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) 00069965 3 COMMITTEE NAME **OFFICE USE ONLY** Quiddity PAC Date Received **ELECTRONICALLY FILED** 05/02/2025 COMMITTEE ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP **ADDRESS** 6330 West Loop South, Ste 150 Bellaire, TX 77401 Date Hand-delivered or Date Postmarked CAMPAIGN MS / MRS / MR **FIRST** MI **TREASURER** Receipt # Amount Mr. Martin NAME Date Processed **NICKNAME SUFFIX** LAST Date Imaged Murdock CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 6330 West Loop South Ste. 150 STREET **ADDRESS** (Residence or Business) Bellaire, TX 77401 **CAMPAIGN** STREET ADDRESS OR PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** MAILING **ADDRESS CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** (713) 777-5337 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 X May 5 August 5 November 5 March 5 September 5 December 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 03/26/2025 04/25/2025 **GO TO PAGE 2**

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

| L2 COMMITTEE NAME | | | | 13 File | er ID | (Ethics Commission Filers) |
|---|--|------------------------------|---|--------------------|-------------|----------------------------|
| Quiddity PAC | | | | 000 | 69965 | |
| 4 COMMITTEE ACTIVITY | 1. Candidates (Identify by name or, if applicable, classify by party.) | A. Supported | Walt Smith Commissi | oner | | |
| (Attach lists on plain paper to complete this report if necessary.) | | B. Opposed | | | | |
| | 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.) | | | | | |
| 5 CONTRIBUTION TOTALS | PLEDGES, LOANS, CONTRIBUTIONS N | OR GUARANTE MADE ELECTROI | | THAN | \$ | 0.00 |
| | 2. TOTAL POLITICA (OTHER THAN PLEI | | TIONS OR GUARANTEES OF LO | DANS) | \$ | 18,950.52 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED | D POLITICAL EX | PENDITURES | | \$ | 0.00 |
| | 4. TOTAL POLITICA | AL EXPENDITU | RES | | \$ | 38,750.00 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL OF THE REPORTIN | | S MAINTAINED AS OF T | HE LAST DAY | \$ | 65,793.79 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL A LAST DAY OF THE | | L OUTSTANDING LOANS | S AS OF THE | \$ | 0.00 |
| 6 AFFIDAVIT | L | | | | 1 | |
| | | tru | owear, or affirm, under per le and correct and include lider Title 15, Election Cod | es all information | | |
| | | | I | Mr. Martin Muro | dock | |
| | | | Signat | ture of Campaigr | Treasur | er |
| AFFIX NOTARY | STAMP / SEAL ABOVE | | | | | |
| Sworn to and subscribed | before me, by the said | | | , this the | | day |
| of | , 20, to certify \ | which, witness m | y hand and seal of office. | | | |
| | | | | | | |
| Signature of officer add | ministering oath | Printed name of | officer administering oath | Titl | e of office | er administering oath |

