

# 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>00015509 |  | 2 Total pages filed:<br>6                                                                                                                                             |  |
| 3 COMMITTEE NAME<br>Home Builders Association of Greater Austin HOMEPAC Corporate |                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                      |  | OFFICE USE ONLY<br>Date Received<br>ELECTRONICALLY FILED<br>03/03/2026<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>7800 Shoal Creek Blvd.<br>#225E<br>Austin, TX 78757                                                                                                                                                                                                                                                                                                                                   |                                                      |  |                                                                                                                                                                       |  |
| 5 CAMPAIGN TREASURER NAME                                                         | MS / MRS / MR FIRST MI<br>Ms. Taylor<br>NICKNAME LAST SUFFIX<br>Jackson                                                                                                                                                                                                                                                                                                                                                                    |                                                      |  |                                                                                                                                                                       |  |
| 6 CAMPAIGN TREASURER STREET ADDRESS<br>(Residence or Business)                    | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br>7800 Shoal Creek Blvd<br>Suite 255E<br>Austin, TX 78757                                                                                                                                                                                                                                                                                                         |                                                      |  |                                                                                                                                                                       |  |
| 7 CAMPAIGN TREASURER MAILING ADDRESS                                              | STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br>7800 Shoal Creek Blvd<br>Suite 255E<br>Austin, TX 78757                                                                                                                                                                                                                                                                                                                  |                                                      |  |                                                                                                                                                                       |  |
| 8 CAMPAIGN TREASURER PHONE                                                        | AREA CODE PHONE NUMBER EXTENSION<br>(512) 454-5588                                                                                                                                                                                                                                                                                                                                                                                         |                                                      |  |                                                                                                                                                                       |  |
| 9 REPORT TYPE                                                                     | <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Dissolution (Attach PAC-DR)                                                                                                                                                                                                                                                                    |                                                      |  |                                                                                                                                                                       |  |
| 10 MONTHLY REPORT FILING DEADLINE                                                 | <input type="checkbox"/> January 5 <input type="checkbox"/> April 5 <input type="checkbox"/> July 5 <input type="checkbox"/> October 5<br><input type="checkbox"/> February 5 <input type="checkbox"/> May 5 <input type="checkbox"/> August 5 <input type="checkbox"/> November 5<br><input checked="" 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>01/26/2026    02/25/2026                                                                                                                                                                                                                                                                                                                                                                    |                                                      |  |                                                                                                                                                                       |  |

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# MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC  
COVER SHEET PG 2

|                                                                                                         |                                                                                                      |                                                                                                                                                                                                                                                   |
|---------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>12 COMMITTEE NAME</b><br>Home Builders Association of Greater Austin HOMEPAAC Corporate              |                                                                                                      | <b>13 Filer ID</b> (Ethics Commission Filers)<br>00015509                                                                                                                                                                                         |
| <b>14 COMMITTEE ACTIVITY</b><br><br>(Attach lists on plain paper to complete this report if necessary.) | <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.)                     | A. Supported                                                                                                                                                                                                                                      |
|                                                                                                         |                                                                                                      | B. Opposed                                                                                                                                                                                                                                        |
|                                                                                                         | <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)               | A. Supported                                                                                                                                                                                                                                      |
|                                                                                                         |                                                                                                      | B. Opposed                                                                                                                                                                                                                                        |
|                                                                                                         | <b>3. Officeholders Assisted</b><br>(Identify by name or, if applicable, classify by party.)         |                                                                                                                                                                                                                                                   |
|                                                                                                         | <b>15 CONTRIBUTION TOTALS</b>                                                                        | <b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b><br><input type="checkbox"/> check here if this report qualifies for the higher itemization threshold |
|                                                                                                         | <b>2. TOTAL POLITICAL CONTRIBUTIONS</b><br>(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)       | \$ 0.00                                                                                                                                                                                                                                           |
| <b>EXPENDITURE TOTALS</b>                                                                               | <b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>                                                    | \$ 0.00                                                                                                                                                                                                                                           |
|                                                                                                         | <b>4. TOTAL POLITICAL EXPENDITURES</b>                                                               | \$ 0.00                                                                                                                                                                                                                                           |
| <b>CONTRIBUTION BALANCE</b>                                                                             | <b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>        | \$ 7,106.62                                                                                                                                                                                                                                       |
| <b>OUTSTANDING LOAN TOTALS</b>                                                                          | <b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b> | \$ 0.00                                                                                                                                                                                                                                           |

**16 AFFIDAVIT**

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

Ms. Taylor Jackson  
\_\_\_\_\_  
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

