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) 00055986 3 COMMITTEE NAME **OFFICE USE ONLY** McKinney Committee to Inform Voters and Businesses on Issues and Concerns Date Received **ELECTRONICALLY FILED** 10/27/2025 COMMITTEE ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP **ADDRESS** 7300 State Highway 121 Suite 200A McKinney, TX 75070 Date Hand-delivered or Date Postmarked CAMPAIGN MS / MRS / MR **FIRST** MI **TREASURER** Receipt # Amount Ms. Lisa NAME Date Processed **NICKNAME SUFFIX** LAST Date Imaged Hermes CAMPAIGN APT / SUITE #; STREET ADDRESS (NO PO BOX PLEASE); CITY; STATE; ZIP CODE **TREASURER** 7300 State Highway 121 STREET **ADDRESS** Suite 200A (Residence or Business) McKinney, TX 75070 **CAMPAIGN** STREET ADDRESS OR PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** MAILING **ADDRESS CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** (972) 542-0163 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 September 5 December 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 09/26/2025 10/25/2025

GO TO PAGE 2

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MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

2 COMMITTEE NAME				13 Filer	· ID	(Ethics Commission Filers)
McKinney Committee to	Inform Voters and Bu	ısinesses on Is	sues and Concerns		55986	,
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.)	1				
		B. Opposed				
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
5 CONTRIBUTION		D DOLITICAL CO	NITRIRI ITIONIS (OTUER TU	A N I		
TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	OR GUARANTE MADE ELECTRO		AIN	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLEI		TIONS OR GUARANTEES OF LOAN	IS)	\$	952.51
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	D POLITICAL EX	PENDITURES	,	\$	0.00
	4. TOTAL POLITICA	AL EXPENDITU	IRES		\$	0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL (OF THE REPORTIN		S MAINTAINED AS OF THE	LAST DAY	\$	22,602.57
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL A		L OUTSTANDING LOANS AS	S OF THE	\$	0.00
6 AFFIDAVIT					l	
		tro	swear, or affirm, under penalty ue and correct and includes al nder Title 15, Election Code.			
			Ms	s. Lisa Herm	2 9	
		_		of Campaign		er
AFFIX NOTARY	STAMP / SEAL ABOVE		, and the second	, ,		
Swarn to and subscribed	poforo mo by the said			this the		day
of			v hand and seal of office.	, uns ure _		day
	,,,	,	,			
Signature of officer adn	ativitata ativa a la alla		officer administering oath			er administering oath

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

				3 of 8		
17 COMMITTE	E NAME	18 Filer ID	(Ethics Commissi	on Filers)		
McKinney	00055986					
19 SCHEDULE NAME OF S	SUBTOTAL	AMOUNT				
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	952.51		
2. X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0.00		
3. X	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0.00		
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOURGANIZATION	OR	\$			
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPOR LABOR ORGANIZATION	ATION OR	\$			
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORC	SANIZATION	\$			
7.	7. SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION					
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR	ORGANIZATION	\$			
9. X	SCHEDULE E: LOANS		\$	0.00		
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	IS	\$	0.00		
11. X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00		
12. X	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUT	IONS	\$	0.00		
13. X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00		
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUT	ONS	\$			
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$			
			•			

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 1/3 Rpt: 4/8	
2	FILER NAME McKinney Co	ommittee to Inform Voters and Businesses on Issues	s and Concerns	3	Filer ID (Ethics Commission 00055986	Filers)
4	Date 10/10/2025	0/2025 5 Full name of contributor out-of-state PAC (ID#:) Blue Line Electric 6 Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$80.00
Ω	Principal occu	McKinney, TX 75071 pation / Job title (See Instructions)	9 Employer (See Instructions			
_	i illicipai occu	odion 7 oob title (See mandenons)	5 Employer (See Instructions	,		
	Date 10/03/2025	Full name of contributor			Amount of Contribution (\$)	\$42.50
	Dringing agg	McKinney, TX 75069	Employer (See Instructions			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 10/23/2025	Full name of contributor out-of-state PAC (ID#:) Cottonwood Creek Church Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$42.50
		Allen, TX 75013				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 09/26/2025	Full name of contributor out-of-state PAC (ID#:_ Dallas IVF - McKinney Contributor address; City; State; Zip Code McKinney, TX 75071)		Amount of Contribution (\$)	\$42.50
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 10/14/2025	Full name of contributor out-of-state PAC (ID#:_ El Pollo Alegre Contributor address; City; State; Zip Code McKinney, TX 75069			Amount of Contribution (\$)	\$42.50
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	Rpt: 5/8 (Ethics Commission Filers)		
	The Instruc	ction Guide explains how to complete this t	form.	1	Total pages Schedule A1: Sch: 2/3 Rpt: 5/8			
2	FILER NAME McKinney Co	ommittee to Inform Voters and Businesses on Issue	es and Concerns	3	Filer ID (Ethics Commission 00055986	n Filers)		
4	Date 10/01/2025	 Full name of contributor	7	Amount of Contribution (\$)	\$11.68			
_	Deireitade	McKinney, TX 75071	I Sanda a Constantina	<u></u>				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)				
	Date 10/03/2025	Full name of contributor out-of-state PAC (ID#:_Morphic Development Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$42.50		
	Dringing aggr	McKinney, TX 75069	Employer (See Instructions	·/_				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	·)				
	Date 10/14/2025	Full name of contributor out-of-state PAC (ID#:) Oliviacolette Esthetics Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$42.50		
		McKinney, TX 75071						
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)				
	Date 09/29/2025	Full name of contributor out-of-state PAC (ID#: Performance Roofing, Inc Contributor address; City; State; Zip Code McKinney, TX 75069			Amount of Contribution (\$)	\$32.50		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)				
	Date 10/01/2025	Full name of contributor out-of-state PAC (ID#: Postal Annex #12014 Contributor address; City; State; Zip Code McKinney, TX 75071			Amount of Contribution (\$)	\$41.25		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>(</u>				
			1					