MONTHLY FILING GPAC REPORT: PURPOSE

FORM MPAC **ADDENDUM**

| (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed Rodney Ellis Commissioner (Identify by name or, if applicable, classify by party.) (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) COMMITTEE ASSISTED (Identify by name or, if applicable, classify by party.) COMMITTEE ACTIVITY 1. Candidates (Identify by name or, if applicable, classify by party.) A. Supported John Whitmire Mayor (Identify by name or, if applicable, classify by party.) COMMITTEE ACTIVITY 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) B. Opposed B. Opposed | |
|--|-----|
| 1. Candidates (destrictly by name or, if applicable, classify by party.) (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (identify by name or, if applicable, classify by party.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Identify by name or, if applicable, classify by party.) B. Opposed Rodney Ellis Commissioner (Identify by name or, if applicable, classify by party.) B. Opposed Rodney Ellis Commissioner (Identify by name or, if applicable, classify by party.) B. Opposed Rodney Ellis Commissioner (Identify by name or, if applicable, classify by party.) B. Opposed Rodney Ellis Commissioner (Identify by name or, if applicable, classify by party.) B. Opposed B. Opposed (Identify by name or, if applicable, classify by party.) COMMITTEE ACTIVITY COMMITTEE ACTIVITY (Attach lists on plain paper to complete this | |
| ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted (identity by name or, if applicable, classify by party.) (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed B. Opposed B. Opposed B. Opposed Committee ACTIVITY A. Supported Rodney Ellis Commissioner (identity by name or, if applicable, classify by party.) B. Opposed B. Opposed Committee (Describe by date and location of election and nature of issue.) B. Opposed B. Opposed Committee (Identity by name or, if applicable, classify by party.) B. Opposed Committee (Identity by name or, if applicable, classify by party.) Committee (Identity by name or, if applicable, classify by party.) Committee (Identity by name or, if applicable, classify by party.) Committee (Identity by name or, if applicable, classify by party.) Committee (Identity by name or, if applicable, classify by party.) B. Opposed B. Opposed B. Opposed | 965 |
| paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identity by name or, if applicable, classify by party.) (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identity by name or, if applicable, classify by party.) A. Supported Rodney Ellis Commissioner (Identity by name or, if applicable, classify by party.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed B. Opposed COMMITTEE (Identity by name or, if applicable, classify by party.) COMMITTEE ACTIVITY 1. Candidates (Identity by name or, if applicable, classify by party.) A. Supported John Whitmire Mayor (Identity by name or, if applicable, classify by party.) COMMITTEE (Identity by name or, if applicable, classify by party.) A. Supported Described Desc | |
| COMMITTEE ACTIVITY | |
| COMMITTEE ACTIVITY Committee of issue.) | |
| 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) COMMITTEE ACTIVITY 1. Candidates (Identify by name or, if applicable, classify by party.) (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) COMMITTEE ACTIVITY 1. Candidates (Identify by name or, if applicable, classify by party.) A. Supported Describe by date and location and nature of issue.) B. Opposed B. Opposed B. Opposed B. Opposed Dohn Whitmire Mayor (Attach lists on plain paper to complete this | |
| Assisted (Identify by name or, if applicable, classify by party.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed B. Opposed B. Opposed B. Opposed COMMITTEE ACTIVITY (Identify by name or, if applicable, classify by party.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this (Identify by name or, if applicable, classify by party.) (Attach lists on plain paper to complete this B. Opposed A. Supported John Whitmire Mayor (Attach lists on plain paper to complete this | |
| COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed A. Supported A. Supported B. Opposed B. Opposed B. Opposed B. Opposed B. Opposed | |
| ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this (Identify by name or, if applicable, classify by party.) A. Supported A. Supported A. Supported A. Supported A. Supported John Whitmire Mayor B. Opposed | |
| paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) COMMITTEE ACTIVITY 1. Candidates (Identify by name or, if applicable, classify by party.) (Attach lists on plain paper to complete this | |
| (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) COMMITTEE ACTIVITY 1. Candidates (Identify by name or, if applicable, classify by party.) (Attach lists on plain paper to complete this B. Opposed B. Opposed | |
| 3. Officeholders | |
| Assisted (Identify by name or, if applicable, classify by party.) COMMITTEE ACTIVITY 1. Candidates (Identify by name or, if applicable, classify by party.) (Attach lists on plain paper to complete this B. Opposed | |
| ACTIVITY (Identify by name or, if applicable, classify by party.) (Attach lists on plain paper to complete this B. Opposed | |
| ACTIVITY (Identify by name or, if applicable, classify by party.) (Attach lists on plain paper to complete this B. Opposed | |
| paper to complete this | |
| report if necessary.) | |
| 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.) | |

