

SUBTOTALS - SPAC

FORM SPAC COVER SHEET PG 3

| | | |
|--|--|--|
| 17 COMMITTEE NAME BUILDING FOR TOMORROW | | 18 Filer ID (Ethics Commission Filers) |
| 19 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
| 1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | | \$ 2600 - |
| 2. <input checked="" 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 D: PLEDGED CONTRIBUTIONS FROM CORPORATON OR LABOR ORGANIZATION | | \$ |
| 7. <input checked="" type="checkbox"/> SCHEDULE E: LOANS | | \$ 2500.00 |
| 8. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | | \$ 1744.16 |
| 9. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | | \$ |
| 10. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | | \$ |
| 11. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | | \$ |
| 12. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | | \$ |
| 13. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | | \$ |
| 14. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | | \$ |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: 1/2 |
| 2 FILER NAME BUILDING FOR TOMORROW | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 3/25/25 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GREG WALLER | 7 Amount of contribution (\$) 1000.00 |
| 6 Contributor address; City; State; Zip Code 2923 LAEYETTE WUP TX 77005 | | |
| 8 Principal occupation / Job title (See Instructions) LAWYER | | 9 Employer (See Instructions) ANDREWS KURTH |
| Date 3/25/25 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MANJU MANGA | Amount of contribution (\$) 50.00 |
| Contributor address; City; State; Zip Code 3931 SOUTHWESTERN WUP TX 77005 | | |
| Principal occupation / Job title (See Instructions) PHYSICIAN | | Employer (See Instructions) TEXAS CHILDREN'S |
| Date 3/30/25 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CARIN GIGA | Amount of contribution (\$) 25.00 |
| Contributor address; City; State; Zip Code 3301 ROBINWOOD WUP TX 77005 | | |
| Principal occupation / Job title (See Instructions) OWNER | | Employer (See Instructions) THREE DOG BAKERY |
| Date 4/9/25 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SANDI LEAL | Amount of contribution (\$) 25.00 |
| Contributor address; City; State; Zip Code 2137 BISSONNET WUP TX 77005 | | |
| Principal occupation / Job title (See Instructions) GENERAL MANAGER | | Employer (See Instructions) LA TASTE |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

| | | |
|--|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: 2/2 |
| 2 FILER NAME BUILDING FOR TOMORROW | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 4/4/25 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GREG WALLER | 7 Amount of contribution (\$) 1000.00 |
| 6 Contributor address; City; State; Zip Code 2923 LAFAYETTE WOP TX 77005 | | |
| 8 Principal occupation / Job title (See Instructions) LAWYER | | 9 Employer (See Instructions) ANDREWS KURTH |
| Date 4/18/25 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ELIZABETH BOEHME | Amount of contribution (\$) 500.00 |
| Contributor address; City; State; Zip Code 3005 ROBINHOOD WOP TX 77005 | | |
| Principal occupation / Job title (See Instructions) PHYSICIAN | | Employer (See Instructions) WEST U INTERNAL MEDICINE |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) | Amount of contribution (\$) |
| Contributor address; City; State; Zip Code | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) | Amount of contribution (\$) |
| Contributor address; City; State; Zip Code | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

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NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

If the requested information is not applicable, **DO NOT** include this page in the report.

| | | | |
|---|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A2: 1 | |
| 2 FILER NAME BUILDING FOR TOMORROW | | 3 Filer ID (Ethics Commission Filers) | |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS | | \$ 0 | |
| 5 Date 4/16/25 | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JAY TAYLOR | 8 Amount of Contribution \$ 8.65 | 9 In-kind contribution description PRINTED CARDS |
| 7 Contributor address; City; State; Zip Code 3106 ALBANS WWP TX 77005 | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) | | 11 Employer (FOR NON-JUDICIAL)(See Instructions) | |
| 12 Contributor's principal occupation (FOR JUDICIAL) | | 13 Contributor's job title (FOR JUDICIAL)(See Instructions) | |
| 14 Contributor's employer/law firm (FOR JUDICIAL) | | 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) | |
| 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | |
| Date 4/9/25 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JAY TAYLOR | Amount of Contribution \$ 25.95 | In-kind contribution description PRINTED CARDS |
| Contributor address; City; State; Zip Code 3106 ALBANS WWP TX 77005 | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) | | Employer (FOR NON-JUDICIAL)(See Instructions) | |
| Contributor's principal occupation (FOR JUDICIAL) | | Contributor's job title (FOR JUDICIAL)(See Instructions) | |
| Contributor's employer/law firm (FOR JUDICIAL) | | Law firm of contributor's spouse (if any) (FOR JUDICIAL) | |
| If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | |

