MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM MPAC COVER SHEET PG 1

		1 Filer ID						
The MPAC Instruction	2 Total pages filed: 8							
3 COMMITTEE NAME	OFFICE USE ONLY							
McKinney Commit								
			Date Received					
			ELECTRONICALLY FILED					
			03/30/2024					
4 COMMITTEE	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP						
ADDRESS	7300 State Highway 121							
	Suite 200A							
Change of Address								
			Date Hand-delivered or Date Postmarked					
5 CAMPAIGN	MS / MRS / MR FIRST	MI						
TREASURER NAME	Ms. Lisa		Receipt # Amount					
			Date Processed					
	NICKNAME LAST	SUFFIX						
	Hermes		Date Imaged					
6 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #; CITY; ST	ATE; ZIP CODE					
TREASURER	7300 State Highway 121							
STREET ADDRESS	· · ·							
(Residence or Business)	Suite 200A							
	McKinney, TX 75070							
7 CAMPAIGN	STREET ADDRESS OR PO BOX;	APT / SUITE #; CITY; ST	ATE; ZIP CODE					
TREASURER								
MAILING ADDRESS								
Change of Address								
8 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION						
TREASURER PHONE	(972) 542-0163							
FROME	(972) 342-0103							
9 REPORT TYPE		10th day after campaign						
	X Monthly	treasurer termination	Dissolution (Attach PAC-DR)					
10 MONTHLY REPORT FILING	January 5 X April	5 July 5	October 5					
DEADLINE								
	February 5 May	5 August 5	November 5					
	March 5 June	5 September 5	December 5					
11 PERIOD	Month Day Year	Month	Day Year					
COVERED	02/26/2024	THROUGH 03/25/2	2024					
	GO ⁻	TO PAGE 2						
Forms provided by Tex	kas Ethics Commission www.et	thics.state.tx.us	Version V3.5.1.5b35d027					

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
McKinney Committee to	0005598	6		
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		
	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	PLEDGES, LOANS, CONTRIBUTIONS M	POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLEI	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	837.50
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL C OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	7,253.17
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT	•		•	
		I swear, or affirm, under penalty of pe true and correct and includes all inform under Title 15, Election Code.		
		Ms. Lisa	a Hermes	
		Signature of Ca	mpaign Treas	surer
AFFIX NOTARY	STAMP / SEAL ABOVE			
Sworn to and subscribed	before me, by the said	, ti	nis the	day
		which, witness my hand and seal of office.		
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title of of	ficer administering oath
Forms provided by Texas E	thics Commission	www.ethics.state.tx.us		Version V3.5.1.5b35d027

FORM MPAC COVER SHEET PG 3

3 of 8

47.0004		18 Filer ID			
17 COMMIT McKinne	(Ethics Commission Filers)				
19 SCHEDU NAME O	SUBTOTAL AMOUNT				
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 837.50		
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 CORPORALABOR ORGANIZATION	ATION 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	ORGANIZATION	\$		
9. X	SCHEDULE E: LOANS		\$ 0.00		
10. X	\$ 0.00				
11. X	11. X SCHEDULE F2: UNPAID INCURRED OBLIGATIONS				
12. X	12. X SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS				
13. X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00			
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$		
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$		