	MONET	ARY POLITICAL (CONTRIBUTIO	ONS		SCHEDUL	E A1
	The Instruc	ction Guide explains how	v to complete this f	orm.	1	Total pages Schedule A1: Sch: 3/3 Rpt: 6/8	
2	FILER NAME McKinney Co	ommittee to Inform Voters an	d Businesses on Issue	s and Concerns	3	Filer ID (Ethics Commission 00055986	n Filers)
4	Date 10/08/2025	6 Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$42.50
_		McKinney, TX 75070		I	_		
8	Principal occu	pation / Job title (See Instruction	s)	9 Employer (See Instructions	s)		
	Date 10/08/2025	Full name of contributor out-of-state PAC (ID#:) Texas Security Bank Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$80.00	
		Dallas, TX 75254					
	Principal occu	pation / Job title (See Instruction	s)	Employer (See Instructions	s)		
	Date 10/03/2025	Full name of contributor The Body Shop Collision Contributor address; City; S)		Amount of Contribution (\$)	\$67.08
		McKinney, TX 75069					
	Principal occu	pation / Job title (See Instruction	s)	Employer (See Instructions	5)		
	Date 10/24/2025	Full name of contributor The Guitar Sanctuary Contributor address; City; S McKinney, TX 75071				Amount of Contribution (\$)	\$42.50
	Principal occu	pation / Job title (See Instruction	s)	Employer (See Instructions	<u>l</u> 6)		
	Date 10/24/2025	Full name of contributor Traxxas Contributor address; City; S McKinney, TX 75070	out-of-state PAC (ID#:_		•	Amount of Contribution (\$)	\$300.00
	Principal occu	pation / Job title (See Instruction	s)	Employer (See Instructions	<u>. </u>		

					SCHED	
Т	plains how to com	plete this form.	1	Total pages Schedule B: Sch: 1/1 Rpt: 7/8		
2 FILER N	AME			3	Filer ID (Ethics Commission Filer	s)
McKinne	ey Committee to Inform Vote	rs and Businesses on	Issues and Concerns		00055986	
4 TOTAL	OF UNITEMIZED PLED	GES			\$	0.00
5 Date	6 Full name of pledgor	out-of-state PAC (I	D#:) 8		ption
					pledge (\$) (If applicab	ie)
	7 Pledgor Address;	City; State; Zip Co	ode		 	
				-		
10 Dringing	accumation / Joh titla (Sac Instri	uotions)	11	L	Check if travel outside of Texas. Comple	ete Schedule
10 Principai	occupation / Job title (See Instru	ictions)	11 Employer (See Inst	tructio	ons)	

L	OANS					SCHEDU	LE E
Tł	ne Instructio	on Guide explains h	orm.	1 Total pages Schedule E: Sch: 1/1 Rpt: 8/8			
	LER NAME cKinney Comn	nittee to Inform Voters	and Businesses on Issue	s and Concerns	3 Filer ID 00055	(Ethics Commission 986	Filers)
4 T(OTAL OF UN	IITEMIZED LOANS			'	\$	0.00
5 Da	ate of loan	7 Name of lender	out-of-state PA	C (ID#:		9 Loan Amount (\$)	
fin	lender a ancial stitution?	8 Lender address;	City; State;	Zip Code		10 Interest Rate	
						11 Maturity Date	
12 Pri	incipal occupation	on / Job title (See Instructi	ons)	13 Employer (See Instruction	ons)	1	
14 De	escription of Coll	ateral		15 Check if personal funds	were deposite	d into political account (See Instructions)	
	JARANTOR FORMATION	17 Name of guarantor				19 Amount Guarante	ed (\$)
	not applicable	18 Guarantor address;	City; State;	Zip Code			
20 Pri	incipal occupation	on		21 Employer (See Instruction	ons)	1	