MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM MPAC COVER SHEET PG 1

_							
Th	ne MPAC Instruction	2 Total pages filed: 4					
3	00065855 3 COMMITTEE NAME			OFFICE USE ONLY			
	Northeast Tarrant County Republican Club						
				Date Received ELECTRONICALLY FILED 12/29/2023			
4	COMMITTEE	ADDRESS / PO BOX; APT / SUITE #; CITY	ζ; STATE; ZIP				
	ADDRESS	4904 Wildwood Dr.					
	Change of Address	Colleyville, TX 76034		Date Hand-delivered or Date Postmarked			
5	CAMPAIGN	MS / MRS / MR FIRST	MI				
	TREASURER	John		Receipt # Amount			
	NAME						
				Date Processed			
		NICKNAME LAST	SUFFIX				
		Brieger		Date Imaged			
6	CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #; CITY; STA	TE; ZIP CODE			
	TREASURER STREET	4904 Wildwood Dr.					
	ADDRESS						
	(Residence or Business)	Colleyville, TX 76034					
7	CAMPAIGN		APT / SUITE #; CITY; STA	ATE; ZIP CODE			
ľ	TREASURER	4904 Wildwood Dr.					
	MAILING ADDRESS						
		Colleyville, TX 76034					
8	CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION				
	TREASURER PHONE	(817) 713-0408					
	THOME	(017) 713-0400					
9	REPORT TYPE	X Monthly	10th day after campaign treasurer termination	Dissolution (Attach PAC-DR)			
10	MONTHLY						
	REPORT FILING DEADLINE	X January 5 April 5	July 5	October 5			
		February 5 May 5	August 5	November 5			
		March 5 June 5	September 5	December 5			
11	PERIOD	Month Day Year	Month	Day Year			
	COVERED	11/26/2023 THRC	DUGH 12/25/2				
-							
	GO TO PAGE 2						
Fo	orms provided by Texas Ethics Commission www.ethics.state.tx.us Version V3.5.1.f1b8c3f1						

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

		1		
			13 Filer ID	(Ethics Commission Filers)
Northeast Tarrant Coun	ty Republican Club		00065855	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported		
(Attach lists on plain paper to complete this		B. Opposed		
report if necessary.)				
	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.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) gualifies for the higher itemization threshold	\$	140.10
	2. TOTAL POLITICA	L CONTRIBUTIONS	\$	140.10
EXPENDITURE TOTALS	``````````````````````````````````````	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	1,035.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL C OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	3,470.58
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF 1 REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT			•	
		I swear, or affirm, under penalty of pe true and correct and includes all inform under Title 15, Election Code.	rjury, that the a mation requirec	ccompanying report is I to be reported by me
		.John	Brieger	
		Signature of Ca	-	rer
		,		
AFFIX NOTARY	STAMP / SEAL ABOVE			
	Sworn to and subscribed before me, by the said, this the			day
of	_, 20, to certify v	which, witness my hand and seal of office.		
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title of offic	er administering oath
Forms provided by Texas E	thics Commission	www.ethics.state.tx.us		Version V3.5.1.f1b8c3f1

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

3 of 4

17 COMMITTEE NAME 18 Filer ID ((Ethics Commission Filers)	
Northeast				
19 SCHEDUL NAME OF	SUBTOTAL AMOUNT			
1. X	1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS			
2.	2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS			
3.	3. SCHEDULE B: PLEDGED CONTRIBUTIONS			
4.	4. SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION			
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	TION OR	\$	
6.	6. SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION			
7.	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	5	\$ 1,035.00	
11.	11. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
12.	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 CONTRIBUTION	DNS	\$	
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

	EXPENDITURE CATEGORIES FO	R BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment	Fees Office Ov Food/Beverage Expense Polling E y - Gift/Awards/Memorials Expense Printing E	xpense Travel Out of District Vages/Contract Labor OTHER (enter a category not lister)				
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Comr	nission Filers)			
Sch: 1/1 Rpt: 4/4	Northeast Tarrant County Republican Club	00065855				
4 Date	5 Payee name					
12/17/2023	Executive Catering of Texas					
6 Amount (\$)	7 Payee address; City; State; Zip C	ode				
\$375.00	\$375.00 P.O. Box 1444					
Expenditure from corporate funds	Roanoke, TX 76262					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Meats for Member Christmas Party				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	ight Office held				
Date	Payee name					
12/23/2023	Texas Star Golf Course and Conference Cent	er				
Amount (\$)	Payee address; City; State; Zip C	ode				
\$580.00	1400 Texas Star Parkway					
Expenditure from corporate funds	Euless, TX 76040					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description Check if travel outside of Texas. Complete Schedule T Check if Austin, TX, officeholder living expense Facility rental and food				
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sol H	ght Office held				
Date	Payee name					
12/23/2023	Texas Star Golf Course and Conference Cent	er				
Amount (\$)	Payee address; City; State; Zip C	ode				
\$80.00	1400 Texas Star Parkway					
Expenditure from corporate funds	Euless, TX 76040					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Food				
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	ght Office held				