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) 00053158 3 COMMITTEE NAME **OFFICE USE ONLY** Friends of UNT Political Action Committee Date Received **ELECTRONICALLY FILED** 02/02/2024 COMMITTEE ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP **ADDRESS** P.O. Box 803272 Change of Address Dallas, TX 75380-3272 Date Hand-delivered or Date Postmarked **CAMPAIGN** MS / MRS / MR **FIRST** MI **TREASURER** Receipt # Amount Mr. G. Brint NAME Date Processed **NICKNAME** LAST **SUFFIX** Date Imaged Ryan CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** Three Galleria Tower STREET **ADDRESS** 13155 Noel Road, Suite 100 (Residence or Business) Dallas, TX 75240 **CAMPAIGN** STREET ADDRESS OR PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** Three Galleria Tower MAILING **ADDRESS** 13155 Noel Road, Suite 100 Change of Address Dallas, TX 75240 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** (972) 934-0022 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** 12/26/2023 01/25/2024

GO TO PAGE 2

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

L2 COMMITTEE NAME			13 Filer II	D (Ethics Commission Filers)					
Friends of UNT Politi	cal Action Committee		00053	3158					
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 Manauran	A. Supported							
	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.)								
5 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS N	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) check here if this report qualifies for the higher itemization threshold							
		2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)							
EXPENDITURE TOTALS	3. TOTAL UNITEMIZE	\$	0.00						
	4. TOTAL POLITICA	L EXPENDITURES	\$	7.68					
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTIN	AST DAY \$	44,612.62						
OUTSTANDING LOAN TOTALS		6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD							
6 AFFIDAVIT									
		I swear, or affirm, under penalty true and correct and includes all under Title 15, Election Code.	of perjury, that information red	the accompanying report is quired to be reported by me					
		Mr	G. Brint Ryar	n					
			of Campaign Tr						
AFFIX NOTA	RY STAMP / SEAL ABOVE	•	, ,						
Sworn to and subscrib	ned hefore me, by the said		this the	day					
		which, witness my hand and seal of office.	, and are	uuy					
		,							
Signature of officer	administering oath	Printed name of officer administering oath	Title	f officer administering oath					
Signature of officer	and the state of t	3. Jinoor administering oath	THIC U	o. asinstorning oatif					

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

				3 of 4		
		EE NAME UNT Political Action Committee	18 Filer ID 00053158	(Ethics Commission Filers)		
	HEDULE	SUBTOTAL AMOUNT				
1.		SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$		
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	DRGANIZATION	\$		
9.		SCHEDULE E: LOANS		\$		
10.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	3	\$ 7.68		
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	DNS	\$		
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F 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 Salarice/Magas/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (other a cottographed listed above)

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	l Coi	mmittee	Legal Serv	ls/Memorials Exp vices rruction Guide			xpens Wages	/Contract Labor		Travel Out of I OTHER (enter	District a category not	listed above)
ļ_	T	_			i detion Gala	e explains	now to co	ilibid	te tills form.	1_	F'' 15	(Eul.) O	
1	Total pages Schedule F1:	2								3		-	ommission Filers)
L	Sch: 1/1 Rpt: 4/4		Friends of U	INT POL	litical Actioi	n Commi	ttee				00053158	i	
4	Date	5	Payee name										
	01/02/2024		Bank of Ame	erica									
6	Amount (\$)	7	Payee addres	ss; (City;	State:	; Zip Co	ode					
	\$7.68		5500 Presto		· ·		•						
	400		Ste. B										
⊩	Expenditure from												
ᆫ	corporate funds		Dallas, TX 7	5205									
8	PURPOSE	(a)	Category (Se	e Categori	ies listed at the t	op of this sch	edule)	(b)	Description				
l	OF EXPENDITURE		Advertising	Expens	se				ш		ide of Texas. Co		le T.
	-								_		, officeholder livi		
l									Monthly Fee	101	Server or	vensile	
L													
9	Complete ONLY if direct expenditure to benefit C/OH	١ (Candidate/Offic	ceholder	r name	C	Office sou	ught			Office	neld	
L	experience to benefit eyer												