FORM MPAC MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** Filer ID 2 Total pages filed: The MPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00069965 3 COMMITTEE NAME **OFFICE USE ONLY** Quiddity PAC Date Received **ELECTRONICALLY FILED** 02/02/2024 COMMITTEE ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP **ADDRESS** 6330 West Loop South, Ste 150 Change of Address Bellaire, TX 77401 Date Hand-delivered or Date Postmarked MS / MRS / MR **CAMPAIGN FIRST** MI **TREASURER** Receipt # Amount Mr. Martin NAME Date Processed **NICKNAME SUFFIX** LAST Date Imaged Murdock CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 6330 West Loop South Ste. 150 STREET **ADDRESS** (Residence or Business) Bellaire, TX 77401 **CAMPAIGN** STREET ADDRESS OR PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** MAILING **ADDRESS** Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** (713) 777-5337 REPORT TYPE 10th day after campaign X Monthly Dissolution (Attach PAC-DR) treasurer termination 10 MONTHLY January 5 April 5 July 5 October 5 REPORT FILING **DEADLINE** February 5 May 5 August 5 November 5 March 5 September 5 December 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 12/26/2023 01/25/2024

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME					13 Filer IC)	(Ethics Commission Filers)
Quiddity PAC					00069	965	
ACTIVITY (Identif	Candidates fy by name or, if able, classify by party.)	A. Supported	Debbie Ingal	sbe County Com	ımissioner	ſ	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed					
(Descr	Measures ribe by date and location ction and nature of issue.)	A. Supported					
		B. Opposed					
A (Identii	Officeholders Assisted fy by name or, if able, classify by party.)						
TOTALS P	OTAL UNITEMIZED LEDGES, LOANS, CONTRIBUTIONS M heck here if this report	OR GUARAN IADE ELECTF	TEES OF LOANS RONICALLY)	ÒR	\$	i	0.00
	OTAL POLITICA OTHER THAN PLEC			EES OF LOANS)	\$		1,955.00
EXPENDITURE 3. TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES			\$;	0.00	
4. Т	OTAL POLITICA	L EXPENDI	TURES		\$,	9,200.00
	OTAL POLITICAL OF THE REPORTING		ONS MAINTAINED	AS OF THE LAST	DAY \$		4,726.25
	OTAL PRINCIPAL A AST DAY OF THE F			NG LOANS AS OF	THE \$		0.00
6 AFFIDAVIT							
				nd includes all info			ompanying report is be reported by me
				Mr. Mart	in Murdoc	ck	
			_	Signature of Ca	ampaign Tr	easurer	
AFFIX NOTARY STAM	MP / SEAL ABOVE						
Sworn to and subscribed before	e me, by the said			, t	this the		day
of, 20	, to certify v	which, witness	s my hand and sea	I of office.			
Signature of officer administe	ering oath	Printed name	of officer administ	ering oath	Title of	f officer	administering oath

MONTHLY FILING GPAC REPORT: PURPOSE

FORM MPAC **ADDENDUM**

12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
Quiddity PAC					00069965	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	James Noack	County Commiss	sioner	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures	A. Supported				
	(Describe by date and location of election and nature of issue.)					
		B. Opposed				
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
0014447777	1					
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Stan Kitzman	State Representa	ative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Allen Bogard	County Commiss	ioner	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted					
	(Identify by name or, if	1				

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

			4 of 8
17 COMMITTEE NAME Quiddity PAC		18 Filer ID 00069965	(Ethics Commission Filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1. X SCHEDULE A1: MONETARY	POLITICAL CONTRIBUTIONS		\$ 1,955.00
2. SCHEDULE A2: NON-MONET	CARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CO	NTRIBUTIONS		\$
4. SCHEDULE C1: MONETARY ORGANIZATION	CONTRIBUTIONS FROM CORPORATION OR LABO	OR	\$
5. SCHEDULE C2: NON-MONE LABOR ORGANIZATION	TARY (IN-KIND) CONTRIBUTIONS FROM CORPOR.	ATION OR	\$
6. SCHEDULE C3: MONETARY	SUPPORT FROM CORPORATION OR LABOR ORG	SANIZATION	\$
7. SCHEDULE C4: NON-MONE ORGANIZATION	TARY SUPPORT FROM CORPORATION OR LABOR	?	\$
8. SCHEDULE D: PLEDGED CC	NTRIBUTIONS FROM CORPORATION OR LABOR	ORGANIZATION	\$
9. SCHEDULE E: LOANS			\$
10. X SCHEDULE F1: POLITICAL E	XPENDITURES FROM POLITICAL CONTRIBUTION	IS	\$ 9,200.00
11. SCHEDULE F2: UNPAID INC	JRRED OBLIGATIONS		\$
12. SCHEDULE F3: PURCHASE	OF INVESTMENTS FROM POLITICAL CONTRIBUTI	ONS	\$
13. SCHEDULE F4: EXPENDITUI	RES MADE BY CREDIT CARD		\$
14. SCHEDULE I: NON-POLITICA	L EXPENDITURES FROM POLITICAL CONTRIBUTI	ONS	\$
15. SCHEDULE K: INTEREST, CF	REDITS, GAINS, REFUNDS, AND CONTRIBUTIONS	RETURNED	\$

