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) 00068812 3 COMMITTEE NAME **OFFICE USE ONLY CDS Muery PAC** Date Received **ELECTRONICALLY FILED** 02/29/2024 COMMITTEE ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP **ADDRESS** 100 NE Loop 410 Suite 300 Change of Address San Antonio, TX 78216 Date Hand-delivered or Date Postmarked MS / MRS / MR **FIRST CAMPAIGN** MI **TREASURER** Receipt # Amount Mr. Russell E. NAME Date Processed **NICKNAME SUFFIX** LAST Date Imaged Morkovsky CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 100 NE Loop 410 STREET **ADDRESS** Suite 300 (Residence or Business) San Antonio, TX 78216 **CAMPAIGN** STREET ADDRESS OR PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** 100 NE Loop 410 MAILING **ADDRESS** Suite 300 Change of Address San Antonio, TX 78216 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** (210) 581-1111 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 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

				1	
L2 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
CDS Muery PAC				000688	12
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 Magauras	A. Supported			
	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.)				
F CONTRIBUTION	1	DOLUTION CONTR	IDUTIONS (OTUED TUAN)	<u> </u>	
.5 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) check here if this report qualifies for the higher itemization threshold			\$	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	\$	1,700.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD		DAY \$	1,265.43	
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 po d correct and includes all info Fitle 15, Election Code.	erjury, that th rmation requ	ne accompanying report is lired to be reported by me
			Mr. Russell	E. Morkov	sky
			Signature of Ca	ampaign Trea	asurer
AFFIX NOTARY	STAMP / SEAL ABOVE				
Sworn to and subscribed	hefore me, by the said		,1	this the	day
of					uuy
	- <u>- </u>	,			
Signature of officer ad	ministering oath	Printed name of office	er administering oath	Title of o	officer administering oath

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

				3 of 5
17 COMM		EE NAME by PAC	18 Filer ID 00068812	(Ethics Commission Filers)
19 SCHE		SUBTOTAL AMOUNT		
1.		\$		
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	3. SCHEDULE B: PLEDGED CONTRIBUTIONS			\$
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	\$	
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION			\$
6.		SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGA	\$	
7.		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR C	ORGANIZATION	\$
9.		SCHEDULE E: LOANS		\$
10.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$ 1,700.00
11.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
12.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$
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 F 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
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: 1/2 Rpt: 4/5	2 FILER NAME CDS Muery PAC 3 Filer ID (Ethics Commission Filers) 00068812					
4 Date 02/07/2024	5 Payee name ACEC San Antonio PAC					
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code PO Box 6323					
Expenditure from corporate funds	San Antonio, TX 78209					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Membership -ACEC SA Local Advocacy Committee					
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held					
Date 01/26/2024	Payee name Bailes for Texas					
Amount (\$) \$500.00	Payee address; City; State; Zip Code PO Box 1232					
Expenditure from corporate funds	Shepherd, TX 77371					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee Contribution to campaign for re-election of TX State Rep					
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held					
Date 02/21/2024	Payee name John Kuempel Campaign					
Amount (\$) \$200.00 Expenditure from corporate funds	Payee address; City; State; Zip Code 1005 Congress Ave Suite 400 Austin, TX 78701					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Contribution to campaign for re-election of TX State Rep					
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					

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	l Committee Legal Services	Salaries/Wa Guide explains how to con	ages/Contract Labor	OTHER (enter a	category not listed above)	
1 Total pages Schedule F1:				3 Filer ID	(Ethics Commission Filers)	
Sch: 2/2 Rpt: 5/5	CDS Muery PAC			00068812		
4 Date	5 Payee name					
01/26/2024	Reggie Smith for Texas House					
6 Amount (\$)	7 Payee address; City; State; Zip Code					
\$500.00	300 N. Travis St.					
Expenditure from						
corporate funds	Sherman, TX 75090					
8 PURPOSE	(a) Category (See Categories listed a	' '	(b) Description			
OF EXPENDITURE	OF Contributions/Donations Made By			outside of Texas. Com		
	Candidate/Officeholder/Po	olitical Committee		, TX, officeholder living	re-election of TX State	
			Rep	o campaign for	To election of 1% State	
9 Complete ONLY if direct	Candidate/Officeholder name	Office soug	ght	Office he	eld	
expenditure to benefit C/O	1					