SPECIFIC-PURPOSE COMMITTEE
CAMPAIGN FINANCE REPORT

FORM SPAC
COVER SHEET PG 1

The SPAC Instruction Guide explains how to complete this form.	**1** Filer ID (Ethics Commission Filers)	**2** Total pages filed: 10

3 COMMITTEE NAME

BUILDING FOR TOMORROW

	OFFICE USE ONLY
	Date Received

4 COMMITTEE ADDRESS

☐ Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

6515 MERCER HOUSTON TX 77005

4/3/2025 TG
1.54 pm

Date Hand-delivered or Date Postmarked

5 CAMPAIGN TREASURER NAME

MS / MRS / MR   FIRST   MI
MEREDITH   O

NICKNAME   LAST   SUFFIX
MARDI   TURNER

Receipt #	Amount $

Date Processed 4/3/2025

Date Imaged 4/3/2025

6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

6515 MERCER HOUSTON TX 77005

7 CAMPAIGN TREASURER MAILING ADDRESS

☐ Change of Address

STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

(SAME)

8 CAMPAIGN TREASURER PHONE

AREA CODE   PHONE NUMBER   EXTENSION

(713) 201 6271

9 REPORT TYPE

☐ January 15
☐ July 15
☒ 30th day before election
☐ 8th day before election
☐ Runoff
☐ Exceeded Modified Reporting Limit
☐ Dissolution Report (Attached PAC-FR)
☐ 10th day after campaign treasurer termination

10 PERIOD COVERED

Month Day Year
01 / 01 / 25   THROUGH   Month Day Year
03 / 24 / 25

11 ELECTION

ELECTION DATE
Month Day Year
05 / 03 / 25

ELECTION TYPE
☐ Primary
☐ Runoff
☐ Other
☒ General
☐ Special
Description _____

GO TO PAGE 2

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC
COVER SHEET PG 2

12 COMMITTEE NAME
BUILDING FOR TOMORROW

13 Filer ID (Ethics Commission Filers)

14 COMMITTEE PURPOSE
(Attach lists on plain paper to complete this report if necessary.)

- [ ] CANDIDATE
- [ ] OFFICEHOLDER
- [X] SUPPORT (Candidate or Measure)
- [ ] OPPOSE (Candidate or Measure)
- [ ] ASSIST (Officeholder)
- [X] MEASURE

CANDIDATE / OFFICEHOLDER NAME

OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)

BALLOT IDENTIFICATION / #
PROPOSITION D

ELECTION DATE
Month / Day / Year
05 / 03 / 25

DESCRIPTION
APPROVE ISSUANCE OF GO BONDS TO CONSTRUCT LIBRARY AND COMMUNITY CENTER

15 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	$ 0
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 6625
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURES	$ 0
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 1718.23
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 4906.77
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 7500

16 SIGNATURE

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.

_____
Signature of Campaign Treasurer (Declarant)

Please complete either option below:

(1) Affidavit

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

OR

(2) Unsworn Declaration

My name is MEREDITH TURNER , and my date of birth is 11/1/47 .

My address is 6515 MERCER , HOUSTON , TX 77005 .
(street) (city) (state) (zip code)(country)

Executed in HARRIS County, State of TEXAS , on the 3 day of APRIL , 20 26 .
(month) (year)

_____
Signature of Campaign Treasurer (Declarant)

SUBTOTALS - SPAC

FORM SPAC
COVER SHEET PG 3

17	COMMITTEE NAME	18 Filer ID (Ethics Commission Filers)
	BUILDING FOR TOMORROW	

19	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	☒	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$ 6625
2.	☐	SCHEDULE A2 : NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$
3.	☐	SCHEDULE B: PLEDGED CONTRIBUTIONS	$
4.	☐	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	$
5.	☐	SCHEDULE C2 : NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	$
6.	☐	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATON OR LABOR ORGANIZATION	$
7.	☒	SCHEDULE E: LOANS	$ 7500
8.	☒	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ 1718.23
9.	☐	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	$
10.	☐	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	$
11.	☒	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	$ 87.27
12.	☐	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	$
13.	☐	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$
14.	☐	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: 1/3
2 FILER NAME BUILDING, FOR TOMORROW	**3** Filer ID (Ethics Commission Filers)

