MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM MPAC COVER SHEET PG 1

Tł	ne MPAC Instruction	2 Total pages filed: 7						
3	COMMITTEE NAME	OFFICE USE ONLY						
I	McKinney Committ	ee to Inform Voters and Businesses on Is	sues and Concerns	Date Received				
		ELECTRONICALLY FILED 05/30/2024						
4		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	SUFFIX					
		Hermes		Date Imaged				
6	CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE)	; APT / SUITE #; CITY; STA	ATE; ZIP CODE				
	TREASURER	7300 State Highway 121						
	STREET ADDRESS	Suite 200A						
	(Residence or Business)							
		McKinney, TX 75070						
7	CAMPAIGN TREASURER	STREET ADDRESS OR PO BOX;	APT / SUITE #; CITY; ST.	ATE; ZIP CODE				
	MAILING							
	ADDRESS							
	Change of Address							
8	CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION					
Ē	TREASURER							
	PHONE	(972) 542-0163						
9	REPORT TYPE							
		X Monthly	10th day after campaign treasurer termination	Dissolution (Attach PAC-DR)				
10								
1.0) MONTHLY REPORT FILING	January 5 Apri	I 5 July 5	October 5				
	DEADLINE							
		February 5 May	August 5	November 5				
		March 5 X June	e 5 September 5	December 5				
11	L PERIOD COVERED	Month Day Year	THROUGH Month	Day Year				
	COVERED	04/26/2024	05/25/2	2024				
I								
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	GO TO PAGE 2							
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H0	itus nrovided by Ley	Cas Finics Commissión WWW A	INCS STATE IX US	Version V4.1.0.d378aba0				

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 POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)						
EXPENDITURE TOTALS							
	4. TOTAL POLITICAL EXPENDITURES						
CONTRIBUTION BALANCE							
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 Campaign Treasurer						
AFFIX NOTARY STAMP / SEAL ABOVE							
Sworn to and subscribed before me, by the said day							
Signature of officer ad	lministering oath	Printed name of officer administering oath	Title of off	icer administering oath			
Forms provided by Texas E	Ethics Commission	www.ethics.state.tx.us		Version V4.1.0.d378aba0			

FORM MPAC COVER SHEET PG 3

3 of 7

		18 Filer ID	(Ethics Commission		
17 COMMITT McKinne	(Ethics Commission Filers)				
19 SCHEDUL NAME OF	SUBTOTAL AMOUNT				
1. X	1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS				
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	\$			
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$		
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	GANIZATION	\$		
7.	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	2	\$		
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR	ORGANIZATION	\$		
9. X	SCHEDULE E: LOANS		\$	0.00	
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	0.00	
11. X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	0.00		
12. X	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTI	ONS	\$	0.00	
13. X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00	
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTI	ONS	\$		
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS 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: 1/2 Rpt: 4/7 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 (\$) 05/15/2024 1701 At Eldorado \$80.00 6 Contributor address; City; State; Zip Code McKinney, TX 75069 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 05/24/2024 \$42.50 HDGU INC 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#: 05/02/2024 \$42.50 Invene 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 (\$) 04/30/2024 Koonsfuller, P.C. \$80.00 Contributor address; City; State; Zip Code Plano, TX 75093 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 05/15/2024 \$42.50 McKinney Roofing Contributor address; City; State; Zip Code McKinney, TX 75070 Principal occupation / Job title (See Instructions) Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 2/2 Rpt: 5/7 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 (\$) 05/10/2024 Mesa's Mexican Grill \$20.00 6 Contributor address; City; State; Zip Code McKinney, TX 75070 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 05/23/2024 SMB Legal Counsel \$85.00 Contributor address; City; State; Zip Code McKinney, TX 75071 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Amount of Contribution (\$) Date 05/02/2024 Social Living Real Estate Boutique \$42.50 Contributor address; City; State; Zip Code McKinney, TX 75069 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 05/22/2024 The Albers Group \$150.00 Contributor address; City; State; Zip Code McKinney, TX 75069 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 05/15/2024 \$42.50 The Celt Contributor address; City; State; Zip Code McKinney, TX 75069 Principal occupation / Job title (See Instructions) Employer (See Instructions)

PLEDGED CONTRIBUTIONS SCHEDULE B 1 Total pages Schedule B: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 6/7 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							SC	HEDULE E
I The Instruction Guide explains how to complete this form							ages Schedule E: /1 Rpt: 7/7	
2 FILER NAME 3 Filer IE					3 Filer ID 000559		mission Filers)	
⁴ TOTAL OF UN	4					\$ 0.00		
5 Date of loan	7 Name of lender		out-of-state PA	C (ID#:)	9 Loan Am	ount (\$)
6 Is lender a financial institution?	8 Lender address;	City;	State;	Zip Code			10 Interest F	
							11 Maturity I	Date
12 Principal occupation	on / Job title (See Instruct	tions)		13 Employer (See Inst	tructions)	-	
14 Description of Coll	ateral			15 Check if personal f	unds we	re deposite	d into political (See Inst	
16 GUARANTOR INFORMATION	17 Name of guarantor						19 Amount (Guaranteed (\$)
not applicable	18 Guarantor address;	City;	State;	Zip Code				
20 Principal occupation	n D			21 Employer (See Inst	tructions)	1	