                      01/22/2026		Date Imaged

**7 EXPLANATION OF CORRECTION**  
Recording Political expenditures per the date the checks were prepared rather than the date the candidate deposited them.

**8 AFFIDAVIT**

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check the box next to any and all applicable statements:

**Semiannual reports:** I swear or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

**Other reports:** I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

Michael Smith  
\_\_\_\_\_  
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

**Remember To Attach Any Part Of The Campaign Finance Report Form  
Needed To Report And Explain Corrections**

# GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC  
COVER SHEET PG 1

<b>The GPAC Instruction Guide explains how to complete this form.</b>		<b>1</b> Filer ID (Ethics Commission Filers) 00032546	<b>2</b> Total pages filed: 15
<b>3</b> COMMITTEE NAME Temple Area Builders Assn. Home - PAC		<b>OFFICE USE ONLY</b>	
		Date Received ELECTRONICALLY FILED 02/23/2026	
		Date Hand-delivered or Date Postmarked	
		Receipt #	Amount
		Date Processed	
		Date Imaged	
<b>4</b> COMMITTEE ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 12 N. 5th St.  Temple, TX 76502		
<b>5</b> CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
		Michael	
	NICKNAME	LAST	SUFFIX
		Smith	
<b>6</b> CAMPAIGN TREASURER STREET ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 12 North 5th Street  Temple, TX 76503		
<b>7</b> CAMPAIGN TREASURER MAILING ADDRESS  <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 12 North 5th Street  Temple, TX 76503		
<b>8</b> CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(254)	773-0445	
<b>9</b> REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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		
<b>10</b> PERIOD COVERED	Month Day Year      THROUGH      Month Day Year 01/01/2026      01/22/2026		
<b>11</b> ELECTION	ELECTION DATE Month Day Year 03/03/2026	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special	

**GO TO PAGE 2**

# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**  
COVER SHEET PG 2

<b>12 COMMITTEE NAME</b> Temple Area Builders Assn. Home - PAC	<b>13 Filer ID</b> (Ethics Commission Filers) 00032546
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<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported	
		B. Opposed	
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported	
		B. Opposed	
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	Dr. Brad Buckley 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> <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	<b>2. TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 25,700.00
EXPENDITURE TOTALS	<b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$ 0.00
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 15,550.00
CONTRIBUTION BALANCE	<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 147,871.06
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.

Michael Smith  
\_\_\_\_\_  
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

# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM **GPAC**  
ADDENDUM

Page 4 of 15

<b>12 COMMITTEE NAME</b> Temple Area Builders Assn. Home - PAC		<b>13 Filer ID</b> (Ethics Commission Filers) 00032546
<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported  B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported  B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	Hillary Hickland State Representative
	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported  B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported  B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	David Blackburn Bell County Judge
<b>COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported  B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported  B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	Gaylon Evans Bell County Treasurer

# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

<b>12 COMMITTEE NAME</b> Temple Area Builders Assn. Home - PAC	<b>13 Filer ID</b> (Ethics Commission Filers) 00032546
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<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported Lacey Martindale Bell County District Clerk
		B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	

<b>COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported Joey Agee Bell County Justice of the Peace, Precinct one
		B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	

# SUBTOTALS - GPAC

<b>17 COMMITTEE NAME</b> Temple Area Builders Assn. Home - PAC		<b>18 Filer ID</b> (Ethics Commission Filers) 00032546
<b>19 SCHEDULE SUBTOTALS</b>		<b>SUBTOTAL AMOUNT</b>
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 25,600.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$ 100.00
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	\$ 15,550.00
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 checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 764.33
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: 1/3 Rpt: 7/15
<b>2</b> FILER NAME Temple Area Builders Assn. Home - PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00032546
<b>4</b> Date 01/16/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bailey, John (Mr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Temple, TX 76502	
<b>8</b> Principal occupation / Job title (See Instructions) Financial Management		<b>9</b> Employer (See Instructions) John Bailey Financial
Date 01/16/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bell Contractors, Inc	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Belton, TX 76513	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bell Contractors, Inc	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Belton, TX 76513	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/20/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Carothers Executive Homes	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Belton, TX 76513	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Howe, John	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Temple, TX 76502	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Owner		Omega Builders

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/3 Rpt: 8/15
<b>2</b> FILER NAME Temple Area Builders Assn. Home - PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00032546
<b>4</b> Date 01/21/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) KPA Engineers <hr/> <b>6</b> Contributor address; City; State; Zip Code  Temple, TX 76501	<b>7</b> Amount of Contribution (\$)  \$2,500.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 01/20/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lengefeld Lumber Co. LLC <hr/> Contributor address; City; State; Zip Code  Temple, TX 76503	Amount of Contribution (\$)  \$4,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/16/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Paysse Insurance <hr/> Contributor address; City; State; Zip Code  Temple, TX 76502	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) WBW Development,LLC <hr/> Contributor address; City; State; Zip Code  Georgetown, TX 78626	Amount of Contribution (\$)  \$5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/16/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Waldron, Ryan (Mr.) <hr/> Contributor address; City; State; Zip Code  Salado, TX 76571	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Chief Operating Officer		Employer (See Instructions) Omega Builders

