		FILING GENERAL-PURPOSE E CAMPAIGN FINANCE REPORT	FORM MPAC COVER SHEET PG 1
The MPAC Instruction Guide explains how to complete this form. 1 Filer ID (Ethics Commission Filers) 00017315			2 Total pages filed: 6
3 COMMITTEE NAME		,	OFFICE USE ONLY
	HOMEPAC of the H	HBA of Greater Dallas	Date Received ELECTRONICALLY FILED 05/06/2024
4	COMMITTEE	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP	RECEIVED
	ADDRESS	5816 W. Plano Pkwy. #101	
	Change of Address	Plano, TX 75093-4636	2024 MAY 14 PM 4: 38
5	CAMPAIGN	MS / MRS / MR FIRST MI	Date Hand-delivered or Date Postmarked
	TREASURER NAME	David	Receipt # SECRETARY
	NAME		DALLAS, TEXAS
		NICKNAME LAST SUFFIX	Date Processed
		Lehde	Date Imaged
6	TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STA 5816 West Plano Parkway	TE; ZIP CODE
		Plano, TX 75093	
7	CAMPAIGN		ATE; ZIP CODE
	TREASURER MAILING ADDRESS	5816 West Plano Parkway	,
	Change of Address	Plano, TX 75093	
8	CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (972) 931-4840	
	REPORT TYPE	X Monthly 10th day after campaign treasurer termination	Dissolution (Attach PAC-DR)
10	MONTHLY REPORT FILING DEADLINE	January 5 April 5 July 5	October 5
		February 5 X May 5 August 5	November 5
		March 5 June 5 September 5	December 5
11	PERIOD COVERED	Month Day Year Month 03/26/2024 THROUGH 04/25/2	Day Year 024
		GO TO PAGE 2	

FORM MPAC MONTHLY FILING GPAC REPORT: **PURPOSE AND TOTALS COVER SHEET PG 2** 12 COMMITTEE NAME 13 Filer ID (Ethics Commission Filers) 00017315 HOMEPAC of the HBA of Greater Dallas 14 COMMITTEE 1. Candidates A. Supported **ACTIVITY** (Identify by name or, if applicable, classify by party.) (Attach lists on plain B. Opposed paper to complete this report if necessary.) 2. Measures A. Supported (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders John Keating City Councilman Assisted (Identify by name or, if applicable, classify by party.) 15 CONTRIBUTION TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR **TOTALS** \$ 0.00 CONTRIBUTIONS MADE ELECTRONICALLY) check here if this report qualifies for the higher itemization threshold 2. TOTAL POLITICAL CONTRIBUTIONS \$ 0.00 (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) **EXPENDITURE** 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES \$ 0.00 TOTALS 4. TOTAL POLITICAL EXPENDITURES \$ 7,506.80 CONTRIBUTION 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ **BALANCE** OF THE REPORTING PERIOD 38,646.44 OUTSTANDING TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE 0.00 LOAN TOTALS LAST DAY OF THE REPORTING PERIOD 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. David Lehde Signature of Campaign Treasurer AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said _ _____, 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

FORM MPAC MONTHLY FILING GPAC REPORT: PURPOSE **ADDENDUM** Page 3 of 6 13 Filer ID (Ethics Commission Filers) 12 COMMITTEE NAME HOMEPAC of the HBA of Greater Dallas 00017315 14 COMMITTEE A. Supported 1. Candidates **ACTIVITY** (Identify by name or, if applicable, classify by party. (Attach lists on plain B. Opposed paper to complete this report if necessary.) 2. Measures A. Supported (Describe by date and location of election and nature of issue.) B. Opposed Officeholders Angelia Pelham City Councilwoman Assisted (Identify by name or, if applicable, classify by party.) COMMITTEE A. Supported Candidates **ACTIVITY** (Identify by name or, if applicable, classify by party.) (Attach lists on plain B. Opposed paper to complete this report if necessary.) 2. Measures A. Supported (Describe by date and location of election and nature of issue.) B. Opposed Officeholders Andy Hopkins City Councilman Assisted (Identify by name or, if applicable, classify by party.) COMMITTEE 1. Candidates A. Supported **ACTIVITY** (Identify by name or, if applicable, classify by party.) (Attach lists on plain B. Opposed paper to complete this report if necessary.) 2. Measures A. Supported (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Gerard Hudspeth Mayor Assisted (Identify by name or, if applicable, classify by party.

SUBTOTALS - MPAC FORM MPAC **COVER SHEET PG 3** 18 Filer ID 17 COMMITTEE NAME (Ethics Commission Filers) 00017315 HOMEPAC of the HBA of Greater Dallas 19 SCHEDULE SUBTOTALS SUBTOTAL AMOUNT NAME OF SCHEDULE X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$ 0.00 SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$ SCHEDULE B: PLEDGED CONTRIBUTIONS 3. \$ SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR \$ ORGANIZATION SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR 5. \$ LABOR ORGANIZATION SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION 6. \$ SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR 7. \$ **ORGANIZATION** SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION 8. \$ SCHEDULE E: LOANS 9. \$ 10. Х SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$ 7,506.80 SCHEDULE F2: UNPAID INCURRED OBLIGATIONS 11. \$ SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS 12. \$ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD 13. \$ SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 14. \$ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED 15. \$ TO FILER

POLITICAL EXPENDITURES FROM POLITICAL SCHEDULE F1 **CONTRIBUTIONS EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Consulting Expense Transportation Equipment & Related Expense Travel in District Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Contributions/ Donations Made By Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor Travel Out of District Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) 00017315 Sch: 1/2 Rpt: 5/6 HOMEPAC of the HBA of Greater Dallas 4 Date Payee name 04/02/2024 Authorize.net 6 Amount (\$) Payee address; City; State; Zip Code \$6.80 PO Box 947 Expenditure from American Fork, UT 84003 corporate funds **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense Credit Card Fees Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name 04/08/2024 **HOMEPAC** of the Texas Association of Builders Amount (\$) State; Zip Code Payee address; City; \$5,000.00 313 E. 12th, Suite 210 Expenditure from corporate funds Austin, TX 78701 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Contribution Candidate/Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH Date Payee name 04/25/2024 Hopkins, Andy Amount (\$) Payee address; State; Zip Code \$500.00 2750 S. Preston Rd. #116 Expenditure from Celina, TX 75009 corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Campaign Contribution Complete ONLY if direct Candidate/Officeholder name Office held Office sought expenditure to benefit C/OH

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POLITICAL EXPENDITURES FROM POLITICAL SCHEDULE F1 **CONTRIBUTIONS EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Consulting Expense Transportation Equipment & Related Expense Travel in District Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Contributions/ Donations Made By Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor Travel Out of District Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 2/2 Rpt: 6/6 00017315 HOMEPAC of the HBA of Greater Dallas 4 Date Payee name 04/25/2024 Hudspeth, Gerard 6 Amount (\$) Payee address; City; State; Zip Code \$1,000.00 P O Box 1045 Expenditure from Denton, TX 76201 corporate funds **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Campaign Contribution Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name 04/25/2024 Keating, John Amount (\$) Payee address; City; State; Zip Code \$500.00 4160 Gridiron Rd. Apt 360 Expenditure from corporate funds Frisco, TX 75034 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Campaign Contribution Candidate/Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH Date Payee name 04/25/2024 Pelham, Angelia Amount (\$) Payee address; State; Zip Code \$500.00 11323 Lennox Ln. Expenditure from Frisco, TX 75033 corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Campaign Contribution Complete ONLY if direct Candidate/Officeholder name Office held Office sought expenditure to benefit C/OH