#### 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) 00088347 3 COMMITTEE NAME **OFFICE USE ONLY** The Middle of Texas PAC Date Received **ELECTRONICALLY FILED** 03/01/2024 COMMITTEE ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP **ADDRESS** PO Box 274 Change of Address Llano, TX 78643 Date Hand-delivered or Date Postmarked MS / MRS / MR **CAMPAIGN FIRST** MI **TREASURER** Receipt # Amount Denise NAME Date Processed **NICKNAME SUFFIX** LAST Date Imaged Kennedy CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 19327 West Ranch Road 152 STREET **ADDRESS** (Residence or Business) Castell, TX 78643 **CAMPAIGN** STREET ADDRESS OR PO BOX; APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** 19327 West Ranch Road 152 MAILING **ADDRESS** Change of Address Castell, TX 78643 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** (979) 240-9920 REPORT TYPE 10th day after campaign X Monthly Dissolution (Attach PAC-DR) treasurer termination 10 MONTHLY January 5 April 5 October 5 REPORT FILING July 5 **DEADLINE** February 5 May 5 August 5 November 5 X March 5 September 5 December 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 01/26/2024 02/25/2024

## MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

# FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME	<del></del>		13 Filer ID	(Ethics Commission Filers)
The Middle of Texas Pa	AC		000883	47
14 COMMITTEE ACTIVITY	Candidates  (Identify by name or, if applicable, classify by party.)	A. Supported Republican		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	Measures     (Describe by date and location of election and nature of issue.)	A. Supported  B. Opposed		
		В. Орроseu		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	O POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLE	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	1,650.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	D POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	4,241.26
CONTRIBUTION BALANCE	5. TOTAL POLITICAL ( OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	1,721.12
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT	<u> </u>			
		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.	rjury, that th mation requ	ne accompanying report is ired to be reported by me
		Denise	Kennedy	
		Signature of Car	mpaign Trea	asurer
AFFIX NOTARY	STAMP / SEAL ABOVE			
		, t	nis the	day
of	_, 20, to certify	which, witness my hand and seal of office.		
Signature of officer ac	dministering oath	Printed name of officer administering oath	Title of o	officer administering oath

### **SUBTOTALS - MPAC**

# FORM MPAC COVER SHEET PG 3

					3 of 10
<b>17</b> CO	MMITTE	EE NAME	18 Filer ID	(Ethics	s Commission Filers)
The	Middle	e of Texas PAC	00088347	`	,
19 SCH	HEDULE	E SUBTOTALS			
	ME OF S	S	UBTOTAL AMOUNT		
			<del>                                     </del>		
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	1,650.00
				├──	
2.			\$		
	<u> </u>				
3. SCHEDULE B: PLEDGED CONTRIBUTIONS				\$	
				ļ*	
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO	R	\$	
	Ш	ORGANIZATION		Ψ	
E	$\overline{}$	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA	TION OR		
5.	Ш	LABOR ORGANIZATION		\$	
	_			<del>                                     </del>	
6.	Ш	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGA	ANIZATION	\$	
		COLUMN TO A MAN MONETARY CURRORT FROM CORRORATION OR LARGE		<del>                                     </del>	
7.		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$	
				├	
8.	П	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR C	ORGANIZATION	\$	
				<u> </u>	
9.	П	SCHEDULE E: LOANS		\$	
	<u> </u>			Ψ	
10	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS			4 241 26
10.		SCHEDULE FI. POLITICAL EXPENDITURES FROM FOLITICAL CONTRIBOTIONS	•	\$	4,241.26
	$\overline{}$			ļ .	
11.	Ш	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
				<del>                                     </del>	
12.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
				-	
13.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
				<del>                                     </del>	
14.	П	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
				Ť	
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F	RETURNED	\$	
	Ш	TO FILER		Ψ	

