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) 00016898 3 COMMITTEE NAME **OFFICE USE ONLY PSEL PAC** Date Received **ELECTRONICALLY FILED** 01/04/2024 COMMITTEE ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP **ADDRESS** 201 Main Street, Suite 2500 Change of Address Fort Worth, TX 76102 Date Hand-delivered or Date Postmarked MS / MRS / MR **CAMPAIGN FIRST** MI **TREASURER** Receipt # Amount Dee J. NAME Date Processed **NICKNAME** LAST **SUFFIX** Date Imaged Kelly Jr. CAMPAIGN APT / SUITE #; STREET ADDRESS (NO PO BOX PLEASE); CITY; STATE; ZIP CODE TREASURER 201 Main Street, Suite 2500 STREET **ADDRESS** (Residence or Business) Fort Worth, TX 76102 **CAMPAIGN** STREET ADDRESS OR PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** MAILING **ADDRESS** Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** (817) 332-2500 REPORT TYPE 10th day after campaign X Monthly Dissolution (Attach PAC-DR) treasurer termination 10 MONTHLY X 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** 11/26/2023 12/25/2023

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)		
PSEL PAC			000168	98		
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Carlos Flores Fort Worth City	Council			
(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.)					
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00		
	2. TOTAL POLITICA (OTHER THAN PLEI	IL CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.00		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES			0.00		
	4. TOTAL POLITICA	L EXPENDITURES	\$	2,000.00		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD			35,894.32		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL LAST DAY OF THE	THE \$	0.00			
16 AFFIDAVIT	<u>'</u>		I			
		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.	rjury, that th mation requ	ne accompanying report is ired to be reported by me		
	Mr. Dee J. Kelly Jr.					
		Signature of Car	mpaign Trea	asurer		
AFFIX NOTARY	STAMP / SEAL ABOVE					
Sworn to and subscribed	before me, by the said	, t	nis the	day		
of	_, 20, to certify	which, witness my hand and seal of office.				
Signature of officer ad	lministering oath	Printed name of officer administering oath	Title of o	officer administering oath		

FORM MPAC MONTHLY FILING GPAC REPORT: PURPOSE **ADDENDUM** Page 3 of 5 12 COMMITTEE NAME 13 Filer ID (Ethics Commission Filers) **PSEL PAC** 00016898 14 COMMITTEE 1. Candidates A. Supported Anael Luebanos FWISD **ACTIVITY** (Identify by name or, if applicable, classify by party.) (Attach lists on plain paper to complete this report if necessary.) B. Opposed A. Supported 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.)

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

			4 of 5	
17 COMMITTI PSEL PA		18 Filer ID 00016898	(Ethics Commission Filers)	
	E SUBTOTALS SCHEDULE		SUBTOTAL AMOUNT	
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$		
2.	2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS			
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$		
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	\$		
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORAL LABOR ORGANIZATION	\$		
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	\$		
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 CONTRIBUTIONS	S	\$ 2,000.00	
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 I TO FILER	RETURNED	\$	

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 Committee

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 (onter a category pet listed above)

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	al Committee	Legal Services	Salaries/V	/ages	/Contract Labor		OTHER (enter a	strict a category not listed above)
		The Instruction Guide	explains how to co	mple	ete this form.			
1 Total pages Schedule F1:	2 FILER NAME			3	Filer ID	(Ethics Commission Filers)		
Sch: 1/1 Rpt: 5/5	PSEL PAC 00016898							
4 Date	5 Payee name							
12/01/2023	Anael Lueba	anos Campaign						
6 Amount (\$)	7 Payee addres	ss; City;	State; Zip Co	de				
\$1,000.00	3321 Ryan <i>i</i>	Avenue						
Expenditure from corporate funds	Fort Worth,	TX 76110						
8 PURPOSE	(a) Category (Se	e Categories listed at the to	op of this schedule)	(b)	Description			
OF EXPENDITURE		s/Donations Made			Check if travel of	outsi	de of Texas. Com	nplete Schedule T.
EXPENDITURE	Candidate/C	Officeholder/Politica	al Committee		_		officeholder living	g expense
					Political contr	ribu	tion	
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Offic	eholder name	Office sou	ght			Office h	eld
experioliture to beriefit C/Oi	<u>.</u>							
Date	Payee name							
11/30/2023	Carlos Flore	s Campaign						
Amount (\$)	Payee addres	ss; City;	State; Zip Co	de				
\$1,000.00	200 Texas S	Street						
Expenditure from corporate funds	Fort Worth,	TX 76102						
PURPOSE	(a) Category (Se	e Categories listed at the to	pp of this schedule)	(b)	Description			
OF EXPENDITURE		s/Donations Made			<u></u>			pplete Schedule T.
	Candidate/C	Officeholder/Politica	al Committee		ш		officeholder living	g expense
					Political contr	IDU	uon	
Complete ONLY if direct	Candidate/Offic	coholdor namo	Office sou	aht			Office he	old
expenditure to benefit C/OI		enolder flame	Office Sou	grit			Office fit	ciu