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of contribution ($)
3/3/25	GEORGE HILDEBRANDT **6** Contributor address; City; State; Zip Code 6001 FORDHAM WUP TX 77005	200.00

8 Principal occupation / Job title (See Instructions) RETIRED	**9** Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
3/4/25	ANN CROWLEY Contributor address; City; State; Zip Code 6253 BUFFALO SPDWY WUP TX 77005	500.00 ✓

Principal occupation / Job title (See Instructions) RETIRED	Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
3/6/25	EDNA KELLY Contributor address; City; State; Zip Code 3319 GEORGETOWN WUP TX 77005	2000.00 ✓

Principal occupation / Job title (See Instructions) INVESTMENTS	Employer (See Instructions) KELLY CO

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
3/7/25	CANDYCE BENEKE Contributor address; City; State; Zip Code 2704 TANGLEY WUP TX 77005	100.00 ✓

Principal occupation / Job title (See Instructions) RETIRED	Employer (See Instructions)

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 3

2 FILER NAME

BUILDING FOR TOMORROW

3 Filer ID (Ethics Commission Filers)

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of contribution ($)
3/7/25	TOM BROMBACHER	250.00
	6 Contributor address; City; State; Zip Code	
	3103 GEORGETOWN WUP TX 77005	✓

8 Principal occupation / Job title (See Instructions)
RETIRED

9 Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
3/16/25	THOMAS CLINGENPEEL	25.00
	Contributor address; City; State; Zip Code	
	2706 ALBANS WUP TX 77005	✓

Principal occupation / Job title (See Instructions)
ENGINEER

Employer (See Instructions)
LYB

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
3/18/25	REBECCA EISENBERG	50.00
	Contributor address; City; State; Zip Code	
	3215 PLUMB WUP TX 77005	✓

Principal occupation / Job title (See Instructions)
RETIRED

Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
3/21/25	GREGG THOMPSON	2500.00
	Contributor address; City; State; Zip Code	
	3758 PLUMB WUP TX 77005	✓

Principal occupation / Job title (See Instructions)
BUSINESS / SELF

Employer (See Instructions)
SELF

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: 3/3

2 FILER NAME BUILDING FOR TOMORROW	3 Filer ID (Ethics Commission Filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____)	7 Amount of contribution ($)
3/22/25	JOHN BRETT	1000.00
	6 Contributor address; City; State; Zip Code 3720 ALBANS WVP TX 77005	

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)

Date	Full name of contributor ☐ 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 ☐ 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 ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
	Contributor address; City; State; Zip Code	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

LOANS

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

SCHEDULE E

The Instruction Guide explains how to complete this form.	**1** Total pages Schedule E:

2 FILER NAME	**3** Filer ID (Ethics Commission Filers)
BUILDING FOR TOMMOROW	

4 TOTAL OF UNITEMIZED LOANS	$

5 Date of loan	**7** Name of lender ☐ out-of-state PAC (ID#:_____)	**9** Loan Amount ($)
2/21/25	MEREDITH TURNER	2500.00

6 Is lender a financial Institution?	**8** Lender address; City; State; Zip Code	**10** Interest rate
Y (N)	6515 MERCER WUP TX 77005	0
		11 Maturity date
		~

12 Principal occupation / Job title (See Instructions)	**13** Employer (See Instructions)
RETIRED	

14 Description of Collateral	**15** ☐ Check if personal funds were deposited into political account (See Instructions)
☑ none	

16 GUARANTOR INFORMATION	**17** Name of guarantor	**19** Amount Guaranteed ($)
	18 Guarantor address; City; State; Zip Code	
☑ not applicable		

20 Principal Occupation (See Instructions)	**21** Employer (See Instructions)

Date of loan	Name of lender ☐ out-of-state PAC (ID#:_____)	Loan Amount ($)
2/21/25	ROBIN BURKS	5000.00

