#### 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** 08/04/2025 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 APT / SUITE #; STREET ADDRESS (NO PO BOX PLEASE); 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 May 5 X August 5 November 5 March 5 September 5 December 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 06/26/2025 07/25/2025

## MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

# FORM MPAC COVER SHEET PG 2

• • • • • • • • • • • • • • • • • • • •				T =::		(Ell.)
2 COMMITTEE NAME Quiddity PAC				13 File:	D 59965	(Ethics Commission Filers)
	1. 01:	IA Commented D	· · ·			
4 COMMITTEE ACTIVITY	Candidates  (Identify by name or, if applicable, classify by party.)	A. Supported Ru	uss Boles Commissio	oner		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	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.)					
5 CONTRIBUTION	1	S DOUTION CONT	TOUR /OTHER T	-1 1 A B I		
5 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED PLEDGES, LOANS, CONTRIBUTIONS M check here if this report	OR GUARANTEES IADE ELECTRONIC	OF LOANS, OR CALLY)	HAN	\$	0.00
	2. TOTAL POLITICA				\$	2.100.00
<b></b>	(OTHER THAN PLEI	DGES, LOANS, OR	GUARANTEES OF LOA	ANS)	¥	3,106.20
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES				
	4. TOTAL POLITICA	L EXPENDITURE	ES .		\$	17,500.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTING		MAINTAINED AS OF TH	IE LAST DAY	\$	33,366.15
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL A LAST DAY OF THE I			AS OF THE	\$	0.00
6 AFFIDAVIT						
		true a	ar, or affirm, under pena and correct and includes r Title 15, Election Code	all information r	at the ac equired	ccompanying report is to be reported by me
			M	1r. Martin Murd	ock	
				re of Campaign		er
AFFIX NOTA	RY STAMP / SEAL ABOVE					
Sworn to and subscrib	ped before me, by the said			this the		day
	, 20, to certify \			, and are _		uu,
-						
Signature of officer	administering oath	Printed name of off	icer administering oath	Title	of office	er administering oath

#### MONTHLY FILING GPAC REPORT: PURPOSE

#### FORM MPAC **ADDENDUM**

							Page 3 of 7
12 COMMITTEE NAME						13 Filer ID	(Ethics Commission Filers)
Quiddity PAC						00069965	
14 COMMITTEE ACTIVITY  (Attach lists on plain	Candidates (Identify by name or, if applicable, classify by party.)	A. Suppor		Michelle Cohen	County Commi	issioner	
paper to complete this report if necessary.)		в. Оррозе	zu .				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Suppor	ted				
		B. Oppose	ed				
	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.)			Morgan Hamme	County Comr	nissioner	
(Attach lists on plain paper to complete this report if necessary.)		B. Oppose					
	2. Measures (Describe by date and location of election and nature of issue.)	A. Suppor					
		B. Oppose	ed				
	Officeholders     Assisted (Identify by name or, if applicable, classify by party.)						
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		ted	Debbie Ingalsbe	Commissione	r	
(Attach lists on plain paper to complete this report if necessary.)		B. Oppose					
	2. Measures (Describe by date and location of election and nature of issue.)	A. Suppor					
		B. Oppose	ed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)						

### **SUBTOTALS - MPAC**

## FORM MPAC COVER SHEET PG 3

				JVLK .	4 of 7
17 COMM Quidd			<b>18</b> Filer ID 00069965	(Ethics C	ommission Filers)
19 SCHEI NAME		SUE	BTOTAL AMOUNT		
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	3,106.20
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	PR	\$	
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$	
6.		SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$	
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 CONTRIBUTION:	S	\$	17,500.00
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 TO FILER	RETURNED	\$	

