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** 03/04/2024 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 X March 5 September 5 December 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 01/26/2024 02/25/2024

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MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Friends of UNT Politic	cal Action Committee		00053158	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Toni Rose State Representativ	⁄e	
(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		
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	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	\$	21,007.68
CONTRIBUTION BALANCE	5. TOTAL POLITICAL (OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST IS PERIOD	DAY \$	43,104.94
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	HE \$	0.00
16 AFFIDAVIT	<u>'</u>		·	
		I swear, or affirm, under penalty of per true and correct and includes all inforr under Title 15, Election Code.		
		Mr G B	rint Ryan	
		Signature of Car		rer
AFFIX NOTAF	RY STAMP / SEAL ABOVE	· ·		
Sworn to and subscribe	ed before me, by the said	, th	is the	day
		which, witness my hand and seal of office.		
Signature of officer	administering oath	Printed name of officer administering oath	Title of offic	er administering oath

MONTHLY FILING GPAC REPORT: PURPOSE

FORM MPAC ADDENDUM

							Page 3 of 12
L2 COMMITTEE NAME						13 Filer ID	(Ethics Commission Filers)
Friends of UNT Political A	ction Committee					00053158	
4 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		orted	Royce West St	tate Senator	-	
(Attach lists on plain paper to complete this report if necessary.)		В. Орро	sed				
	Measures (Describe by date and location of election and	A. Suppo	orted				
	location of election and nature of issue.)	B. Oppos	sed				
		D. C.	502				
	3. Officeholders Assisted (Identify by name or, if						
COMMITTEE	applicable, classify by party.)	+	+od	Canri Canri	" " - Ctoto Dr	- statism	
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		orteu	Giovanni Capri	glione State Ke	presentative	
(Attach lists on plain paper to complete this report if necessary.)		В. Орро	sed				
	Measures (Describe by date and location of election and nature of issue.)	A. Suppo	orted				
	, made 5	B. Oppos	sed				
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)						
COMMITTEE	Candidates		orted	Charlie Geren	Ctata Denreser	atativo	
ACTIVITY	(Identify by name or, if applicable, classify by party.)		JILGU	Chanie Geren	Släle Represen	ltalive	
(Attach lists on plain paper to complete this report if necessary.)		В. Орро	sed				
	Measures (Describe by date and location of election and	A. Suppo	orted				
	nature of issue.)	B. Oppos	sed				
	3. Officeholders Assisted						
	(Identify by name or, if applicable, classify by party.)	,					

MONTHLY FILING GPAC REPORT: PURPOSE

FORM MPAC ADDENDUM

Page 4 of 12

						Page 4 01 12
12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
Friends of UNT Political Ac	ction Committee				00053158	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Kronda Thimesch	State Represe	entative	
(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.)					
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
		A Commonted		0		
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Gary VanDeaver	State Represe	ntative	
(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.)					
COMMITTEE	1. Candidates	A. Supported	John Kuempel Sta	ata Panrasanta	ativo	
ACTIVITY	(Identify by name or, if applicable, classify by party.)		John Ruemper Ste	ate represente	alive	
(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				
	Officeholders Assisted (Identify by name or, if					
	applicable, classify by party.)					

MONTHLY FILING GPAC REPORT: PURPOSE

FORM MPAC **ADDENDUM**

12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
Friends of UNT Political Ac	tion Committee				00053158	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Lynn Stucky	State Representati	ive	
(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.)					
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if					
	applicable, classify by party.)					
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Dade Phelan	State Representat	tive	
(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.)					
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Benjamin Bun	ngarner State Rep	presentative	
(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	I				

FORM MPAC MONTHLY FILING GPAC REPORT: PURPOSE **ADDENDUM** Page 6 of 12 **12** COMMITTEE NAME 13 Filer ID (Ethics Commission Filers) Friends of UNT Political Action Committee 00053158 14 COMMITTEE 1. Candidates A. Supported Will Metcalf State Representative **ACTIVITY** (Identify by name or, if applicable, classify by party.) (Attach lists on plain B. Opposed paper to complete this report if necessary.) 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