	MONETARY POLITICAL CONTRIBUTIONS		SCHEDULE A1
	The Instruction Guide explains how to complete this form.		Total pages Schedule A1: Sch: 1/1 Rpt: 5/8
2	FILER NAME Quiddity PAC	- 1	Filer ID (Ethics Commission Filers) 00069965
4	Date 01/18/2024 5 Full name of contributor out-of-state PAC (ID#:) Reiter, Stephen 6 Contributor address; City; State; Zip Code	7	Amount of Contribution (\$) \$1,955.0
_	Magnolia, TX 77354		
8	Principal occupation / Job title (See Instructions) Deputy Practice Leader 9 Employer (See Instruction Quiddity Engineering	ns)	

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District Travel in District

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 1/3 Rpt: 6/8	
3011. 1/3 Kpt. 0/0	Quiddity PAC 00069965
4 Date	5 Payee name
01/25/2024	Allen Bogard Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	3703 Bayou Bend Court
\$2,000.00	or of Bayou Bond Gount
Expenditure from	
corporate funds	Sugar Land, TX 77479
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By
EXPENDITURE	Candidate/Officeholder/Political Committee
	Campaign Contribution
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	- 1
Data	Davis access
Date	Payee name
01/17/2024	Debbie Gonzales Ingalsbe Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,500.00	4909 South Old Bastrop Highway
Expenditure from corporate funds	San Marcos, TX 78666
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Campaign Contribution
	Campaign Contribution
0 1: 0 1 1 2 1	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
onponditure to seriem ere.	
Date	Payee name
01/18/2024	Debbie Gonzales Ingalsbe Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	4909 South Old Bastrop Highway
φ1,000.00	4909 South Old Bastrop Highway
Expenditure from	
corporate funds	San Marcos, TX 78666
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EVENDITUE	Contributions/Donations Made By
EXPENDITURE	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1

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 Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	
Sch: 2/3 Rpt: 7/8	Quiddity PAC 00069965
4 Date	5 Payee name
01/19/2024	Denton County Republican Lincoln Cabinet PAC
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,700.00	P.O. Box 50748
42,.00.00	1.6.26.00.16
Expenditure from	B 4 TV 7000
corporate funds	Denton, TX 76206
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Contribution to a PAC
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
01/03/2024	Edmonds, Annette
Amount (\$)	Payee address; City; State; Zip Code
\$1,500.00	12418 Briar Forest Drive
\$1,500.00	12410 Bilai Polesi Diive
Expenditure from	
corporate funds	Houston, TX 77077
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Consulting Expense
LAFENDITORE	Check if Austin, TX, officeholder living expense
	Consulting Fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Date	Payee name
01/17/2024	James Noack Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,500.00	2 Dancing Breeze PI
Expenditure from	
corporate funds	The Woodlands, TX 77382
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (other a cottographed listed above)

Contributions/ Donations Made E Candidate/Officeholder/Politic Credit Card Payment		Gift/Awards/Memorials Expe Legal Services The Instruction Guide	Salaries/W	ages/Contract Labor	Travel Out of Dis OTHER (enter a	strict category not listed above)
1 Total pages Schedule F1:	2 FILER NAM	E			3 Filer ID	(Ethics Commission Filers)
Sch: 3/3 Rpt: 8/8	Quiddity P.	AC			00069965	
4 Date	5 Payee name	е				
01/17/2024	Kitzman fo	r Texas				
6 Amount (\$)	7 Payee addre	ess; City;	State; Zip Co	de		
\$1,000.00	PO Box 55	3				
Expenditure from						
corporate funds	Pattison, T		ı			
8 PURPOSE OF		See Categories listed at the to	,	(b) Description		
EXPENDITURE		ns/Donations Made		ш	outside of Texas. Com	
	Candidate	Officeholder/Politica	il Committee		, TX, officeholder living	expense
				Campaign Co	Jillibution	
	<u> </u>					
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C		ficeholder name	Office sou	ght	Office he	eld