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) 00055986 3 COMMITTEE NAME **OFFICE USE ONLY** McKinney Committee to Inform Voters and Businesses on Issues and Concerns Date Received **ELECTRONICALLY FILED** 07/29/2024 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 MS / MRS / MR **CAMPAIGN FIRST** MI **TREASURER** Receipt # Amount Ms. Lisa NAME Date Processed **NICKNAME SUFFIX** LAST Date Imaged Hermes CAMPAIGN APT / SUITE #; STREET ADDRESS (NO PO BOX PLEASE); CITY; STATE; ZIP CODE **TREASURER** 7300 State Highway 121 STREET **ADDRESS** Suite 200A (Residence or Business) McKinney, TX 75070 **CAMPAIGN** STREET ADDRESS OR PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** MAILING **ADDRESS** Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** (972) 542-0163 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 X August 5 November 5 March 5 September 5 December 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 06/26/2024 07/25/2024

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

L2 COMMITTEE NAME			13 File	
McKinney Committee	e to Inform Voters and Bu	sinesses on Issues and Conc	erns 000	055986
4 COMMITTEE ACTIVITY	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		
report in neucocal y .,				
	2. Measures	A. Supported		
	(Describe by date and location of election and nature of issue.)			
		B. Opposed		
	Officeholders Assisted			
	(Identify by name or, if applicable, classify by party.)			
5 CONTRIBUTION		D POLITICAL CONTRIBUTIONS		
TOTALS		OR GUARANTEES OF LOANS, (IADE ELECTRONICALLY)	OR	\$ 0.0
	I	qualifies for the higher itemization thre	eshold	
	2. TOTAL POLITICA			\$ 509.5
	(OTHER THAN PLE	DGES, LOANS, OR GUARANTEE	ES OF LOANS)	000.0
EXPENDITURE TOTALS	3. TOTAL UNITEMIZE	D POLITICAL EXPENDITURES		\$ 0.0
	4. TOTAL POLITICA	L EXPENDITURES		\$ 0.0
CONTRIBUTION	F TOTAL POLITICAL	CONTRIBUTIONS MAINTAINED	AC OF THE LACT DAY	
BALANCE		5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD		
OUTSTANDING LOAN TOTALS		TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		
C AFFIDAVIT				
.6 AFFIDAVIT				
		I swear, or affirm, ι true and correct an under Title 15, Elec	d includes all information	nat the accompanying report is required to be reported by me
			Ms. Lisa Herm	nes
			Signature of Campaign	n Treasurer
AFFIX NOTA	RY STAMP / SEAL ABOVE			
Sworn to and subscrib	ed before me, by the said _		, this the	day
		which, witness my hand and seal		
Signature of officer	administering oath	Printed name of officer administe	ring oath Title	e of officer administering oath

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

3 of ⁻

					3 of 7			
17 COMMITTEE NAME McKinney Committee to Inform Voters and Businesses on Issues and Concerns 18 Filer ID (Ethics Commission Filers) 00055986								
19 SCH NAM	HEDUL ME OF	SUBTOTAL AMOUNT						
1.	X	\$	509.58					
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 LABOURGANIZATION	OR	\$				
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPOR LABOR ORGANIZATION	ATION OR	\$				
6.		\$						
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.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	IS	\$	0.00			
11.	Х	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00			
12.	Х	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUT	IONS	\$	0.00			
13.	X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00			
14.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	IONS	\$				
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$				
				•				

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 1/2 Rpt: 4/7	
2	FILER NAME McKinney Co	ME y Committee to Inform Voters and Businesses on Issues and Concerns		3	Filer ID (Ethics Commission Filers) 00055986	
4	Date 07/23/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$42.50
_		Prosper, TX 75078				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	i)		
	Date 06/27/2024	Full name of contributor out-of-state PAC (ID#: Firma Commercial Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$42.50
		McKinney, TX 75069				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 07/25/2024	Full name of contributor out-of-state PAC (ID#: Residence Inn By Marriott/Allen Fairview McKinr Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$80.00
		Fairview, TX 75069				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
	Date 07/03/2024	Full name of contributor out-of-state PAC (ID#: TDDC - Texas Digestive Disease Consultants Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$42.50
	Principal occu	McKinney, TX 75071 pation / Job title (See Instructions)	Employer (See Instructions	j)		
	Date 07/03/2024	Full name of contributor out-of-state PAC (ID#: TDDC - Texas Digestive Disease Consultants Contributor address; City; State; Zip Code McKinney, TX 75071			Amount of Contribution (\$)	\$42.50
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>(</u>		

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDUL	E A1	
	The Instruction Guide explains how to complete this form.				Total pages Schedule A1: Sch: 2/2 Rpt: 5/7	l:	
2	FILER NAME McKinney Committee to Inform Voters and Businesses on Issues and Concerns			3	Filer ID (Ethics Commissio 00055986	n Filers)	
4	Date 07/01/2024 5 Full name of contributor out-of-state PAC (ID#:) The Body Shop Collision Repair 6 Contributor address; City; State; Zip Code			7	Amount of Contribution (\$)	\$67.08	
_		McKinney, TX 75069		_			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	S) 			
	Date 07/22/2024	Full name of contributor out-of-state PAC (ID#:_ Therapy On The Square Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$42.50	
		McKinney, TX 75069					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)			
	Date 07/02/2024	Full name of contributor out-of-state PAC (ID#:_ Towneplace Suites-McKinney Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$150.00	
		MCKINNEY, TX 75069-4450					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	S)			

PLEDGED CONTRIBUTION	ONS	SCHEDULE B
The Instruction Guide explain	s how to complete this form.	1 Total pages Schedule B: Sch: 1/1 Rpt: 6/7
2 FILER NAME McKinney Committee to Inform Voters and	3 Filer ID (Ethics Commission Filers) 00055986	
4 TOTAL OF UNITEMIZED PLEDGES		\$ 0.0
5 Date 6 Full name of pledgor	out-of-state PAC (ID#:)	8 Amount of pledge (\$) 9 In-kind description (If applicable)
7 Pledgor Address; C	ity; State; Zip Code	Check if travel outside of Texas. Complete Schedule
10 Principal occupation / Job title (See Instructions	s) 11 Employer (See Instr	ructions)

	LOANS						SCH	EDULE E
	The Instruction Guide explains how to complete this form					iges Schedule E: 1 Rpt: 7/7		
2	2 FILER NAME McKinney Committee to Inform Voters and Businesses on Issue			s and Concerns	3	Filer ID 000559	(Ethics Comm	ission Filers)
4	TOTAL OF UN	IITEMIZED LOANS					\$	0.00
5	Date of loan	7 Name of lender out	t-of-state PA	C (ID#:)	9 Loan Amou	int (\$)
6	Is lender a financial institution?	8 Lender address; City;	State;	Zip Code			10 Interest Ra	te
							11 Maturity Da	te
12	Principal occupation	on / Job title (See Instructions)		13 Employer (See Ins	structions)		I	
14	Description of Coll	ateral		15 Check if personal	funds were	deposited	l into political account (See Instructions)	
16	GUARANTOR INFORMATION	17 Name of guarantor					19 Amount Gu	aranteed (\$)
	not applicable	18 Guarantor address; City;	State;	Zip Code				
20	Principal occupation	on		21 Employer (See Ins	structions)			