MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM MPAC COVER SHEET PG 1

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The MPAC Instruction Guide explains how to complete this form. 1 Filer ID (Ethics Commission Filers) 00016259			2 Total pages filed: 5				
3	3 COMMITTEE NAME			OFFICE USE ONLY			
	Stratus Committee for Responsible Government						
				Date Received ELECTRONICALLY FILED 05/01/2024			
4	COMMITTEE	ADDRESS / PO BOX; APT / SUITE #; C	ITY; STATE; ZIP				
	ADDRESS	100 Congress Ave. #1300					
		-					
	Change of Address	Austin, TX 78701		Date Hand-delivered or Date Postmarked			
5	CAMPAIGN	MS / MRS / MR FIRST	MI	Date Hand-delivered of Date Postmarked			
ľ	TREASURER			Receipt # Amount			
	NAME	Mr. Kenneth N.		Anount function			
				Date Processed			
		NICKNAME LAST	SUFFIX				
		Jones		Date Imaged			
				_			
6	CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #; CITY; STA	ATE; ZIP CODE			
ľ	TREASURER	100 Congress Ave. #1300	,	,			
	STREET ADDRESS	100 Congress / Wei # 1000					
	(Residence or Business)						
		Austin, TX 78701					
7		STREET ADDRESS OR PO BOX;	APT / SUITE #; CITY; ST	ATE; ZIP CODE			
	TREASURER MAILING	100 Congress Ave. #1300					
	ADDRESS						
	Change of Address	Austin, TX 78701					
8	CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION				
	TREASURER	(510) 405 0040					
	PHONE	(512) 435-2312					
9	REPORT TYPE		10th day after campaign				
		X Monthly	treasurer termination	Dissolution (Attach PAC-DR)			
10	MONTHLY						
	REPORT FILING	January 5 April 5	July 5	October 5			
	DEADLINE	February 5 X May 5	August 5	November 5			
		March 5 June 5	September 5	December 5			
11	PERIOD	Month Day Year	Month	Day Year			
	COVERED	03/26/2024 TH	ROUGH 04/25/2				
			0/-				
	GO TO PAGE 2						
Fo	Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V3.5.1.5b35d027						

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

				(Ethics Commission Filers)
12 COMMITTEE NAME Stratus Committee for	Responsible Governme		13 Filer ID 00016259	
		-	00010238	
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		
		b. Opposed		
	3. Officeholders Assisted			
	(Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	D 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	DGES, LOANS, OR GUARANTEES OF LOANS)	Þ	0.00
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 \$	409.11
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF TREPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT				
		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.	rjury, that the a mation required	ccompanying report is I to be reported by me
		Mr. Kenne	th N. Jones	
		Signature of Ca		rer
		g	, , ,	
AFFIX NOTARY	Y STAMP / SEAL ABOVE			
		, tl	his the	day
of	_, 20, to certify v	which, witness my hand and seal of office.		
Signature of officer ad	dministering oath	Printed name of officer administering oath	Title of offic	er administering oath
Forms provided by Texas I	Ethics Commission	www.ethics.state.tx.us		Version V3.5.1.5b35d027

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

				00.0
17 COMMITTEE NAME18 Filer IDStratus Committee for Responsible Government00016259			(Ethics Comm	ission Filers)
	ULE SUBTOTALS DF SCHEDULE	SUBTOT	AL AMOUNT	
1.)	1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS			0.00
2.	X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0.00
3. 🔿	3. X SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0.00
4.	4. SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION			
5.	5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION			
6.	6. SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION			
7.	7. SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION			
8.	8. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION		\$	
9.)	9. X SCHEDULE E: LOANS		\$	0.00
10.	10. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS		\$	0.00
11.	11. X SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00
12.	12. X SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS		\$	0.00
13.	13. X SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBU	JTIONS	\$	
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION TO FILER	NS RETURNED	\$	
1				

PLEDGED CONTRIBUTIONS SCHEDULE **B** 1 Total pages Schedule B: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 4/5 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Stratus Committee for Responsible Government 00016259 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	SCHEDUL	ЕE	
The Instruction Guide explains how to complete this form.	ges Schedule E: 1 Rpt: 5/5		
Stratus Committee for Responsible Government	3 Filer ID 000162	(Ethics Commission F 259	ilers)
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))		
14 Description of Collateral 15 Check if personal funds were None	re deposited	l into political account (See Instructions)	
Image: state		19 Amount Guarantee	d (\$)
not applicable 18 Guarantor address; City; State; Zip Code			
20 Principal occupation 21 Employer (See Instructions))		