MONTHLY FILING GPAC REPORT: PURPOSE

FORM MPAC **ADDENDUM**

| | | | | | | | | | | Page 4 of 12 |
|---|---|----------|------|------------|---------|---------|--------|-------------|-------------|------------------|
| 12 COMMITTEE NAME | | | | | | | | 13 Filer ID | (Ethics Cor | mmission Filers) |
| Quiddity PAC | | | | | | | | 00069965 | | |
| ACTIVITY | Candidates (Identify by name or, if applicable, classify by party.) | | rted | Vincent M | Morales | Commiss | sioner | | | |
| (Attach lists on plain paper to complete this report if necessary.) | | B. Oppos | ed | | | | | | | |
| | 2. Measures (Describe by date and location of election and nature of issue.) | A. Suppo | rted | | | | | | | |
| | | B. Oppos | ed | | | | | | | |
| | Officeholders Assisted (Identify by name or, if applicable, classify by party.) | | | | | | | | | |
| ACTIVITY | Candidates (Identify by name or, if applicable, classify by party.) | A. Suppo | rted | Grady Pro | restage | Commiss | ioner | | | |
| (Attach lists on plain paper to complete this report if necessary.) | | B. Oppos | ed | | | | | | | |
| | 2. Measures (Describe by date and location of election and nature of issue.) | A. Suppo | rted | | | | | | | |
| | | B. Oppos | ed | | | | | | | |
| | 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) | | | | | | | | | |
| ACTIVITY | Candidates (Identify by name or, if applicable, classify by party.) | | rted | Bill Cox 1 | Mayor | | | | | |
| (Attach lists on plain paper to complete this report if necessary.) | | B. Oppos | ed | | | | | | | |
| | 2. Measures (Describe by date and location of election and nature of issue.) | A. Suppo | | | | | | | | |
| | | B. Oppos | ed | | | | | | | |
| | 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) | | | | | | | | | |

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

| | 5 of 12 |
|---|----------------------------|
| 17 COMMITTEE NAME Quiddity PAC 18 Filer ID 0006996 | (Ethics Commission Filers) |
| 19 SCHEDULE SUBTOTALS NAME OF SCHEDULE | SUBTOTAL AMOUNT |
| 1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 18,950.52 |
| 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ |
| 3. SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | \$ |
| 5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | \$ |
| 6. SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION | \$ |
| 7. SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION | \$ |
| 8. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATI | ON \$ |
| 9. SCHEDULE E: LOANS | \$ |
| 10. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ 38,750.00 |
| 11. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ |
| 12. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS | \$ |
| 13. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ |
| 14. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ |
| 15. X SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ 2,500.00 |
| | • |
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| | MONET | ARY POLITICAL CONTRIB | BUTION | S | | SCHEDUL | E A1 |
|---|---|--|---|--|---|--|-----------|
| | The Instruc | ction Guide explains how to complet | e this forr | n. | 1 | Total pages Schedule A1: Sch: 1/3 Rpt: 6/12 | |
| 2 | FILER NAME Quiddity PAC | | | | 3 | Filer ID (Ethics Commission 00069965 | n Filers) |
| 4 | Date 04/15/2025 5 Full name of contributor | | | 7 | Amount of Contribution (\$) | \$9,000.18 | |
| _ | Dringing aggr | Houston, TX 77005 | <u> </u> | Employer (See Instructions | <u>, </u> | | |
| 8 | | Principal occupation / Job title (See Instructions) 9 Employer (See Instruction Vice President Quiddity Engineering | | | | | |
| | Date Full name of contributor out-of-state PAC (ID#:) 03/26/2025 Bonham, Lisa Contributor address; City; State; Zip Code Katy, TX 77494 | | | | Amount of Contribution (\$) | \$126.00 | |
| | Principal occupation / Job title (See Instructions) Employer (See Instructions) | | | | <u> </u> | | |
| | Client Manager Quiddity Engineering | | | Quiddity Engineering | | | |
| Date Full name of contributor out-of-state PAC (ID#: 04/16/2025 Breazeale, Matthew (Mr.) Contributor address; City; State; Zip Code | | PAC (ID#: | | | Amount of Contribution (\$) | \$1,251.00 | |
| | Dringing | Katy, TX 77494 | 1 | Franks var (Caa kastu atiana | <u></u> | | |
| | | pation / Job title (See Instructions) usiness Development | | Employer (See Instructions Quiddity Engineering | •) | | |
| | Date 04/25/2025 | Full name of contributor out-of-state F Cadieux, Justin Contributor address; City; State; Zip Code Austin, TX 78704 | - |) | | Amount of Contribution (\$) | \$68.40 |
| | | | Employer (See Instructions Quiddity Engineering | 5) | | | |
| | Date Full name of contributor out-of-state PAC (ID#:) 03/26/2025 Cornyn, David Contributor address; City; State; Zip Code Austin, TX 48703 | | | | Amount of Contribution (\$) | \$144.00 | |
| | Principal occu Project Engir | pation / Job title (See Instructions) neer | | Employer (See Instructions Quiddity Engineering | 5) | | |
| | | | l | | | | |

| | MONET | ARY POLITICAL CONTRIBUTIO | NS | | SCHEDUL | E A1 |
|---|---|---|--|--|--------------------------------------|-------------|
| | The Instru | ction Guide explains how to complete this fo | 1 | Total pages Schedule A1: Sch: 2/3 Rpt: 7/12 | | |
| 2 | FILER NAME Quiddity PAC | | | 3 | Filer ID (Ethics Commission 00069965 | n Filers) |
| 4 | | | | 7 | Amount of Contribution (\$) | \$54.00 |
| 8 | Dringinal occu | Houston, TX 77007 | 9 Employer (See Instructions | | | |
| • | Principal occupation / Job title (See Instructions) Senior Project Manager 9 Employer (See Instruction Quiddity Engineering | | | | | |
| | Date Full name of contributor out-of-state PAC (ID#:) 03/27/2025 Haeber, Jeff Contributor address; City; State; Zip Code | | | | Amount of Contribution (\$) | \$117.00 |
| | Principal occu | Austin, TX 78737 | Employer (See Instructions | <u> </u> | | |
| | Principal occupation / Job title (See Instructions) Manager Employer (See Instruction Quiddity Engineering | | | , | | |
| | Date Full name of contributor out-of-state PAC (ID#:) 04/17/2025 Heilenman, Nick Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$49.14 | |
| | | Sugar Land, TX 77478 | | | | |
| | Principal occu Project Mana | pation / Job title (See Instructions) ager | Employer (See Instructions Quiddity Engineering |) | | |
| | Date 04/16/2025 | Full name of contributor out-of-state PAC (ID#:_ Isensee, Harry Contributor address; City; State; Zip Code Katy, TX 77493 | | | Amount of Contribution (\$) | \$54.00 |
| | Principal occu Project Engi | pation / Job title (See Instructions) neer | Employer (See Instructions Quiddity Engineering |) | | |
| | Date 03/31/2025 | Full name of contributor out-of-state PAC (ID#:_ Moon, Alan Contributor address; City; State; Zip Code Austin, TX 78757 | | | Amount of Contribution (\$) | \$136.80 |
| | Principal occu Project Mana | pation / Job title (See Instructions) ager | Employer (See Instructions Quiddity Engineering |) | | |
| | | | | | | |

| | MONET | ARY POLITICAL CONTRIBUTION | ONS | | SCHEDULE A | A1 |
|---|------------------------|---|---|----------------|--|-----------|
| | The Instru | ction Guide explains how to complete this f | orm. | 1 | Total pages Schedule A1: Sch: 3/3 Rpt: 8/12 | |
| 2 | FILER NAME Quiddity PA | | 3 | | lers) | |
| 4 | | | | | Amount of Contribution (\$) | 200.00 |
| | | Temple, TX 76502 | | | | |
| 8 | | upation / Job title (See Instructions) opment Manger | Employer (See Instructions Quiddity Engineering | s) | | |
| | Date 03/31/2025 | Full name of contributor out-of-state PAC (ID#:_ Sheehan, Daniel Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) \$ | 100.00 |
| | Principal occu | Houston, TX 77007 upation / Job title (See Instructions) | Employer (See Instructions | s) | | |
| | Project Engi | | Quiddity Engineering | 3) | | |
| | Date 04/18/2025 | Full name of contributor out-of-state PAC (ID#:_ Synatschk, Tobin Contributor address; City; State; Zip Code Sugar Land, TX 77498 | | | Amount of Contribution (\$) \$7, | 650.00 |
| | Principal occu | ipation / Job title (See Instructions) | Employer (See Instructions | <u> </u> s) | | |
| | Chief Opera | tions Officer | Quiddity Engineering | | | |
| | | | | | | |

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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/Officenoider/Politica Credit Card Payment | The Instruction Guide explains how to complete this form. |
|---|---|
| 1 Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| Sch: 1/3 Rpt: 9/12 | Quiddity PAC 00069965 |
| 4 Date | 5 Payee name |
| 04/24/2025 | Bill Cox for Mayoral Campaign |
| 6 Amount (\$) \$750.00 Expenditure from corporate funds 8 PURPOSE | 7 Payee address; City; State; Zip Code 371 N. Central Expressway Suite 370 McKinney, TX 75070 (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Contribution |
| Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| Date | Payee name |
| 04/16/2025 | Grady Prestage Campaign |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$5,000.00 | P.O. Box 835 |
| Expenditure from corporate funds | Missouri City, TX 77459 |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Contribution |
| Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| Date | Payee name |
| 04/07/2025 | John Whitmire Campaign |
| Amount (\$) \$10,000.00 | Payee address; City; State; Zip Code PO Box 7271 |
| Expenditure from corporate funds | Houston, TX 77248 |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Contribution |
| Complete ONLY if direct expenditure to benefit C/Ol | Candidate/Officeholder name Office sought Office held |
| | |

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District Travel in District

| Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | |
|--|--|
| 1 Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| Sch: 2/3 Rpt: 10/12 | Quiddity PAC 00069965 |
| | L L |
| 4 Date | 5 Payee name |
| 04/07/2025 | Rodney Ellis Campaign |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code |
| \$10,000.00 | 440 Louisiana Street |
| | Suite 575 |
| Expenditure from corporate funds | Houston, TX 77002 |
| <u> </u> | <u> </u> |
| 8 PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Contributions/Donations Made By |
| EXPENDITURE | Contributions/Donations Made By Candidate/Officeholder/Political Committee Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | Campaign Contribution |
| | |
| 9 Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/O | |
| | |
| Date | Payee name |
| 04/16/2025 | Vincent Morales Campaign |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$3,000.00 | P.O. Box 1174 |
| | |
| Expenditure from corporate funds | Rosenberg, TX 77471 |
| PURPOSE | |
| OF | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Contributions/Donations Made By |
| EXPENDITURE | Contributions/Donations Made By Candidate/Officeholder/Political Committee Contributions/Donations Made By Candidate/Officeholder/Political Committee Contributions/Donations Made By Check if Austin, TX, officeholder living expense |
| | Campaign Contribution |
| | |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/O | |
| | |
| Date | Payee name |
| 03/31/2025 | Walt Smith Campaign |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$5,000.00 | PO Box 1206 |
| | |
| Expenditure from corporate funds | Dripping Springs, TX 78620 |
| PURPOSE | |
| OF OF | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T. |
| EXPENDITURE | Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense |
| | Campaign Contribution |
| | |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/O | |
| | |
| | |
| | |

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 Committe Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

nbursement Solicitation/Fundraising Expense
al Expense Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

| Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment | | |
|--|---|---|
| 1 Total pages Schedule F1: Sch: 3/3 Rpt: 11/12 | Quiddity PAC | 3 Filer ID (Ethics Commission Filers) 00069965 |
| 4 Date 04/07/2025 6 Amount (\$) | 5 Payee name Wheeler For Texas7 Payee address; City; State; Zip Code | |
| \$5,000.00 | 1130 Pruitt Road | |
| Expenditure from corporate funds | Spring, TX 77380 | |
| 8 PURPOSE OF EXPENDITURE | Candidate/Officeholder/Political Committee | tion k if travel outside of Texas. Complete Schedule T. k if Austin, TX, officeholder living expense aign Contribution |
| Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought | Office held |
| | | |

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 12/12 2 FILER NAME Filer ID (Ethics Commission Filers) Quiddity PAC 00069965 4 Date 8 Amount (\$) 5 Name of person from whom amount is received 04/02/2025 \$2,500.00 Justin Beckendorff Campaign 6 Address of person from whom amount is received; City; State; Zip Code Pattison, TX 77466 Purpose for which amount is received Check if political contribution returned to filer Check #1058 Issued on 4/15/2024 and Voided on 4/2/2025