SUBTOTALS - MPAC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: Sch: 1/3 Rpt: 4/8			
2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
McKinney Committee to Inform Voters and Businesses on Issues and Concerns			00055986			
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)			
03/06/2024	ACTIONCOACH OF DFW		\$80.00			
	6 Contributor address; City; State; Zip Code					
	MCKINNEY, TX 75070					
8 Principal occuj	pation / Job title (See Instructions)	9 Employer (See Instructions	;)			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)			
03/14/2024	Belterra Health & Rehabilitation Center		\$150.00			
	Contributor address; City; State; Zip Code					
	McKinney, TX 75071					
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)			
02/28/2024	Carey Cox Company		\$150.00			
	Contributor address; City; State; Zip Code					
	McKinney, TX 75070					
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)			
03/14/2024	DREES CUSTOM HOMES - TRINITY FALLS		\$42.50			
	Contributor address; City; State; Zip Code					
Dringing agou	IRVING, TX 75038-2225	Employer (Cool Instructions				
Principal occuj	pation / Job title (See Instructions)	Employer (See Instructions	;)			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)			
03/02/2024	G.G. CAIN COMPANY		\$42.50			
	Contributor address; City; State; Zip Code	1				
	MCKINNEY, TX 75071					
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ;)			
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MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A				
The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Sch: 2/3 R					
2 FILER NAME McKinney Co	ommittee to Inform Voters and Businesses on Issue	es and Concerns	3 Filer ID (E 00055986	Ethics Commission	Filers)			
4 Date 03/14/2024	HDR CONTRACTING, DFW	HDR CONTRACTING, DFW			\$42.50			
	MCKINNEY, TX 75072							
3 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	)					
Date 02/28/2024	Full name of contributor       out-of-state PAC (ID#:_         Harborchase McKinney         Contributor address; City; State; Zip Code		Amount of C	Contribution (\$)	\$80.00			
Principal occu	McKinney, TX 75069 Ipation / Job title (See Instructions)	Employer (See Instructions	)					
Date 03/21/2024	Full name of contributor out-of-state PAC (ID#:_ INTEGRITY AUTOMOTIVE Contributor address; City; State; Zip Code	)	Amount of C	Contribution (\$)	\$80.00			
Principal occu	MCKINNEY, TX 75069 Ipation / Job title (See Instructions)	Employer (See Instructions	)					
Date 03/06/2024	Full name of contributor out-of-state PAC (ID#: MEINEKE CAR CARE CENTER STONEBRIDG Contributor address; City; State; Zip Code	ΞΞ.	Amount of C	Contribution (\$)	\$42.50			
Principal occu	PLANO, TX 75023 Ipation / Job title (See Instructions)	Employer (See Instructions	)					
Date 03/12/2024	Full name of contributor out-of-state PAC (ID#:_ SHERWOOD INSURANCE SOLUTIONS, LLC Contributor address; City; State; Zip Code	)	Amount of C	Contribution (\$)	\$42.50			
Principal occu	MELISSA, TX 75454 upation / Job title (See Instructions)	Employer (See Instructions	)					

MONET	ARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The Instru	ction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 3/3 Rpt: 6/8
2 FILER NAME McKinney Co	ommittee to Inform Voters and Businesses on Issues and Concerns	3 Filer ID (Ethics Commission Filers) 00055986
4 Date 03/14/2024	5       Full name of contributor       out-of-state PAC (ID#:)         Texas Back Institute	) <b>7</b> Amount of Contribution (\$) \$42.50
8 Principal occu	McKinney, TX 75069 upation / Job title (See Instructions) 9 Employer (See Instructi	iions)
Date 03/19/2024	Full name of contributor       out-of-state PAC (ID#:)         WE SCAN FILES       Contributor address; City; State; Zip Code	Amount of Contribution (\$) \$42.50
Principal occu	MCKINNEY, TX 75072 upation / Job title (See Instructions) Employer (See Instructions)	iions)

# **PLEDGED CONTRIBUTIONS** SCHEDULE B 1 Total pages Schedule B: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 7/8 2 FILER NAME 3 Filer ID (Ethics Commission Filers) McKinney Committee to Inform Voters and Businesses on Issues and Concerns 00055986 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 1 (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							so	CHEDULE E
I The Instruction Guide explains how to complete this form						Il pages Schedule E: : 1/1 Rpt: 8/8		
2 FILER NAME McKinney Comr	nittee to Inform Voters	and Businesse	es on Issue	s and Concerns		3 Filer ID 00055		nmission Filers)
⁴ TOTAL OF UN	IITEMIZED LOANS						\$	0.00
5 Date of loan	7 Name of lender		out-of-state PA	C (ID#:			9 Loan An	nount (\$)
6 Is lender a financial institution?	8 Lender address;	City;	State;	Zip Code			10 Interest	
							<b>11</b> Maturity	Date
12 Principal occupation	on / Job title (See Instruc	tions)		13 Employer (See Inst	ructions	)	·	
14 Description of Coll	lateral			15 Check if personal fu	unds we	re deposite		account tructions)
16 GUARANTOR INFORMATION	<b>17</b> Name of guarantor						19 Amount	Guaranteed (\$)
not applicable	<b>18</b> Guarantor address;	City;	State;	Zip Code				
20 Principal occupation	l on			21 Employer (See Inst	ructions	)	1	
				I				