MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM MPAC COVER SHEET PG 1

			-				
The MPAC Instruction Guide explains how to complete this form. 1 Filer ID (Ethics Commission Filers) 00052299					2 Total pages filed: 5		
3 C	OMMITTEE NAME	OFFICE USE ONLY					
U	Jnited Educators Association Good Schools PAC						
_					Date Received		
					ELECTRONICALLY FILED		
					02/29/2024		
	OMMITTEE	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIF	C			
A	DDRESS	4055 International Plaza					
		Suite 530					
	Change of Address	Ft. Worth, TX 76109			Date Hand-delivered or Date Postmarked		
5 C/	AMPAIGN	MS / MRS / MR FIRST		MI			
TF	REASURER	Mrs. Rose			Receipt # Amount		
N/	AME	WIS. Rose					
					Date Processed		
		NICKNAME LAST		SUFFIX			
		Elliott			Date Imaged		
6 C/	AMPAIGN	STREET ADDRESS (NO PO BOX PLEASE)	; APT / SUITE #;	CITY; STA			
TF	REASURER	4055 International Plaza		,	-		
	TREET DDRESS	Suite 530					
	esidence or Business)						
		Fort Worth, TX 76109					
	AMPAIGN	STREET ADDRESS OR PO BOX;	APT / SUITE #;	CITY; STA	ATE; ZIP CODE		
	REASURER AILING	4055 International Plaza					
	DDRESS	Suite 530					
	Change of Address	Fort Worth, TX 76109					
	- Ampaign	AREA CODE PHONE NUMBER	EXTENS				
	REASURER	AREA CODE PHONE NOMBER	EATENS				
Pł	HONE	(817) 572-1082					
9 RI	EPORT TYPE						
		X Monthly	10th day after cam treasurer termination		Dissolution (Attach PAC-DR)		
					-		
	ONTHLY EPORT FILING	January 5 Apr	il 5 🗖 Ju	uly 5	October 5		
	EADLINE						
		February 5	/ 5 🗌 Ai	ugust 5	November 5		
		X March 5 Jun	e 5 🛛 Sé	eptember 5	December 5		
	ERIOD	Month Day Year	THROUGH	Month	Day Year		
	OVERED	01/26/2024		02/25/2	024		
	GO TO PAGE 2						
Form	Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V3.5.1.9000c47f						

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
United Educators Association Good Schools PAC 0005			00052299	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	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) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLEI	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL C OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	0.00
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF TREPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT	•		ľ	
		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.		
		Mrs. Ro	ose Elliott	
		Signature of Ca	mpaign Treasur	er
AFFIX NOTARY	STAMP / SEAL ABOVE			
Sworn to and subscribed	before me, by the said	, ti	his the	day
		which, witness my hand and seal of office.		,
Signature of officer ad	lministering oath	Printed name of officer administering oath	Title of office	er administering oath
Forms provided by Texas E	Ethics Commission	www.ethics.state.tx.us		Version V3.5.1.9000c47

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3 3 of 5

				(Ethics Co	mmission Filers)	
Unite	ed Ed	ucators Association Good Schools PAC	00052299			
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE					SUBTOTAL AMOUNT	
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	0.00	
2.	Х	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0.00	
3.	3. X SCHEDULE B: PLEDGED CONTRIBUTIONS			\$	0.00	
4.	4. SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION			\$		
5.	5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION			\$		
6.	6. SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION			\$		
7.	7. SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION					
8.	8. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION					
9.	Х	SCHEDULE E: LOANS		\$	0.00	
10.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$	0.00	
11. X SCHEDULE F2: UNPAID INCURRED OBLIGATIONS			\$	0.00		
12.	12. X SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS			\$	0.00	
13. X SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD				\$	0.00	
14. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS				\$		
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$		
1						

PLEDGED CONTRIBUTIONS SCHEDULE **B** 1 Total pages Schedule B: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 4/5 2 FILER NAME 3 Filer ID (Ethics Commission Filers) United Educators Association Good Schools PAC 00052299 4 \$ 0.00 TOTAL OF UNITEMIZED PLEDGES In-kind description 5 Date 6 Full name of pledgor out-of-state PAC (ID#: 8 Amount of 9 1 (If applicable) pledge (\$) 7 Pledgor Address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T 10 Principal occupation / Job title (See Instructions) 11 Employer (See Instructions)

LOANS		SCHEDULE E
The Instruction Guide explains how to complete this form.		ges Schedule E: 1 Rpt: 5/5
2 FILER NAME United Educators Association Good Schools PAC	(Ethics Commission Filers) 299	
⁴ TOTAL OF UNITEMIZED LOANS		\$ 0.00
5 Date of loan 7 Name of lender Out-of-state PAC (ID#:)	9 Loan Amount (\$)
6 Is lender a financial institution? 8 Lender address; City; State; Zip Code		10 Interest Rate11 Maturity Date
12 Principal occupation / Job title (See Instructions) 13 Employer (See Instructions))	
14 Description of Collateral 15 Check if personal funds we None Image: Check if personal funds we	re deposited	l into political account (See Instructions)
Information Information		19 Amount Guaranteed (\$)
not applicable 18 Guarantor address; City; State; Zip Code		
20 Principal occupation 21 Employer (See Instructions))	