**SUBTOTALS - MPAC****FORM MPAC**  
**COVER SHEET PG 3**  
3 of 6

|                                                                                           |                                                                                                                   |                                |                            |
|-------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------|
| <b>17 COMMITTEE NAME</b><br>Home Builders Association of Greater Austin HOMEPAK Corporate |                                                                                                                   | <b>18 Filer ID</b><br>00015509 | (Ethics Commission Filers) |
| <b>19 SCHEDULE SUBTOTALS</b><br>NAME OF SCHEDULE                                          |                                                                                                                   |                                | SUBTOTAL AMOUNT            |
| 1.                                                                                        | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                 | \$                             | 0.00                       |
| 2.                                                                                        | <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                   | \$                             | 0.00                       |
| 3.                                                                                        | <input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS                                             | \$                             | 0.00                       |
| 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 checked="" type="checkbox"/> SCHEDULE E: LOANS                                                             | \$                             | 0.00                       |
| 10.                                                                                       | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS              | \$                             | 0.00                       |
| 11.                                                                                       | <input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS                                      | \$                             | 0.00                       |
| 12.                                                                                       | <input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS             | \$                             | 0.00                       |
| 13.                                                                                       | <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                 | \$                             | 0.00                       |
| 14.                                                                                       | <input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS           | \$                             | 141.85                     |
| 15.                                                                                       | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER       | \$                             |                            |

# PLEDGED CONTRIBUTIONS

## SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:  
Sch: 1/1 Rpt: 4/6

2 FILER NAME

Home Builders Association of Greater Austin HOME PAC Corporate

3 Filer ID (Ethics Commission Filers)  
00015509

4 TOTAL OF UNITEMIZED PLEDGES

\$ 0.00

5 Date

6 Full name of pledgor ☐ out-of-state PAC (ID#: \_\_\_\_\_)

7 Pledgor Address; City; State; Zip Code

8 Amount of  
pledge (\$)

9 In-kind description  
(If applicable)

☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

# LOANS

## SCHEDULE E

|                                                                                      |                                                                                |                                                                                                                        |
|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|
| <b>The Instruction Guide explains how to complete this form.</b>                     |                                                                                | <b>1</b> Total pages Schedule E:<br>Sch: 1/1 Rpt: 5/6                                                                  |
| <b>2</b> FILER NAME<br>Home Builders Association of Greater Austin HOMEPAC Corporate |                                                                                | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015509                                                               |
| <b>4</b> TOTAL OF UNITEMIZED LOANS                                                   |                                                                                | <b>\$</b> 0.00                                                                                                         |
| <b>5</b> Date of loan                                                                | <b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) | <b>9</b> Loan Amount (\$)                                                                                              |
| <b>6</b> Is lender a financial institution?                                          | <b>8</b> Lender address; City; State; Zip Code                                 | <b>10</b> Interest Rate                                                                                                |
|                                                                                      |                                                                                | <b>11</b> Maturity Date                                                                                                |
| <b>12</b> Principal occupation / Job title (See Instructions)                        |                                                                                | <b>13</b> Employer (See Instructions)                                                                                  |
| <b>14</b> Description of Collateral<br><input type="checkbox"/> None                 |                                                                                | <b>15</b> Check if personal funds were deposited into political account (See Instructions)<br><input type="checkbox"/> |
| <b>16</b> GUARANTOR INFORMATION<br><br><input type="checkbox"/> not applicable       | <b>17</b> Name of guarantor                                                    | <b>19</b> Amount Guaranteed (\$)                                                                                       |
|                                                                                      | <b>18</b> Guarantor address; City; State; Zip Code                             |                                                                                                                        |
| <b>20</b> Principal occupation                                                       |                                                                                | <b>21</b> Employer (See Instructions)                                                                                  |

# 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:<br>Sch: 1/1 Rpt: 6/6                                          | <b>2</b> FILER NAME<br>Home Builders Association of Greater Austin                                    | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015509                                                                     |
| <b>4</b> Date<br>02/02/2026                                                                    | <b>5</b> Payee name<br>Cynergy Data Texas                                                             |                                                                                                                              |
| <b>6</b> Amount (\$)<br><br>49.90<br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee Address; City; State; Zip<br>206 West Main Street<br>Suite 108<br>Round Rock, TX 78664 |                                                                                                                              |
| <b>8</b> <b>PURPOSE OF EXPENDITURE</b>                                                         | <b>(a)</b> Category (See instructions for examples of acceptable categories)<br>Fees                  | <b>(b)</b> Description (See instructions regarding type of information required.)<br>credit card processing fee              |
| Date<br>01/28/2026                                                                             | Payee name<br>Intuit Quickbooks                                                                       |                                                                                                                              |
| Amount (\$)<br><br>79.95<br><input type="checkbox"/> Expenditure from corporate funds          | Payee Address; City; State; Zip<br>2700 Coast Ave<br><br>Mountain View, CA 94043                      |                                                                                                                              |
| <b>PURPOSE OF EXPENDITURE</b>                                                                  | <b>(a)</b> Category (See instructions for examples of acceptable categories)<br>Fees                  | <b>(b)</b> Description (See instructions regarding type of information required.)<br>QBO monthly accounting subscription fee |
| Date<br>02/02/2026                                                                             | Payee name<br>PNC Bank                                                                                |                                                                                                                              |
| Amount (\$)<br><br>12.00<br><input type="checkbox"/> Expenditure from corporate funds          | Payee Address; City; State; Zip<br>7951 Shoal Creek Blvd<br>Ste 100<br>Austin, TX 78757               |                                                                                                                              |
| <b>PURPOSE OF EXPENDITURE</b>                                                                  | <b>(a)</b> Category (See instructions for examples of acceptable categories)<br>Accounting/Banking    | <b>(b)</b> Description (See instructions regarding type of information required.)<br>monthly checking fee                    |