#### 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) 00068812 3 COMMITTEE NAME **OFFICE USE ONLY CDS Muery PAC** Date Received **ELECTRONICALLY FILED** 08/28/2024 COMMITTEE ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP **ADDRESS** 100 NE Loop 410 Suite 300 Change of Address San Antonio, TX 78216 Date Hand-delivered or Date Postmarked MS / MRS / MR **FIRST CAMPAIGN** MI **TREASURER** Receipt # Amount Mr. Russell E. NAME Date Processed **NICKNAME SUFFIX** LAST Date Imaged Morkovsky CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 100 NE Loop 410 STREET **ADDRESS** Suite 300 (Residence or Business) San Antonio, TX 78216 **CAMPAIGN** STREET ADDRESS OR PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** 100 NE Loop 410 MAILING **ADDRESS** Suite 300 Change of Address San Antonio, TX 78216 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** (210) 581-1111 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 August 5 November 5 March 5 X September 5 December 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 07/26/2024 08/25/2024 **GO TO PAGE 2**

### MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

# FORM MPAC COVER SHEET PG 2

| 2 COMMITTEE NAME  |  |                                  |   | 13 Filer                         |                      | (Ethics Commission Filers)                    |
|---|--|----------------------------------|---|----------------------------------|----------------------|---|
| CDS Muery PAC   |  |                                  |   | 0006                             | 8812                 |   |
| 4 COMMITTEE   | 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                       |   |                                  |                      |   |
|   | 2. Measures  | A. Supported                     |   |                                  |                      |   |
|   | (Describe by date and location of election and nature of issue.)                           | 7. Capported                     |   |                                  |                      |   |
|   |  | B. Opposed                       |   |                                  |                      |   |
|   | Officeholders     Assisted (Identify by name or, if applicable, classify by party.)        |                                  |   |                                  |                      |   |
| F CONTRIBUTION  |  | DOLITION CONT                    | EDIDLITIONIC (OTLIED TILA   | N.I.                             |                      |   |
| 5 CONTRIBUTION<br>TOTALS  | PLEDGES, LOANS, CONTRIBUTIONS M check here if this report                                  | OR GUARANTEES<br>IADE ELECTRONIC | CALLY)  | IN                               | \$                   | 0.00  |
|   | 2. TOTAL POLITICA  |                                  |   |                                  | \$                   | 0.00  |
|   | (OTHER THAN PLEI   | DGES, LOANS, OR                  | GUARANTEES OF LOANS   | 5)                               | ,                    | 0.00  |
| EXPENDITURE<br>TOTALS   | 3. TOTAL UNITEMIZED  | D POLITICAL EXPE                 | NDITURES  |                                  | \$                   | 0.00  |
|   | 4. TOTAL POLITICA  | L EXPENDITURE                    | <b>ES</b>   |                                  | \$                   | 1,375.00                                      |
| CONTRIBUTION<br>BALANCE   | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD     |                                  |   | \$                               | 2,100.43             |   |
| OUTSTANDING<br>LOAN TOTALS  | TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD |                                  |   | \$                               | 0.00                 |   |
| 6 AFFIDAVIT   |  |                                  |   |                                  |                      |   |
|   |  | true a                           | ear, or affirm, under penalty<br>and correct and includes all<br>r Title 15, Election Code. | of perjury, tha<br>information r | at the ac<br>equired | ccompanying report is<br>to be reported by me |
|   |  |                                  | Mr. Rus   | ssell E. Morl                    | covsky               |   |
|   |  |                                  |   | of Campaign                      |                      | er  |
| AFFIX NOTARY  | STAMP / SEAL ABOVE   |                                  |   |                                  |                      |   |
| Sworn to and subscribed   | hefore me, by the said   |                                  |   | this the                         |                      | day   |
| of  |  |                                  |   | , uno uno _                      |                      | uuy   |
|   | ,,,  | ,                                |   |                                  |                      |   |
| Signature of officer adr  | ministering oath   | Printed name of off              | icer administering oath   | Title                            | of office            | er administering oath                         |

#### **SUBTOTALS - MPAC**

## FORM MPAC COVER SHEET PG 3

|                      |  |                             | 3 of 5                     |
|----------------------|--|-----------------------------|----------------------------|
| 17 COMMIT            |  | <b>18</b> Filer ID 00068812 | (Ethics Commission Filers) |
| 19 SCHEDU<br>NAME OF | SUBTOTAL AMOUNT  |                             |                            |
| 1.                   | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                      | \$                          |                            |
| 2.                   | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        | \$                          |                            |
| 3.                   | SCHEDULE B: PLEDGED CONTRIBUTIONS  | \$                          |                            |
| 4.                   | SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO<br>ORGANIZATION       | \$                          |                            |
| 5.                   | SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORAL LABOR ORGANIZATION | \$                          |                            |
| 6.                   | SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG                        | \$                          |                            |
| 7.                   | SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION           | !                           | \$                         |
| 8.                   | SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (                      | ORGANIZATION                | \$                         |
| 9.                   | SCHEDULE E: LOANS  |                             | \$                         |
| 10. X                | SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS                   | S                           | <b>\$</b> 1,375.00         |
| 11.                  | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS   |                             | \$                         |
| 12.                  | SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION                   | ONS                         | \$                         |
| 13.                  | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                      |                             | \$                         |
| 14.                  | SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION                 | ONS                         | \$                         |
| 15.                  | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I<br>TO FILER     | RETURNED                    | \$                         |
|                      |  |                             |                            |
|                      |  |                             |                            |
|                      |  |                             |                            |
|                      |  |                             |                            |
|                      |  |                             |                            |
|                      |  |                             |                            |
|                      |  |                             |                            |

### POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

| Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment |   | Legal Services Salaries/Wages/Contract Labor  The Instruction Guide explains how to complete this form. |        |                               | OTHER (enter a category not listed above) |                            |                             |
|---|---|---|--------|-------------------------------|---|----------------------------|-----------------------------|
| 4 7   |   | Tuction Guide explains now to   | Joinpi | ete tilis ioiili.             | _   | F". ID                     | (Filtre Or material Filtre) |
| 1 Total pages Schedule F1:  |   |   |        | 3                             | Filer ID                                  | (Ethics Commission Filers) |                             |
| Sch: 1/2 Rpt: 4/5   | CDS Muery PAC 00068812  |   |        |                               |   |                            |                             |
| 4 Date  | <b>5</b> Payee name   |   |        |                               |   |                            |                             |
| 08/13/2024  | CEPAC   |   |        |                               |   |                            |                             |
| 6 Amount (\$)   | 7 Payee address; City; State; Zip Code  |   |        |                               |   |                            |                             |
| \$375.00  | 1001 Congress Ave.  |   |        |                               |   |                            |                             |
| - "   | Suite 200   |   |        |                               |   |                            |                             |
| Expenditure from corporate funds  | Austin, TX 78701  |   |        |                               |   |                            |                             |
| 8 PURPOSE   | (a) Category (See Categor   | es listed at the top of this schedule)  | (b)    | Description                   |   |                            |                             |
| OF<br>EXPENDITURE   | Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T. |   |        |                               | plete Schedule T.                         |                            |                             |
| EXPENDITORE   | Candidate/Officeholder/Political Committee  |   |        |                               |   |                            |                             |
|   |   |   |        | Contribution t<br>Action Comm |   |                            | ulting Engineers Political  |
|   |   |   |        | Action Comm                   | ше  | e (CEPAC)                  |                             |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI                                      | Candidate/Officeholde   | name Office so  | ought  |                               |   | Office he                  | eld                         |
| experialiture to benefit C/OI   |   |   |        |                               |   |                            |                             |
| Date  | Payee name  |   |        |                               |   |                            |                             |
| 07/26/2024  | Jose Menendez Ca  | ampaign   |        |                               |   |                            |                             |
| Amount (\$)   | Payee address;  | City; State; Zip (  | Code   |                               |   |                            |                             |
| \$250.00  | P.O.Box 100833  |   |        |                               |   |                            |                             |
|   |   |   |        |                               |   |                            |                             |
| Expenditure from corporate funds  | San Antonio, TX 78  | 3201  |        |                               |   |                            |                             |
| PURPOSE   | (a) Category (See Categor   | es listed at the top of this schedule)  | (b)    | Description                   |   |                            |                             |
| OF<br>EXPENDITURE   | Contributions/Dona  | ,   |        | <b>=</b>                      |   | de of Texas. Com           |                             |
|   | Candidate/Officeholder/Political Committee  |   |        |                               |   |                            |                             |
|   |   |   |        | Senator                       | .0 (                                      | ampaign ioi                | re-election of 1x state     |
| Complete ONLY if direct   | Candidata/Officeholde   | r nome Office or  |        |                               |   | Office he                  | ald.                        |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OI                                     | Candidate/Officeholde   | name Office so  | ougni  |                               |   | Office he                  | eiu                         |
|   |   |   |        |                               |   |                            |                             |
| Date  | Payee name  |   |        |                               |   |                            |                             |
| 07/26/2024  | Juan Lujan for Stat   | е Кер.  |        |                               |   |                            |                             |
| Amount (\$)   | Payee address;  | City; State; Zip (  | Code   |                               |   |                            |                             |
| \$500.00  | P.O.Box 14479   |   |        |                               |   |                            |                             |
| Expenditure from  |   |   |        |                               |   |                            |                             |
| corporate funds   | San Antonio, TX 78  | 3214  |        |                               |   |                            |                             |
| PURPOSE   | (a) Category (See Categor   | es listed at the top of this schedule)  | (b)    | Description                   |   |                            |                             |
| OF<br>EXPENDITURE   | Contributions/Dona  |   |        |                               |   | de of Texas. Com           |                             |
| EXI ENDITORE  | Candidate/Officeho  | older/Political Committee   |        | _                             |   | officeholder living        |                             |
|   |   |   |        | Contribution t                | O C                                       | ampaign toi                | re-election of TX State     |
| Complete CNU V if all   | Condidate/Officels 11   | 045   |        |                               |   | O#:!                       | s I al                      |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OI                                     | Candidate/Officeholde   | name Office so  | ougnt  |                               |   | Office he                  | eiu                         |
| ,   |   |   |        |                               |   |                            |                             |
|   |   |   |        |                               |   |                            |                             |
|   |   |   |        |                               |   |                            |                             |

### POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

| Candidate/Officeholder/Politica<br>Credit Card Payment | I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form. |
|--|---|
| 1 Total pages Schedule F1:                             | 2 FILER NAME 3 Filer ID (Ethics Commission Filers)  |
| Sch: 2/2 Rpt: 5/5                                      | CDS Muery PAC 00068812  |
| 4 Date   | 5 Payee name  |
| 08/13/2024   | Robert Nichols for Texas Senate   |
| 6 Amount (\$)  | 7 Payee address; City; State; Zip Code  |
| \$250.00   | P.O.Box 2347  |
| Expenditure from corporate funds                       | Jacksonville, TX 75766  |
| 8 PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
| OF<br>EXPENDITURE                                      | Contributions/Donations Made By   |
| LA LABITORL  | Candidate/Officeholder/Political Committee  |
|  | Contribution to campaign for re-election of TX State Senate   |
| Complete ONLY if direct expenditure to benefit C/Ol    | Candidate/Officeholder name Office sought Office held   |
|  |   |