MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM MPAC COVER SHEET PG 1

The MPAC Instruction	Guide explains how to complete this form	1 Filer ID (Ethics Commission Filers) 00055986	2 Total pages filed:9
3 COMMITTEE NAME			OFFICE USE ONLY
McKinnev Commit	ee to Inform Voters and Businesses on	Issues and Concerns	
			Date Received
			ELECTRONICALLY FILED
			05/06/2024
4 COMMITTEE	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP	-
ADDRESS			
	7300 State Highway 121		
	Suite 200A		
Change of Address	McKinney, TX 75070		Date Hand-delivered or Date Postmarked
5 CAMPAIGN	MS/MRS/MR FIRST	MI	
TREASURER	Ms. Lisa		Receipt # Amount
NAME			
			Date Processed
	NICKNAME LAST	SUFF	
	Herme		Date Imaged
	неппе	5	Date imageu
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEASE	E); APT / SUITE #; CITY; S	TATE; ZIP CODE
STREET	7300 State Highway 121		
ADDRESS	Suite 200A		
(Residence or Business)	McKinney, TX 75070		
	-		
7 CAMPAIGN	STREET ADDRESS OR PO BOX;	APT / SUITE #; CITY; S	STATE; ZIP CODE
TREASURER MAILING			
ADDRESS			
Change of Address			
8 CAMPAIGN TREASURER	AREA CODE PHONE NUMBER	EXTENSION	
PHONE	(972) 542-0163		
9 REPORT TYPE	Terra Manadala	10th day after campaign	
	X Monthly	treasurer termination	Dissolution (Attach PAC-DR)
10 MONTHLY			
REPORT FILING	January 5 Ap	oril 5 🛛 🗌 July 5	October 5
DEADLINE			
	February 5 X M	August 5 August 5	November 5
	March 5 Ju	ne 5 September 5	December 5
11 PERIOD	Month Day Year	Month	Day Year
COVERED	03/26/2024	THROUGH 04/25	5/2024
GO TO PAGE 2			
Forms provided by Te	kas Ethics Commission www	ethics.state.tx.us	Version V4.1.0.e4187d4a

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME 13 File			13 Filer ID	(Ethics Commission Filers)
McKinney Committee to	Inform Voters and Bu	sinesses on Issues and Concerns	000559	86
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	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLEI	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	912.50
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	3,280.60
CONTRIBUTION BALANCE	5. TOTAL POLITICAL C OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	4,885.07
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF REPORTING 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.	erjury, that th mation requ	ne accompanying report is lired to be reported by me
		Ms. Lis	a Hermes	
		Signature of Ca		asurer
AFFIX NOTARY	STAMP / SEAL ABOVE			
Sworn to and subscribed	before me, by the said	,t	his the	day
		which, witness my hand and seal of office.		
Signature of officer ad	ninistering oath	Printed name of officer administering oath	Title of o	officer administering oath
Forms provided by Texas E	thics Commission	www.ethics.state.tx.us		Version V4.1.0.e4187d4a

FORM MPAC COVER SHEET PG 3

3 of 9

			(Ethics Co	mmission Filers)	
McKinney Committee to Inform Voters and Businesses on Issues and Concerns 00055986					
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBT	OTAL AMOUNT	
1.	х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	912.50
2.	Х	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.		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	RGANIZATION	\$	
9.	Х	SCHEDULE E: LOANS		\$	0.00
10.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	3	\$	3,280.60
11.	Х	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00
12.	Х	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIO	DNS	\$	0.00
13.	Х	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00
14.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIO	ONS	\$	
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$	
				•	

SUBTOTALS - MPAC

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 1/3 Rpt: 4/9 2 FILER NAME Filer ID (Ethics Commission Filers) 3 McKinney Committee to Inform Voters and Businesses on Issues and Concerns 00055986 4 Date Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 03/28/2024 A-Affordable Storage \$80.00 6 Contributor address; City; State; Zip Code Mansfield, TX 76063 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/27/2024 \$42.50 Above & Below 1031, LLC Contributor address; City; State; Zip Code McKinney, TX 75070 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 04/25/2024 Aspen Dental \$80.00 Contributor address; City; State; Zip Code McKinney, TX 75070 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/19/2024 Ebby Halliday Realtors \$150.00 Contributor address; City; State; Zip Code McKinney, TX 75070 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#:_ 03/27/2024 \$42.50 Gather in Downtown McKinney Contributor address; City; State; Zip Code McKinney, TX 75069 Principal occupation / Job title (See Instructions) Employer (See Instructions)