	MONET	ARY POLITICAL CONTRIBUTION	NC	IS		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 1/3 Rpt: 4/10	
2	2 FILER NAME The Middle of Texas PAC			3	Filer ID (Ethics Commission 00088347	n Filers)	
4	Date 01/31/2024  5 Full name of contributor out-of-state PAC (ID#:) Anne, Morgan  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$100.00		
8	Principal occu	Portland, OR 97232 pation / Job title (See Instructions)	9	Employer (See Instructions	(s)		
	Retired		ľ	Retired	,,		
	Date Full name of contributor out-of-state PAC (ID#:)  02/09/2024 Elliott, Patricia  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00		
		Horseshoe Bay, TX 78657	_	5 1 (0 1 1 1	<u></u>		
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date Full name of contributor out-of-state PAC (ID#:)  02/05/2024 Miller, Ida  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00		
		San Marcos, TX 78666					
	Principal occu Nurse	pation / Job title (See Instructions)		Employer (See Instructions TX HHSC	s)		
	Date 02/08/2024	Full name of contributor out-of-state PAC (ID#: Morgan, Elizabeth  Contributor address; City; State; Zip Code  Pontotoc, TX 76869				Amount of Contribution (\$)	\$50.00
	Principal occu Educator	pation / Job title (See Instructions)		Employer (See Instructions Texas State Univ	<u>                                      </u>		
	Date Full name of contributor out-of-state PAC (ID#:)  01/26/2024 Nelms, Cameron  Contributor address; City; State; Zip Code  Canyon, TX 79015			Amount of Contribution (\$)	\$100.00		
	Principal occu CEO	pation / Job title (See Instructions)		Employer (See Instructions Nelms Cattle Co	5)		

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instruc	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 2/3 Rpt: 5/10	
2	2 FILER NAME The Middle of Texas PAC			3	Filer ID (Ethics Commission 00088347	n Filers)	
4	5 Full name of contributor out-of-state PAC (ID#:) Nelms, Paige 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$100.00		
8	Dringinal occu	Canyon, TX 79015 pation / Job title (See Instructions)	ام	Employer (See Instructions	.,		
•	unknown	pation / Job title (See instructions)		unknown	·)		
	Date Full name of contributor out-of-state PAC (ID#:)  O2/05/2024 Owens, Robin  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00		
	Principal occu	Garland, TX 75044 pation / Job title (See Instructions)		Employer (See Instructions	<u>.</u>		
	Office Manag			Five Star Advisors	,		
	Date Full name of contributor out-of-state PAC (ID#:) 02/18/2024 Park, Patty  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00		
		Denton, TX 76201					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	i)		
	Date 02/08/2024	Smith, Edward	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$250.00
	Principal occu Librarian	pation / Job title (See Instructions)		Employer (See Instructions Abilene Christian Univ.	5)		
Date   Full name of contributor   out-of-state PAC (ID#:)  02/08/2024   Storch, Liz  Contributor address; City; State; Zip Code  New York, NY 10028			Amount of Contribution (\$)	\$100.00			
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	)		
			·				

MC	NET	ARY POLITICAL CONTRIBUT	TIONS		SCHEDUL	E <b>A1</b>
The	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 3/3 Rpt: 6/10	
2 FILER		of Texas PAC		3	Filer ID (Ethics Commission 00088347	n Filers)
<b>4</b> Date 02/0	4 Date 02/07/2024 5 Full name of contributor out-of-state PAC (ID#:) Waring, Cynthia 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$100.00	
8 Princi	ipal occu	Llano, TX 78643  upation / Job title (See Instructions)	9 Employer (See Instruction:	<u> </u> s)		
Retir		,		,		
Date 02/0 <sup>-1</sup>	7/2024	Full name of contributor out-of-state PAC (II Waring, Cynthia Contributor address; City; State; Zip Code	D#:)		Amount of Contribution (\$)	\$100.00
		Llano, TX 78643				
Princi Retir		ipation / Job title (See Instructions)	Employer (See Instruction: Retired	s)		
Date 01/3:	1/2024	Full name of contributor out-of-state PAC (II Whitten, Brian Contributor address; City; State; Zip Code  Austin, TX 78738			Amount of Contribution (\$)	\$100.00
	ipal occu ncial ad	I Ipation / Job title (See Instructions) visor	Employer (See Instruction: Self Employed	s)		

### POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
rtising Expense Event Expense Loan Repayment/Reimbu

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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)

