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) 00070602 3 COMMITTEE NAME **OFFICE USE ONLY** McKinney Team Date Received **ELECTRONICALLY FILED** 02/05/2024 COMMITTEE ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP **ADDRESS** PO Box 341027 Change of Address Austin, TX 78734 Date Hand-delivered or Date Postmarked MS / MRS / MR **FIRST CAMPAIGN** MI **TREASURER** Receipt # Amount Mr. William NAME Date Processed **NICKNAME** LAST **SUFFIX** Date Imaged Darling CAMPAIGN APT / SUITE #; STREET ADDRESS (NO PO BOX PLEASE); CITY; STATE; ZIP CODE **TREASURER** PO Box 341027 STREET **ADDRESS** (Residence or Business) Austin, TX 78734 **CAMPAIGN** STREET ADDRESS OR PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** PO Box 341027 MAILING **ADDRESS** Change of Address Austin, TX 78734 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** (972) 489-9886 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

				1	
2 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
McKinney Team				0007060)2
4 COMMITTEE	1. Candidates	A. Supported			
ACTIVITY	(Identify by name or, if applicable, classify by party.)				
(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.)	7. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
F CONTRIBUTION	1	DOLITICAL CONTR	UDUTIONS (OTUED TUAN)	1	
5 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	OR GUARANTEES C IADE ELECTRONICA qualifies for the higher it	LLY)	\$	0.00
	2. TOTAL POLITICA	L CONTRIBUTION	IS	\$	0.00
	(OTHER THAN PLEI	DGES, LOANS, OR G	SUARANTEES OF LOANS)		0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES			\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	3	\$	251.47
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD			FDAY \$	3,360.55
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD			THE \$	0.00
6 AFFIDAVIT				<u> </u>	
		true an	r, or affirm, under penalty of p d correct and includes all info Fitle 15, Election Code.	erjury, that the rmation requi	e accompanying report is red to be reported by me
			Mr. Willi	iam Darling	
			Signature of Ca	ampaign Trea	surer
AFFIX NOTARY	STAMP / SEAL ABOVE				
Sworn to and subscribed	hefore me, by the said		,	this the	day
	_, 20, to certify \				uuy
	-, <u> </u>	,			
Signature of officer ad	ministering oath	Printed name of office	er administering oath	Title of o	fficer administering oath

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

			3 of 4
17 COMMITT		18 Filer ID 00070602	(Ethics Commission Filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	\$	
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORAL LABOR ORGANIZATION	\$	
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	SANIZATION	\$
7.	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	!	\$
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (ORGANIZATION	\$
9.	SCHEDULE E: LOANS		\$
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$ 251.47
11.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
12.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
13.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$

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 (enter a category not listed above)

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 1/1 Rpt: 4/4	McKinney Team 00070602
4 Date	5 Payee name
01/09/2024	Tisha Davis Designs LLC
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$232.31	2740 Country Road 856
Expenditure from corporate funds	McKinney, TX 75071
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Email and Campaign IT Services
	Email and Campaign 11 Services
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/25/2024	Yearli.com
Amount (\$)	Payee address; City; State; Zip Code
\$19.16	2480 Walker Ave NW
Expenditure from corporate funds	Grand Rapids, MI 49544
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Software Filing Services
	Software Filling Services
2 1 2 2 2 2 2 2 2	
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
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