	ARY POLITICAL CONTRIBUTIO	ONS	SCHEDULE A1
The Instruc	tion Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 2/3 Rpt: 5/9
2 FILER NAME McKinney Co	mmittee to Inform Voters and Businesses on Issue		3 Filer ID (Ethics Commission Filers) 00055986
04/17/2024	 Full name of contributor out-of-state PAC (ID#: Home2 Suites by Hilton - McKinney Contributor address; City; State; Zip Code)	7 Amount of Contribution (\$) \$42.5
Principal occur	McKinney, TX 75070 Dation / Job title (See Instructions)	9 Employer (See Instructions)	N
i Millupai occup)
Date 04/12/2024	Full name of contributor out-of-state PAC (ID#: KSA Engineers Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$80.0
	McKinney, TX 75070		
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions)
Date 04/19/2024	Full name of contributor out-of-state PAC (ID#: Local Yocal)	Amount of Contribution (\$) \$80.0
1	Contributor address; City; State; Zip Code		
	Contributor address; City; State; Zip Code McKinney, TX 75069		
Principal occup		Employer (See Instructions))
Principal occup Date 04/05/2024	McKinney, TX 75069) Amount of Contribution (\$) \$42.5
Date	McKinney, TX 75069 pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID# McKinney Animal Hospital		Amount of Contribution (\$)
Date 04/05/2024	McKinney, TX 75069 Dation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#: McKinney Animal Hospital Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$42.5
Date 04/05/2024	McKinney, TX 75069 Dation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#: McKinney Animal Hospital Contributor address; City; State; Zip Code McKinney, TX 75070	Employer (See Instructions	Amount of Contribution (\$) \$42.5
Date 04/05/2024 Principal occup Date	McKinney, TX 75069 Dation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#: McKinney Animal Hospital Contributor address; City; State; Zip Code McKinney, TX 75070 Dation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#: Stonebridge Ranch Country Club - The Stoneb	Employer (See Instructions	Amount of Contribution (\$) \$42.5) Amount of Contribution (\$)

MONE	ARY POLITICAL CONTRIBUTIO	NS	SCHEDULE A	1
The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: Sch: 3/3 Rpt: 6/9	
 FILER NAME McKinney Committee to Inform Voters and Businesses on Issues and Concerns 		3 Filer ID (Ethics Commission Filers 00055986	;)	
4 Date 04/23/2024	6 Contributor address; City; State; Zip Code		7 Amount of Contribution (\$) \$42	2.50
8 Principal occ	McKinney, TX 75069 upation / Job title (See Instructions)	9 Employer (See Instructions	ns)	
Date 04/12/2024	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$) 	0.00
Principal occ	McKinney, TX 75071 upation / Job title (See Instructions)	Employer (See Instructions	lis)	

PLEDGED CONTRIBUTIONS SCHEDULE B 1 Total pages Schedule B: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 7/9 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) (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	SCHEDULE E
The Instruction Guide explains how to complete this form.	1 Total pages Schedule E: Sch: 1/1 Rpt: 8/9
2 FILER NAME McKinney Committee to Inform Voters and Businesses on Issues and Co	3Filer ID (Ethics Commission Filers)oncerns00055986
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 8 Lender address; City; State; Zip financial institution?	Code 10 Interest Rate
	11 Maturity Date
12 Principal occupation / Job title (See Instructions) 13 Empl	loyer (See Instructions)
14 Description of Collateral 15 Check None Image: Check of the second s	k if personal funds were deposited into political account (See Instructions)
16 GUARANTOR 17 Name of guarantor INFORMATION	19 Amount Guaranteed (\$)
not applicable 18 Guarantor address; City; State; Zip	Code
20 Principal occupation 21 Emp	loyer (See Instructions)

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	
Sch: 1/1 Rpt: 9/9 4 Date	McKinney Committee to Inform Voters and Businesses on 00055986 5 Payee name 00055986
04/23/2024	AGI Marketing
6 Amount (\$) \$3,280.60	7 Payee address; City; State; Zip Code 1113 Hyde Park Dr
Expenditure from corporate funds	McKinney, TX 75069
8 PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense PAC and ROW Stickers, Signage, and Marketing Consulting & Design
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held