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/3 Rpt: 9/15
<b>2</b> FILER NAME Temple Area Builders Assn. Home - PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00032546
<b>4</b> Date 01/19/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Welch, Joshua (Mr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Temple, TX 76502	<b>7</b> Amount of Contribution (\$)  \$2,500.00
<b>8</b> Principal occupation / Job title (See Instructions) Land Developer		<b>9</b> Employer (See Instructions) Welch Development
<b>Date</b> 01/16/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Whatley, Brandon (Mr.) <hr/> <b>Contributor address; City; State; Zip Code</b>  Temple, TX 76504	<b>Amount of Contribution (\$)</b>  \$1,000.00
<b>Principal occupation / Job title (See Instructions)</b> Owner/Builder		<b>Employer (See Instructions)</b> Brandon Whatley Homes, LLC

**MONETARY CONTRIBUTIONS FROM  
CORPORATION OR LABOR ORGANIZATION**

**SCHEDULE C1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule C1: Sch: 1/1 Rpt: 10/15
<b>2</b> FILER NAME Temple Area Builders Assn. Home - PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00032546
<b>4</b> Date 01/19/2026	<b>5</b> Corporation / Labor Organization name Builders First Source	<b>7</b> Amount of contribution (\$) \$100.00
	<b>6</b> Corporation / Labor Organization address; City; State; Zip Code  Cedar Park, TX 78613	

# 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: Sch: 1/3 Rpt: 11/15	<b>2</b> FILER NAME Temple Area Builders Assn. Home - PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00032546
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<b>4</b> Date 01/16/2026	<b>5</b> Payee name Agee, Joey
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<b>6</b> Amount (\$) \$1,000.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code  <b>REDACTED PER 254.0401, ELEC. CODE</b>  Temple, TX 76502
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/16/2026	Payee name Blackburn, David
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Amount (\$) \$5,000.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 1035  Belton, TX 76513
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/16/2026	Payee name Buckley, Brad (Dr.)
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Amount (\$) \$5,000.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code  <b>REDACTED PER 254.0401, ELEC. CODE</b>  Killeen, TX 76549
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# 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: Sch: 2/3 Rpt: 12/15	<b>2</b> FILER NAME Temple Area Builders Assn. Home - PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00032546
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<b>4</b> Date 01/16/2026	<b>5</b> Payee name Evans, Gaylon
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<b>6</b> Amount (\$) \$500.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code  <b>REDACTED PER 254.0401, ELEC. CODE</b>  Salado, TX 76513-2049
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contribution
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/16/2026	Payee name Hickland , Hillary (Ms.)
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Amount (\$) \$2,500.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code  <b>REDACTED PER 254.0401, ELEC. CODE</b>  Belton, TX 76513
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/16/2026	Payee name Martindale, Lacey
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Amount (\$) \$500.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 252  Belton, TX 76513
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# 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: Sch: 3/3 Rpt: 13/15	<b>2</b> FILER NAME Temple Area Builders Assn. Home - PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00032546
<b>4</b> Date 01/16/2026	<b>5</b> Payee name TAB HOMEPAC	
<b>6</b> Amount (\$) \$1,050.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 313 E. 12th Street Suite 210  Austin, TX 78701	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TAB HomePAC contribution
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule I: Sch: 1/2 Rpt:	<b>2</b> FILER NAME Temple Area Builders Assn. Home - PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00032546
<b>4</b> Date 01/02/2026	<b>5</b> Payee name Intuit, Inc.	
<b>6</b> Amount (\$) 79.95 <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee Address; City; State; Zip 2632 Marine Way Mountain View, CA 94023	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See instructions for examples of acceptable categories) Accounting/Banking	<b>(b)</b> Description (See instructions regarding type of information required.) Accounting Software
Date 01/16/2026	Payee name McAlister's Deli	
Amount (\$) 239.52 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 2416 SW HK Dodgen Loop Temple, TX 76504	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See instructions for examples of acceptable categories) Food/Beverage Expense	<b>(b)</b> Description (See instructions regarding type of information required.) Board Luncheon
Date 01/16/2026	Payee name QuickBooks Payments	
Amount (\$) 67.87 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 2632 Marine Way Mountain View, CA 94023	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See instructions for examples of acceptable categories) Accounting/Banking	<b>(b)</b> Description (See instructions regarding type of information required.) Processing Fee
Date 01/19/2026	Payee name QuickBooks Payments	
Amount (\$) 277.24 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 2632 Marine Way Mountain View, CA 94023	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See instructions for examples of acceptable categories) Accounting/Banking	<b>(b)</b> Description (See instructions regarding type of information required.) Payment Processing

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 2/2 Rpt:	2 FILER NAME Temple Area Builders Assn. Home - PAC	3 Filer ID (Ethics Commission Filers) 00032546
4 Date 01/20/2026	5 Payee name QuickBooks Payments	
6 Amount (\$)  74.75 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 2632 Marine Way  Mountain View, CA 94023	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Payment Processing Fees
Date 01/21/2026	Payee name QuickBooks Payments	
Amount (\$)  25.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 2632 Marine Way  Mountain View, CA 94023	
<b>PURPOSE OF EXPENDITURE</b>	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Payment Processing Fees