Is lender a financial Institution?	Lender address; City; State; Zip Code	Interest rate
Y (N)	3214 PLUMB WUP TX 77005	0
		Maturity date
		—

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
PSYCHOLOGIST	

Description of Collateral	☐ Check if personal funds were deposited into political account (See Instructions)
☑ none	

GUARANTOR INFORMATION	Name of guarantor	Amount Guaranteed ($)
	Guarantor address; City; State; Zip Code	
☑ not applicable		

Principal Occupation (See Instructions)	Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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 3/4/25	5 Payee name HARLAND CLARKE			
6 Amount ($) 18.15	7 Payee address; 15955 LA CANTERA PKWY	City; SAN ANTONIO	State; TX	Zip Code 78256

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	(b) Description CHECKS
	(c) ☐ Check if travel outside of Texas. Complete Schedule T.	☐ 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 3/13/25	Payee name SPRINT2PRINT			
Amount ($) 1258.41	Payee address; 8748 CLAY ROAD	City; HOUSTON	State; TX	Zip Code 77080

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	Description SIGNS
	☐ Check if travel outside of Texas. Complete Schedule T.	☐ Check if Austin, TX, officeholder living expense

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

Date 2/20/25	Payee name WEST UNIVERSITY PLACE			
Amount ($) 95.00	Payee address; 6104 AUDEN	City; WUP	State; TX	Zip Code 77005

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FEES	Description ROOM RENTAL
	☐ Check if travel outside of Texas. Complete Schedule T.	☐ Check if Austin, TX, officeholder living expense

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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
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.

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

4 Date 3/3/25	5 Payee name CHASE

6 Amount ($) 87.27	7 Payee address;	City;	State;	Zip Code

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule) CREDIT CARD PAYMENT	(b) Description SERVICES-ADVERTISING

(c) ☐ Check if travel outside of Texas. Complete Schedule T.   ☐ 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 3/4 - 3/22/25	Payee name ANEDOT

Amount ($) 259.40	Payee address; 1340 POYDRAS ST - STE 1770	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

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

☐ Check if travel outside of Texas. Complete Schedule T.   ☐ Check if Austin, TX, officeholder living expense

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.   **USE A NEW PAGE FOR EACH CREDIT CARD ISSUER**

1 TOTAL PAGES SCHEDULE F4:	2 FILER NAME BUILDING FOR TOMORROW	3 FILER ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	$

5 CREDIT CARD ISSUER	Name of financial institution CHASE	

6 PAYMENT	(a) Amount Charged $ 57.32	(b) Date Expenditure Charged 2/25/25	(c) Date(s) Credit Card Issuer Paid

7 PAYEE	(a) Payee name GODADDY.COM	(b) Payee address; City, State, Zip Code

8 PURPOSE OF EXPENDITURE [X] Political [ ] Non-Political	(a) Category (See Categories listed at the top of this schedule) ADVERTISING	(b) Description WEBSITE DOMAIN
	(c) [ ] Check if travel outside of Texas. Complete Schedule T. [ ] Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office Sought Office Held

PAYMENT	(a) Amount Charged $ 29.95	(b) Date Expenditure Charged 3/7/25	(c) Date(s) Credit Card Issuer Paid

PAYEE	(a) Payee name STONERIDGE GROUP	(b) Payee address; City, State, Zip Code 422 FIRST ST SE WASHINGTON DC 20003

PURPOSE OF EXPENDITURE [X] Political [ ] Non-Political	(a) Category (See Categories listed at the top of this schedule) ADVERTISING	(b) Description WEBSITE
	(c) [ ] Check if travel outside of Texas. Complete Schedule T. [ ] Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office Sought Office Held

PAYMENT	(a) Amount Charged $	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid

PAYEE	(a) Payee name	(b) Payee address; City, State, Zip Code

PURPOSE OF EXPENDITURE [ ] Political [ ] Non-Political	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	(c) [ ] Check if travel outside of Texas. Complete Schedule T. [ ] Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office Sought Office Held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED