#### 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** 07/01/2025 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 X 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** 05/26/2025 06/25/2025 **GO TO PAGE 2**

# MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

# FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Quiddity PAC			00069965	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Justin Beckendorff Commission	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		
	Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLE	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	2,486.70
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	D POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	30,000.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL ( OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	47,759.95
OUTSTANDING LOAN TOTALS	1	AMOUNT OF ALL OUTSTANDING LOANS AS OF TREPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT				
		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.	rjury, that the a mation required	accompanying report is if to be reported by me
		Mr. Marti	n Murdock	
		Signature of Cal		rer
AFFIX NOTAR	Y STAMP / SEAL ABOVE			
Sworn to and subscribe	ed before me, by the said _	, tł	nis the	day
of	, 20, to certify	which, witness my hand and seal of office.		-
Signature of officer a	administering oath	Printed name of officer administering oath	Title of office	er administering oath

## MONTHLY FILING GPAC REPORT: PURPOSE

# FORM MPAC ADDENDUM

						Page 3 of 9
12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
Quiddity PAC					00069965	
14 COMMITTEE ACTIVITY  (Attach lists on plain paper to complete this	Candidates (Identify by name or, if applicable, classify by party.)		Lon Snell Count	y Judge		
report if necessary.)	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.)					
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Dianne Edmonds	son County Cor	mmissioner	
(Attach lists on plain paper to complete this report if necessary.)		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.)					
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Andy Eads Cour	nty Judge		
(Attach lists on plain paper to complete this report if necessary.)		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.)					

## MONTHLY FILING GPAC REPORT: PURPOSE

# FORM MPAC ADDENDUM

Candidates  ify by name or, if able, classify by party.)  Measures ribe by date and on of election and e of issue.)  Officeholders assisted ify by name or, if able, classify by party.)  Candidates ify by name or, if able, classify by party.)	B. Opposed  A. Supported  B. Opposed	Tommy Calvert C	Commissioner	13 Filer ID 00069965	(Ethics Commission Filers)
ify by name or, if able, classify by party.)  Measures ribe by date and on of election and e of issue.)  Officeholders assisted ify by name or, if able, classify by party.)  Candidates ify by name or, if	B. Opposed  A. Supported  B. Opposed	Tommy Calvert C	Commissioner	00069965	
ify by name or, if able, classify by party.)  Measures ribe by date and on of election and e of issue.)  Officeholders assisted ify by name or, if able, classify by party.)  Candidates ify by name or, if	B. Opposed  A. Supported  B. Opposed	Tommy Calvert C	Commissioner		
oribe by date and on of election and e of issue.)  Officeholders Assisted ify by name or, if able, classify by party.)  Candidates ify by name or, if	A. Supported  B. Opposed				
oribe by date and on of election and e of issue.)  Officeholders Assisted ify by name or, if able, classify by party.)  Candidates ify by name or, if	B. Opposed				
Assisted ify by name or, if able, classify by party.) Candidates ify by name or, if					
Assisted ify by name or, if able, classify by party.) Candidates ify by name or, if					
ify by name or, if	A. Supported				
		Adrian Garcia Co	ounty Commiss	ioner	
	B. Opposed				
Measures ribe by date and on of election and e of issue.)	A. Supported				
	B. Opposed				
Officeholders Assisted ify by name or, if able, classify by party.)					
Candidates ify by name or, if able, classify by party.)		Lesley Briones C	ounty Commis	sioner	
	B. Opposed				
Measures ribe by date and on of election and e of issue.)	A. Supported				
	B. Opposed				
Officeholders Assisted ify by name or, if able, classify by party.)					
O A ifia	be by date and not election and of issue.)  fficeholders ssisted y by name or, if ble, classify by party.)  andidates y by name or, if ble, classify by party.)  easures be by date and not election and of issue.)	be by date and not election and of issue.)  B. Opposed  fficeholders ssisted  y by name or, if ble, classify by party.)  andidates y by name or, if ble, classify by party.)  B. Opposed  B. Opposed  Easures be by date and not election and of issue.)  B. Opposed  B. Opposed	be by date and not election and of issue.)  B. Opposed  B. Opposed  B. Opposed  B. Opposed  A. Supported Lesley Briones Comparison of election and of issue.)  B. Opposed  A. Supported Lesley Briones Comparison of election and of issue.)  B. Opposed  B. Opposed  B. Opposed  A. Supported  B. Opposed	be by date and not election and of issue.)  B. Opposed  B. Opposed  B. Opposed  B. Opposed  A. Supported Lesley Briones County Commis you party.)  B. Opposed  B. Opposed  A. Supported Lesley Briones County Commis you party.)  B. Opposed  B. Opposed  B. Opposed  B. Opposed  B. Opposed  B. Opposed	be by date and of election and of issue.)  B. Opposed  B. Opposed  B. Opposed  B. Opposed  B. Opposed  B. Opposed  A. Supported Lesley Briones County Commissioner ble, classify by party.)  B. Opposed  B. Opposed