	MONET	TARY POLITICAL CONTRIBUTION	ONS		SCHEDU	ILE <b>A1</b>
	The Instru	ction Guide explains how to complete this f	1	Total pages Schedule A1: Sch: 1/1 Rpt: 5/7	ule A1:	
2	FILER NAME Quiddity PA		3		ion Filers)	
4	Date 5 Full name of contributor out-of-state PAC (ID#:) 07/10/2025 Burch, Sean 6 Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$1,962.00
		Houston, TX 77007				
8	Principal occu Vice Preside	upation / Job title (See Instructions) ent	Employer (See Instructions     Quiddity Engineering	s)		
	Date 07/14/2025	Full name of contributor out-of-state PAC (ID#:_ Dennis, Jessica  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,006.20
	Principal occu	Katy, TX 77493  upation / Job title (See Instructions)	Employer (See Instructions	s)		
	Department	Manager	Quiddity Engineering			
	07/02/2025	Murray, Megan  Contributor address; City; State; Zip Code  Houston, TX 77043			Amount of Contribution (\$)	\$138.00
	Principal occur Director of M	upation / Job title (See Instructions)	Employer (See Instructions 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
OTHER (enter a category not listed above)

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	
Sch: 1/2 Rpt: 6/7	Quiddity PAC 00069965
4 Date	5 Payee name
07/18/2025	Commissioner Debbie Gonzales Ingalsbe Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$5,000.00	4909 S. Bastrop Hwy
40,000.00	1000 G. Bacarop Timy
Expenditure from	
corporate funds	San Marcos, TX 78666
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXI ENDITORE	Candidate/Officeholder/Political Committee
	Campaign Contribution
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Date	Payee name
07/14/2025	Dr. Michelle Cohen Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$2,500.00	148 Quinton Cove
Expenditure from	
corporate funds	Kyle , TX 78649
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	<del>1</del>
Date	Payeo namo
	Payee name
07/18/2025	Dr. Michelle Cohen Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$2,500.00	148 Quinton Cove
— Foresanditure Cons	
Expenditure from corporate funds	Kyle , TX 78649
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By  Contributions/Donations Made By  Contributions/Donations Made By
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 Co

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
OTHER (enter a category not listed above)

Candidate/Officeholder/Politica Credit Card Payment	al Committee	Jill/Awards/Memorials Expe Legal Services	Salaries/V	/ages	/Contract Labor		OTHER (enter a	a category not listed above)
		The Instruction Guide	explains now to co	mpie	ete this form.			
1 Total pages Schedule F1:	2 FILER NAME					3	Filer ID	(Ethics Commission Filers)
Sch: 2/2 Rpt: 7/7	Quiddity PA	0					00069965	
4 Date	5 Payee name							
07/15/2025	Hammer for	Hays						
6 Amount (\$)	7 Payee addres	s; City;	State; Zip Co	de				
\$5,000.00	1904 Mulber	ry Court						
Expenditure from corporate funds	San Macos,	TX 78666						
8 PURPOSE	(a) Category (Se	e Categories listed at the top	o of this schedule)	(b)	Description			
OF		s/Donations Made			Check if travel of	outsi	de of Texas. Com	plete Schedule T.
EXPENDITURE	Candidate/C	fficeholder/Politica	l Committee		_		officeholder living	g expense
					Campaign Co	ontr	ibution	
Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Offic	eholder name	Office sou	ght			Office h	eld
Date	Payee name							
07/07/2025	Russ Boles	Campaign						
Amount (\$)	Payee addres	s; City;	State; Zip Co	de				
\$2,500.00	1301 Crimso	on Clover Ct						
Expenditure from corporate funds	Round Rock	, TX 78665						
PURPOSE	(a) Category (Se	e Categories listed at the top	of this schedule)	(b)	Description			
OF EXPENDITURE		s/Donations Made			<b>-</b>			plete Schedule T.
EXI ENDITORE	Candidate/C	fficeholder/Politica	l Committee		ш		officeholder living	g expense
					Campaign Co	ontr	ibution	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Offic	eholder name	Office sou	ght			Office h	eld