MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM MPAC **COVER SHEET PG 1**

ті	he MPAC Instruction (2 Total pages filed: 5			
3 COMMITTEE NAME			•	OFFICE USE ONLY	
Accountable Government Fund					
				04/04/2024	
4	COMMITTEE ADDRESS	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP		
	ADDITESS	430 Old Fitzhugh, #7			
	Change of Address	Dripping Springs, TX 78620		Date Hand-delivered or Date Postmarked	
5		MS / MRS / MR FIRST	MI		
	TREASURER NAME	Frederick	< R.	Receipt # Amount	
		NICKNAME LAST	SUFFIX	Date Processed	
			30111	Data lucanad	
		Ross Fischer		Date Imaged	
6	CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #; CITY; STA	ATE; ZIP CODE	
ľ	TREASURER	430 Old Fitzhugh, #7	AFT/ 30112 #, CITT, 317		
	STREET				
	ADDRESS (Residence or Business)				
		Dripping Springs, TX 78620			
7	CAMPAIGN	STREET ADDRESS OR PO BOX;	APT / SUITE #; CITY; STA	ATE; ZIP CODE	
	TREASURER MAILING	430 Old Fitzhugh, #7			
	ADDRESS				
	Change of Address	Dripping Springs, TX 78620			
8	CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION		
	TREASURER PHONE	(512) 587-5995			
	FIIONE	(312) 307-3333			
9	REPORT TYPE	Monthly	10th day after campaign		
		X Monthly	L treasurer termination	Dissolution (Attach PAC-DR)	
10) MONTHLY		с П ана		
	REPORT FILING DEADLINE	January 5 X April	5 July 5	October 5	
		February 5 May	5 August 5	November 5	
		March 5 June	e 5 September 5	December 5	
				December 5	
11		Month Day Year	Month THROUGH	Day Year	
	COVERED	02/26/2024	03/25/2	024	
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Í		GO 1	TO PAGE 2		
E0	rms provided by Tex	as Ethics Commission www.et	thics.state.tx.us	Version V3.5.1.5b35d027	

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME 13 Filer			13 Filer ID	(Ethics Commission Filers)
Accountable Government Fund 0008			0008739	02
14 COMMITTEE ACTIVITY				oner Precinct 1
(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	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)	\$	1,100.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	5,000.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL C OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LA G PERIOD	ST DAY	51,792.46
OUTSTANDING LOAN TOTALS		MOUNT OF ALL OUTSTANDING LOANS AS C REPORTING PERIOD	OF THE \$	0.00
16 AFFIDAVIT				
		I swear, or affirm, under penalty of true and correct and includes all ir under Title 15, Election Code.		
		F (
			ick R. Fischer	
		Signature of	-ampaign nea	
	STAMP / SEAL ABOVE			
			_, this the	day
of	, 20, to certify v	which, witness my hand and seal of office.		
Signature of officer adr	ninistering oath	Printed name of officer administering oath	Title of of	fficer administering oath
Forms provided by Texas E	thics Commission	www.ethics.state.tx.us		Version V3.5.1.5b35d027

FORM MPAC COVER SHEET PG 3

17 COMMITT Accounta	(Ethics Commission Filers)				
Accountable Government Fund 00087392					
19 SCHEDUL NAME OF	SUBTOTAL AMOUNT				
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$		
2. X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 1,100.00			
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$			
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABC ORGANIZATION	R	\$		
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA LABOR ORGANIZATION	\$			
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 (ORGANIZATION	\$		
9.	SCHEDULE E: LOANS		\$		
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	5	\$ 5,000.00		
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	DNS	\$		
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$		

SUBTOTALS - MPAC

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A	\2
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	The Instruction Guide explains how to complete this form.		1	1 Total pages Schedule A2: Sch: 1/1 Rpt: 4/5	
2	FILER NAME		3	Filer ID (Ethics Commission Filers)	
	Accountable Government Fund				00087392
4	TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$		
5	Date 03/22/2024	 6 Full name of contributor out-of-state PAC (ID#: Ross Fischer Law, PLLC 7 Contributor address; City; State; Zip Code)	8	Amount of 9 In-kind contribution contribution (\$) 9 escription \$1,100.00 Payment of accounting services for committee - 2023 Form 990
		Dripping Springs, TX 78620			I Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)			11 Employer (FOR NON	-JL	JDICIAL) (See instructions)
12 Contributor's principal occupation (FOR JUDICIAL)			13 Contributor's job title (FOR JUDICIAL) (See instructions)		
14 Contributor's employer/law firm (FOR JUDICIAL)			15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment				
1 Total pages Schedule F1: Sch: 1/1 Rpt: 5/5	2 FILER NAME 3 Filer ID (Ethics Commission Filers) Accountable Government Fund 00087392			
4 Date	5 Payee name			
02/29/2024	Miles Campaign, Roderick			
6 Amount (\$) 7 Payee address; City; State; Zip Code \$5,000.00 P.O. Box 51372 State; Zip Code				
Expenditure from corporate funds	Fort Worth, TX 76105			
8 PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Contribution 			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held			