## **SUBTOTALS - MPAC**

# FORM MPAC COVER SHEET PG 3

				5 of 9
	MMITTE	EE NAME PAC	<b>18</b> Filer ID 00069965	(Ethics Commission Filers)
	HEDULI ME OF		SUBTOTAL AMOUNT	
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 2,486.70
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	R	\$
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	TION OR	\$
6.		SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGA	ANIZATION	\$
7.		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR C	ORGANIZATION	\$
9.		SCHEDULE E: LOANS		\$
10.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$ 30,000.00
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 F TO FILER	RETURNED	\$
4				

MONE	TARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A1
The Instru	uction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 1/1 Rpt: 6/9
2 FILER NAME		3 Filer ID (Ethics Commission Filers) 00069965	
4 Date 06/24/2025	5 Full name of contributor out-of-state PAC (ID#		7 Amount of Contribution (\$) \$2,432.70
	Spring, TX 77302		
8 Principal occ	rupation / Job title (See Instructions)	9 Employer (See Instruction Quiddity Engineering	s)
Date 06/25/2025	Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$54.00
Principal occ Project Mai	Kingwood, TX 77339 rupation / Job title (See Instructions) nager	Employer (See Instruction Quiddity Engineering	s)

# 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

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: 1/3 Rpt: 7/9	Quiddity PAC 00069965				
4 Date	5 Payee name				
06/24/2025	Adrian Garcia Campaign				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
\$10,000.00	P.O. Box 56386				
Expenditure from corporate funds	Houston, TX 77256				
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.				
-	Candidate/Officeholder/Political Committee				
	Campaign Contribution				
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
Date	Payee name				
06/16/2025	Calvert for Commissioner Campaign				
Amount (\$)	Payee address; City; State; Zip Code				
\$2,500.00	PO Box 15571				
42,000.00	. 6 26/(2001)				
Expenditure from corporate funds	San Antonio, TX 78212				
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
OF EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.				
	Candidate/Officeholder/Political Committee				
	Campaigh Contribution				
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
Date	Payee name				
06/05/2025	Dianne Edmondson Campaign				
Amount (\$)	Payee address; City; State; Zip Code				
\$2,500.00	8913 Crestview Drive				
Expenditure from corporate funds	Denton, TX 76207				
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
OF EXPENDITURE	Contributions/Donations Made By				
	Candidate/Officeholder/Political Committee				
	Campaign Continuation				
Complete ONLY if allow	Condidate/Officeholder name				
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
·					

## POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Food/Beverage Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Credit Card Payment		
•	The Instruction Guide explains how to complete this form.	
L Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers	3)
Sch: 2/3 Rpt: 8/9	Quiddity PAC 00069965	
1 Date	5 Payee name	
06/06/2025	Friends of Andy Eads	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$2,500.00	P.O. Box 270816	
Expenditure from corporate funds	Flower Mound, TX 75027	
B PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF	Contributions/Donations Made By	
EXPENDITURE	Candidate/Officeholder/Political Committee	
	Campaign Contribution	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/C	IH	
Date	Payee name	
06/03/2025	Justin Beckendorff Campaign	
Amount (\$)	Payee address; City; State; Zip Code	
\$5,000.00	3410 1st Street	
Expenditure from corporate funds	Pattison, TX 77466	
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	PH	
Date	Payee name	
06/24/2025	Lesley Briones Campaign	
( )		
\$5,000.00	P.O. BOX 50380	
Expenditure from		
corporate funds	Houston, TX 77256	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	Contributions/Donations Made By	
	Campaign Contribution	
0 1. 6		
( 'amplete ( )MI V if direct		
	)H	
expenditure to benefit C/O	H	
	DH	
Amount (\$) \$5,000.00  Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 56386  Houston, TX 77256  (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee  Campaign Contribution  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 Contributions/ Donations Made By

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 in District
Travel Out of District

Candidate/Officeholder/Politica Credit Card Payment		· · · · · · · · · · · · · · · · · · ·
1 Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
Sch: 3/3 Rpt: 9/9	Quiddity PAC	00069965
4 Date	5 Payee name	
05/28/2025	Snell For Williamson County Judge	
6 Amount (\$) \$2,500.00	7 Payee address; City; State; Zip Code PO Box 262	
Expenditure from corporate funds	Liberty Hill, TX 78642	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	Description
OF EXPENDITURE	Contributions/Donations Made By	Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE	Candidate/Officeholder/Political Committee	Check if Austin, TX, officeholder living expense
		Campaign Contribution
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held