			7 of 12
17 COMMITTE Friends of	EE NAME UNT Political Action Committee	18 Filer ID 00053158	(Ethics Commission Filers)
19 SCHEDULI NAME OF	E SUBTOTALS SCHEDULE		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 LABOURGANIZATION	PR	\$
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$
7.	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (DRGANIZATION	\$
9.	SCHEDULE E: LOANS		\$
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$ 21,007.68
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	ONS	\$
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS IT 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 Comm 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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 1/5 Rpt: 8/12	Friends of UNT Political Action Committee 00053158
4 Date	5 Payee name
02/01/2024	Bank of America
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$7.68	5500 Preston Rd
	Ste. B
Expenditure from corporate funds	Dallas, TX 75205
8 PURPOSE	
OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Monthly Fee for Server of Website
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/05/2024	Ben Bumgarner for Texas House
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	5150 Kensington Ct.
Expenditure from corporate funds	Flower Mound, TX 75022
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/05/2024	Charlie Geren Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$2,000.00	PO Box 1440
Expenditure from corporate funds	Fort Worth, TX 76101
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXI ENDITORE	Candidate/Officeholder/Political Committee
	Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
4 Tatal manua Cabadula E4.	
1 Total pages Schedule F1: Sch: 2/5 Rpt: 9/12	2 FILER NAME3 Filer ID(Ethics Commission Filers)Friends of UNT Political Action Committee00053158
4 Date	5 Payee name
02/05/2024	Dade Phelan Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$5,000.00	PO Box 5990
Expenditure from	
corporate funds	Austin, TX 78763
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Contribution
O Commission ONLY if dispose	Condidate/Office helds name Office accepts
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/05/2024	Gary VanDeaver Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 866
Evpanditura from	
Expenditure from corporate funds	New Boston, TX 75570
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Contribution
Commission ONLY if dispose	Condidate/Office helds name Office accepts
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/05/2024	Giovanni Caprigilione Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	1352 Ten Bar Trail
Expenditure from	
corporate funds	Southlake, TX 76092
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Contribution
Complete CAU V if direct	Condidate/Officeholder name Office cought
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District Travel in District

Candidate/Officeholder/Politica	
Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 3/5 Rpt: 10/12	Friends of UNT Political Action Committee 00053158
4 Date	5 Payee name
02/05/2024	John Kuempel Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,000.00	902 E. College St.
- "	
Expenditure from corporate funds	Seguin, TX 78155
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
LXI LIBITORE	Candidate/Officeholder/Political Committee Cantribution
	Contribution
Complete ONLY if direct	Candidate/Officeholder name Office county Office hold
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/05/2024	Kronda Thimesch Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	2516 Sir Tristram Lane
Expenditure from	
corporate funds	Lewisville, TX 75056
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Candidate/Officeriolder/Political Committee Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
02/05/2024	Lynn Stucky Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$2,000.00	PO Box 464
+= ,000.00	
Expenditure from corporate funds	Denton, TX 76202
PURPOSE	
OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
	Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
ехрениците то репени С/ОГ	1

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	
Sch: 4/5 Rpt: 11/12	Friends of UNT Political Action Committee 00053158
4 Date	5 Payee name
02/22/2024	PAC Outsourcing LLC
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	5845 Richmond Highway
	Suite 820
Expenditure from corporate funds	Alexandria, VA 22303
8 PURPOSE	
OF	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Annual Compliance Services Fee
Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
experiorure to benefit C/O	
Date	Payee name
02/05/2024	Royce West Campaign Committee
Amount (\$)	Payee address; City; State; Zip Code
\$2,500.00	320 S R.L. Thornton Fwy
	Ste. 220
Expenditure from corporate funds	Dallas, TX 75203
PURPOSE	
OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
	Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Date	Payee name
02/05/2024	Toni Rose Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$2,000.00	PO Box 41867
Ψ2,000.00	1 0 50% 41007
Expenditure from	Dellas TV 75041
corporate funds	Dallas, TX 75241
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Taxes, Complete Schedule T
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Candidate/Officeriolder/Political Committee Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	•

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

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 in District
Travel Out of District

2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	nittee	00053158
5 Payee name		
Will Metcalf Campaign		
7 Payee address; City; Sta	te; Zip Code	
195 Lake View Circle		
Montgomery, TX 77356		
		l outside of Texas. Complete Schedule T.
Candidate/Officeholder/Political Com		n, TX, officeholder living expense
	Continuation	
Candidate/Officeholder name H	Office sought	Office held
	5 Payee name Will Metcalf Campaign 7 Payee address; City; Sta 195 Lake View Circle Montgomery, TX 77356 (a) Category (See Categories listed at the top of this see Contributions/Donations Made By	Will Metcalf Campaign 7 Payee address; City; State; Zip Code 195 Lake View Circle Montgomery, TX 77356 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder name Office sought