Credit Card Payment	The Instruction Guide ex	plains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 1/4 Rpt: 7/10	The Middle of Texas PAC		00088347
4 Date	5 Payee name		•
02/01/2024	Google		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
\$3.44	500 W 2nd St, Suite 2900		
Expenditure from corporate funds	Austin, TX 78701		
8 PURPOSE	(a) Category (See Categories listed at the top of	this schedule) (b) Description	
OF EXPENDITURE	Advertising Expense		el outside of Texas. Complete Schedule T.
EXPENDITORE			tin, TX, officeholder living expense
		Internet,ema	all
• • • • • • • • • • • • • • • • • • • •			0% 1.11
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name	Office sought	Office held
Date	Payee name		
01/31/2024	Karen Shaw Campaign		
Amount (\$)	Payee address; City;	State; Zip Code	
\$300.00	PO Box 1844		
Expenditure from			
corporate funds	Kingsland, TX 78639		
PURPOSE	(a) Category (See Categories listed at the top of	this schedule) (b) Description	
OF EXPENDITURE	Advertising Expense	<u>-</u>	el outside of Texas. Complete Schedule T.
			tin, TX, officeholder living expense vices and misc expenses incurred
		internet ser	vides and mise expenses incurred
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/OI		County Commissioner Di	
Date	Payee name	<u> </u>	
02/01/2024	Karen Shaw Campaign		
		State: 7in Code	
Amount (\$) \$640.00	Payee address; City; PO Box 1844	State; Zip Code	
φ040.00	FO BOX 1044		
Expenditure from	Kingaland TV 70000		
corporate funds	Kingsland, TX 78639	T	
PURPOSE OF	(a) Category (See Categories listed at the top of		el outside of Texas. Complete Schedule T.
EXPENDITURE	Advertising Expense		tin, TX, officeholder living expense
		printing for I	
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/OI	<sup>H</sup> Shaw, Karen	County Commissioner Di	strict None

### 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

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: 2/4 Rpt: 8/10	The Middle of Texas PAC 00088347
4 Date	5 Payee name
02/13/2024	Karen Shaw Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$350.00	PO Box 1844
Expenditure from corporate funds	Kingsland, TX 78639
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  Printing rack cards
	1 mining rack cards
Complete CNII V if direct	Candidate/Officeholder name Office cought Office hold
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held  Shaw, Karen County Commissioner District None
,	Shaw, Naich County Commissioner District Notice
Date	Payee name
01/30/2024	Kari's Print and Parcel
Amount (\$)	Payee address; City; State; Zip Code
\$881.16	409 E. Young St
Expenditure from corporate funds	Llano, TX 78643
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Printing Expense  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	flyers for mailout
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
02/12/2024	Nation Builder
Amount (\$)	Payee address; City; State; Zip Code
\$41.00	nation builder.com
Ψ41.00	Hation builder.com
Expenditure from	
corporate funds	Los Angeles, CA 90081
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
-	Check if Austin, TX, officeholder living expense  Website hosting
	website flosting
Complete CNII V if alian-	Condidate/Officeholder name Office cought
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
p = 1 = 2 = 2 = 2 = 2 = 2 = 2 = 2 = 2 = 2	

### POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

Candidate/Officeholder/Politica Credit Card Payment	Al 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: 3/4 Rpt: 9/10	The Middle of Texas PAC 00088347	
4 Date	5 Payee name	
01/30/2024	Signs Across Texas	
6 Amount (\$)	7 Payee address; City; State; Zip Code	_
\$597.66	PO Box 1653	
Expenditure from corporate funds	Llano, TX 78643	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Advertising Expense	
	Check if Austin, TX, officeholder living expense	
	Yard Signs	
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
Date	Payee name	
01/29/2024	USPS	
Amount (\$)	Payee address; City; State; Zip Code	
\$68.00	1901 RM 1431	
Expenditure from corporate funds	Kingsland, TX 78639	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense	
	Stamps for mailer	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
exponentare to some ere		
Date	Payee name	
02/01/2024	USPS	
Amount (\$)	Payee address; City; State; Zip Code	
\$340.00	1901 RM 1431	
Expenditure from corporate funds	Kingsland, TX 78639	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Advertising Expense	
EXPENDITORE	Check if Austin, TX, officeholder living expense	
	Stamps for mailing	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/O	H	
		_

### 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 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)

Credit Card Payment	The Instruction Guide explains how to comp	elete this form.
1 Total pages Schedule F1: Sch: 4/4 Rpt: 10/10	FILER NAME     The Middle of Texas PAC	3 Filer ID (Ethics Commission Filers) 00088347
<b>4</b> Date 02/13/2024	5 Payee name USPS	
6 Amount (\$) \$816.00	7 Payee address; City; State; Zip Code 1901 RM 1431	
Expenditure from corporate funds	Kingsland, TX 78639	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Stamps for mailing
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	t Office held
Date 02/14/2024	Payee name USPS	
Amount (\$) \$204.00	Payee address; City; State; Zip Code 1901 RM1431	
Expenditure from corporate funds	Kingsland, TX 78639	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Stamps for mailing
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sough	t Office held