

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC
COVER SHEET PG 2

12 COMMITTEE NAME McKinney Committee to Inform Voters and Businesses on Issues and Concerns	13 Filer ID (Ethics Commission Filers) 00055986
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14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported
		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	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 509.58
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 6,963.97
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

16 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Ms. Lisa Hermes

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

SUBTOTALS - MPAC

17 COMMITTEE NAME McKinney Committee to Inform Voters and Businesses on Issues and Concerns		18 Filer ID (Ethics Commission Filers) 00055986
19 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 509.58
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3.	<input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 0.00
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 0.00
11.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
12.	<input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$ 0.00
13.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/2 Rpt: 4/7
2 FILER NAME McKinney Committee to Inform Voters and Businesses on Issues and Concerns		3 Filer ID (Ethics Commission Filers) 00055986
4 Date 07/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crossland Construction Co, Inc 6 Contributor address; City; State; Zip Code Prosper, TX 75078	7 Amount of Contribution (\$) \$42.50
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 06/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Firma Commercial Contributor address; City; State; Zip Code McKinney, TX 75069	Amount of Contribution (\$) \$42.50
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Residence Inn By Marriott/Allen Fairview McKinney Contributor address; City; State; Zip Code Fairview, TX 75069	Amount of Contribution (\$) \$80.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/03/2024	Full name of contributor <input type="checkbox"/> 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 occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/03/2024	Full name of contributor <input type="checkbox"/> 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 occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/2 Rpt: 5/7
2 FILER NAME McKinney Committee to Inform Voters and Businesses on Issues and Concerns		3 Filer ID (Ethics Commission Filers) 00055986
4 Date 07/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) The Body Shop Collision Repair <hr/> 6 Contributor address; City; State; Zip Code McKinney, TX 75069	7 Amount of Contribution (\$) \$67.08
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 07/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Therapy On The Square <hr/> Contributor address; City; State; Zip Code McKinney, TX 75069	Amount of Contribution (\$) \$42.50
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Towneplace Suites-McKinney <hr/> Contributor address; City; State; Zip Code MCKINNEY, TX 75069-4450	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains 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 Businesses on Issues and Concerns

3 Filer ID (Ethics Commission Filers)
00055986

4 TOTAL OF UNITEMIZED PLEDGES

\$ 0.00

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; 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: 7/7
2 FILER NAME McKinney Committee to Inform Voters and Businesses on Issues and Concerns		3 Filer ID (Ethics Commission Filers) 00055986
4 TOTAL OF UNITEMIZED LOANS		\$ 0.00
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$)
6 Is lender a financial institution?	8 Lender address; City; State; Zip Code	10 Interest Rate
		11 Maturity Date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> None		15 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal occupation		21 Employer (See Instructions)