#### 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) 00016259 3 COMMITTEE NAME **OFFICE USE ONLY** Stratus Committee for Responsible Government Date Received **ELECTRONICALLY FILED** 03/31/2025 COMMITTEE ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP **ADDRESS** 100 Congress Ave. #1300 Austin, TX 78701 Date Hand-delivered or Date Postmarked CAMPAIGN MS / MRS / MR **FIRST** MI **TREASURER** Receipt # Amount Mr. Kenneth N. NAME Date Processed **NICKNAME SUFFIX** LAST Date Imaged Jones CAMPAIGN APT / SUITE #; STREET ADDRESS (NO PO BOX PLEASE); CITY; STATE; ZIP CODE **TREASURER** 100 Congress Ave. #1300 STREET **ADDRESS** (Residence or Business) Austin, TX 78701 **CAMPAIGN** STREET ADDRESS OR PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** 100 Congress Ave. #1300 MAILING **ADDRESS** Austin, TX 78701 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** (512) 435-2312 REPORT TYPE 10th day after campaign X Monthly Dissolution (Attach PAC-DR) treasurer termination 10 MONTHLY January 5 X April 5 July 5 October 5 REPORT FILING **DEADLINE** February 5 May 5 August 5 November 5 March 5 September 5 December 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 02/26/2025 03/25/2025

### MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

# FORM MPAC COVER SHEET PG 2

L2 COMMITTEE NAME			13 File		rs)
Stratus Committee fo	or Responsible Governme	_	000	16259	
.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			
	2. Macauras	A. Supported			
	Measures     (Describe by date and location)	A. Supported			
	of election and nature of issue.)				
		B. Opposed			
	3. Officeholders Assisted				
	(Identify by name or, if applicable, classify by party.)				
L5 CONTRIBUTION TOTALS		D POLITICAL CONTRIBUTIONS (OTHE OR GUARANTEES OF LOANS, OR	ER THAN		
	CONTRIBUTIONS N	ADE ELECTRONICALLY) qualifies for the higher itemization threshold		\$	0.00
	2. TOTAL POLITICA	·		\$	0.00
	(OTHER THAN PLE	DGES, LOANS, OR GUARANTEES OF	LOANS)	Ť	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZE	POLITICAL EXPENDITURES		\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES		\$	0.00
CONTRIBUTION BALANCE		5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 39	99.11
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOA REPORTING PERIOD	ANS AS OF THE	\$	0.00
6 AFFIDAVIT					
		I swear, or affirm, under p true and correct and inclu under Title 15, Election C	ides all information	nat the accompanying report is required to be reported by me	
			Mr. Kenneth N. J	lones	
		Sigi	nature of Campaign		-
AFFIX NOTA	RY STAMP / SEAL ABOVE	- 3			
AFFIX NOTA	RT STAMP / SEAL ABOVE				
				day	
of	, 20, to certify	which, witness my hand and seal of offic	e.		
Signature of officer	administering oath	Printed name of officer administering or	ath Title	e of officer administering oath	-
	-	· ·		-	

#### **SUBTOTALS - MPAC**

## FORM MPAC COVER SHEET PG 3

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				3 of 6	
<b>17</b> COMM	TTEE NAME	18 Filer ID	(Ethics Commission	n Filers)	
Stratus	Stratus Committee for Responsible Government 00016259				
19 SCHED	SUBTOTAL A	MOUNT			
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	0.00	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0.00	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0.00	
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	OR	\$		
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORAL LABOR ORGANIZATION	ATION OR	\$		
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	SANIZATION	\$		
7.	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	2	\$		
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR	ORGANIZATION	\$		
9.	SCHEDULE E: LOANS		\$	0.00	
10.	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	IS	\$	0.00	
11.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00	
12.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTI	ONS	\$	0.00	
13.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00	
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTI	ONS	\$	10.00	
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$		

PLEDGED CONTRIE	UTIONS				SCHEDULE	В
The Instruction Guide	explains how to comple	ete this form.	1	Total pages Scher Sch: 1/1 Rpt: 4/		
FILER NAME     Stratus Committee for Responsib	le Government		3		nics Commission Filers)	
4 TOTAL OF UNITEMIZED PLE	:DGES			\$		0.00
5 Date 6 Full name of pledgo  7 Pledgor Address;	out-of-state PAC (ID#:		8	Amount of pledge (\$)	9 In-kind description (If applicable)	
			    [	Check if travel outs	i I I I side of Texas. Complete Sch	iedule T.
10 Principal occupation / Job title (See II	structions)	11 Employer (See Instru	ictio	ons)		

	LOANS				SCHEDULE E
	The Instructio	on Guide explains how to complete this	form.	1	ages Schedule E: /1 Rpt: 5/6
2	FILER NAME Stratus Committee	ee for Responsible Government		3 Filer ID 000162	(Ethics Commission Filers)
4	TOTAL OF UN	IITEMIZED LOANS			\$ 0.00
5	Date of loan	7 Name of lender out-of-state I	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	on / Job title (See Instructions)	13 Employer (See Instruction	ıs)	
14	Description of Coll	ateral	15 Check if personal funds w	ere deposite	d into political account (See Instructions)
16	GUARANTOR INFORMATION	17 Name of guarantor			19 Amount Guaranteed (\$)
	not applicable	18 Guarantor address; City; State;	Zip Code		
20	Principal occupation	on	21 Employer (See Instruction	ıs)	

	AL EXPENDITURES POLITICAL CONTRIBUTIONS	SCHEDULE I
	The Instruction Guide explains how to complete thi	s form.
1 Total pages Schedule I: Sch: 1/1 Rpt: 6/6	FILER NAME     Stratus Committee for Responsible Government	3 Filer ID (Ethics Commission Filers) 00016259
4 Date 02/28/2025	5 Payee name Frost Bank	
6 Amount (\$) 10.00	7 Payee Address; City; State; Zip P.O. Box 1727	
Expenditure from corporate funds	Austin, TX 78701	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking Bank Accou	(See instructions regarding type of information required.)  nt Service Charge