GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC COVER SHEET PG 1

The GPAC Instruction Guide explains how to complete this form. 1 Filer ID (Ethics Commission Filers) 00086764						2 Total pages filed: 6		
3	COMMITTEE NAME		-			OFFICE USE ONLY		
	Public Schools Firs	st McKinney						
		-				Date Received		
						02/26/2024		
1	COMMITTEE	ADDRESS / PO BOX; APT / SUITE #; C	ITY	STATE; ZIP CO				
*	ADDRESS	P.O. Box 6383	11 T	, JIAIE, ZIPUU				
	_					Date Hand-delivered or Date Postmarked		
	Change of Address	McKinney, TX 75071				Receipt # Amount		
						Date Processed		
						Date Imaged		
5	CAMPAIGN	MS / MRS / MR FIRST				MI		
	TREASURER NAME	Craig						
		NICKNAME LAST				SUFFIX		
		Kerr						
6	CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE; ZIP CODE		
	STREET	P.O. Box 6383						
	ADDRESS							
	(Residence or Business)	McKinney, TX 75071						
7	CAMPAIGN TREASURER	STREET OR PO BOX;		APT / SUITE #;	CITY;	STATE; ZIP CODE		
	MAILING	PO Box 6383						
	ADDRESS							
	Change of Address	McKinney, TX 75071						
8	CAMPAIGN	AREA CODE PHONE NUMBER	ΕX	TENSION				
	TREASURER PHONE	(512) 659-7663						
_		<u> </u>						
9	REPORT TYPE	January 15	30th	day before election		Dissolution (Attach PAC-DR)		
			8th c	lay before election		10th day after campaign treasurer		
		July 15	Run	off		termination		
10	PERIOD COVERED	Month Day Year 01/26/2024	тнр	Month OUGH 02/2	Day 24/2024	Year		
		01/20/2024		02/2	.412024			
11	ELECTION	ELECTION DATE		ELECTION TY	′PE			
		Month Day Year X	Prir	nary Runoff		Other		
		03/05/2024	Ger	neral Special		—		
			1					
-		II						
	GO TO PAGE 2							
Foi	orms provided by Texas Ethics Commission www.ethics.state.tx.us Version V3.5.1.9000c47f							

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME	13 Filer ID	ID (Ethics Commission Filers)					
Public Schools First Mcl	00086764						
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported					
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed Mr. Ch	ad Green State Board (Of Education			
	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 applicable, classify by party.)						
15 CONTRIBUTION TOTALS	CONTRIBUTIONS M	POLITICAL CONTRIB OR GUARANTEES OF ADE ELECTRONICALL qualifies for the higher itemi	LOANS, ÒR Y)	\$	0.00		
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)						
EXPENDITURE TOTALS					0.00		
	4. TOTAL POLITICAL EXPENDITURES						
CONTRIBUTION BALANCE					6,584.50		
OUTSTANDING LOAN TOTALS					0.00		
16 AFFIDAVIT				I			
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.							
			Crai	g Kerr			
			Signature of Ca	mpaign Treasur	er		
AFFIX NOTARY STAMP / SEAL ABOVE							
Sworn to and subscribed	his the	day					
of, 20, to certify which, witness my hand and seal of office.							
Signature of officer adr	ninistering oath	Printed name of officer a	administering oath	Title of office	er administering oath		
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GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM GPAC

Page 3 of 6

12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)		
Public Schools First McKinney					00086764			
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Supported					
(Attach lists on plain paper to complete this report if necessary.)		В. (Opposed	Mrs. Jamie Kohlmann State Boa	ie Kohlmann State Board Of Education			
	2. Measures (Describe by date and location of election and nature of issue.)	A. S	Supported					
		В. (Opposed					
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)							
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Supported					
(Attach lists on plain paper to complete this report if necessary.)		В. (Opposed	Mr. Chuck Branch State Repres	sentative			
	2. Measures (Describe by date and location of election and nature of issue.)		Supported					
		В. (Opposed					
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)							

FORM GPAC COVER SHEET PG 3

17 COMMIT	(Ethics Commission Filers)			
Public S	1			
19 SCHEDU NAME O	SUBTOTAL AMOUNT			
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	0.00
2. X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0.00
3. X	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0.00
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	R	\$	
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA LABOR ORGANIZATION	TION OR	\$	
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$	
7.	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$	
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR C	ORGANIZATION	\$	
9. X	SCHEDULE E: LOANS		\$	0.00
10.	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$	
11. X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00
12. X	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	0.00
13. X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIO	DNS	\$	
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$	

SUBTOTALS - GPAC

PLEDGED CONTRIBUTIONS SCHEDULE **B** 1 Total pages Schedule B: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 5/6 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Public Schools First McKinney 00086764 4 \$ 0.00 TOTAL OF UNITEMIZED PLEDGES In-kind description 5 Date 6 Full name of pledgor out-of-state PAC (ID#: 8 Amount of 9) (If applicable) pledge (\$) 7 Pledgor Address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T 10 Principal occupation / Job title (See Instructions) 11 Employer (See Instructions)

LOANS		SCHEDU	ILE E		
The Instruction Guide explains how to complete this form.	ages Schedule E: /1 Rpt: 6/6				
2 FILER NAME Public Schools First McKinney	(Ethics Commissior 764	n Filers)			
⁴ TOTAL OF UNITEMIZED LOANS		\$	0.00		
5 Date of loan 7 Name of lender out-of-state PAC (ID#:)	9 Loan Amount (\$)			
6 Is lender a financial institution? 8 Lender address; City; State; Zip Code		10 Interest Rate11 Maturity Date			
12 Principal occupation / Job title (See Instructions) 13 Employer (See Instructions)	5)				
14 Description of Collateral 15 Check if personal funds we None	15 Check if personal funds were deposited into political account (See Instructions)				
16 GUARANTOR 17 Name of guarantor INFORMATION		19 Amount Guarant	eed (\$)		
not applicable 18 Guarantor address; City; State; Zip Code					
20 Principal occupation 21 Employer (See Instructions)	6)	1			