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If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

LOANS

SCHEDULE E

If the requested information is not applicable, DO NOT include this page in the report.

| | | |
|--|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule E: <u>1</u> |
| 2 FILER NAME <u>BUILDING FOR TOMORROW</u> | | 3 Filer ID (Ethics Commission Filers) |
| 4 TOTAL OF UNITEMIZED LOANS | | \$ |
| 5 Date of loan <u>4/23/25</u> | 7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>MEREDITH O TURNER</u> | 9 Loan Amount (\$) <u>2500.00</u> |
| 6 Is lender a financial Institution? Y <input checked="" type="radio"/> N | 8 Lender address; City; State; Zip Code <u>6515 MERCER WUP TX 77065</u> | 10 Interest rate <u>0</u> |
| | | 11 Maturity date <u>—</u> |
| 12 Principal occupation / Job title (See Instructions) <u>RETIRED</u> | | 13 Employer (See Instructions) <u>—</u> |
| 14 Description of Collateral <input checked="" type="checkbox"/> none | | 15 <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions) |
| 16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable | 17 Name of guarantor | 19 Amount Guaranteed (\$) |
| | 18 Guarantor address; City; State; Zip Code | |
| 20 Principal Occupation (See Instructions) | | 21 Employer (See Instructions) |
| Date of loan | Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) | Loan Amount (\$) |
| Is lender a financial Institution? Y N | Lender address; City; State; Zip Code | Interest rate |
| | | Maturity date |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Description of Collateral <input type="checkbox"/> none | | <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions) |
| GUARANTOR INFORMATION <input type="checkbox"/> not applicable | Name of guarantor | Amount Guaranteed (\$) |
| | Guarantor address; City; State; Zip Code | |
| Principal Occupation (See Instructions) | | Employer (See Instructions) |

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If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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 | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

| | | |
|----------------------------|---------------------------------------|---------------------------------------|
| 1 Total pages Schedule F1: | 2 FILER NAME BUILDING FOR TOMORROW | 3 Filer ID (Ethics Commission Filers) |
|----------------------------|---------------------------------------|---------------------------------------|

| | |
|-------------------|------------------------------|
| 4 Date 3/25/25 | 5 Payee name SPRINT2PRINT |
|-------------------|------------------------------|

| | | | | |
|-------------------------|------------------------------------|------------------|--------------|-------------------|
| 6 Amount (\$) 752.34 | 7 Payee address; 8748 CLAY ROAD | City; HOUSTON | State; TX | Zip Code 77080 |
|-------------------------|------------------------------------|------------------|--------------|-------------------|

| | | |
|-----------------------------|---|--------------------------|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) PRINTING EXPENSE | (b) Description SIGNS |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |

| | | | |
|---|-------------------------------|---------------|-------------|
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

| | |
|---------------------|----------------------|
| Date 3/25 - 4/18 | Payee name ANEDOT |
|---------------------|----------------------|

| | | | | |
|-----------------------|---|----------------------|--------------|-------------------|
| Amount (\$) 103.50 | Payee address; 1340 POYDRAS ST STE 1170 | City; NEW ORLEANS | State; LA | Zip Code 70112 |
|-----------------------|---|----------------------|--------------|-------------------|

| | | |
|------------------------|---|--------------------------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) FEES | Description PROCESSING FEES |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |

| | | | |
|---|-------------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

| | |
|------|------------|
| Date | Payee name |
|------|------------|

| | | | | |
|-------------|----------------|-------|--------|----------|
| Amount (\$) | Payee address; | City; | State; | Zip Code |
|-------------|----------------|-------|--------|----------|

| | | |
|------------------------|---|-------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |

| | | | |
|---|-------------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

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