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) 00052299 3 COMMITTEE NAME **OFFICE USE ONLY** United Educators Association Good Schools PAC Date Received **ELECTRONICALLY FILED** 04/26/2024 COMMITTEE ADDRESS / PO BOX; APT / SUITE #: CITY: STATE: ZIP **ADDRESS** 4055 International Plaza Suite 530 Change of Address Ft. Worth, TX 76109 Date Hand-delivered or Date Postmarked MS / MRS / MR **CAMPAIGN FIRST** MI **TREASURER** Receipt # Amount Mrs. Rose NAME Date Processed **NICKNAME SUFFIX** LAST Date Imaged Elliott CAMPAIGN APT / SUITE #; STREET ADDRESS (NO PO BOX PLEASE); CITY; STATE; ZIP CODE **TREASURER** 4055 International Plaza STREET **ADDRESS** Suite 530 (Residence or Business) Fort Worth, TX 76109 **CAMPAIGN** STREET ADDRESS OR PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** 4055 International Plaza MAILING **ADDRESS** Suite 530 Change of Address Fort Worth, TX 76109 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** (817) 572-1082 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 X May 5 August 5 November 5 March 5 September 5 December 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 03/26/2024 04/25/2024

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

			-			
L2 COMMITTEE NAME				13 Filer ID	(Ethics Commission File	ers)
United Educators Asso	ciation Good Schools F	PAC		00052299		
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. Measures	A. Supported				
	(Describe by date and location of election and nature of issue.)	7. Supported				
		B. Opposed				
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
IF CONTRIBUTION	1	DOLUTION CONTR	IDUTIONS (OTUED TUAN)	1		
L5 CONTRIBUTION TOTALS	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			\$		0.00
	2. TOTAL POLITICA	L CONTRIBUTION	S	\$		0.00
	(OTHER THAN PLEI	DGES, LOANS, OR G	UARANTEES OF LOANS)	ľ		0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES			\$		0.00
	4. TOTAL POLITICA	L EXPENDITURES		\$		0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD			DAY \$		0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD			THE \$		0.00
L6 AFFIDAVIT						
		true and	, or affirm, under penalty of pe d correct and includes all infor itle 15, Election Code.	rjury, that the a mation required	accompanying report is	
			Mrs. Ro	ose Elliott		
			Signature of Ca	mpaign Treasu	rer	_
AFFIX NOTARY	' STAMP / SEAL ABOVE					
Sworn to and subscribed	I before me by the said		, tl	his the	day	
	, 20, to certify \				uuy	
	_	,				
Signature of officer ac	dministering oath	Printed name of office	er administering oath	Title of offic	er administering oath	_

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

3 of 5

					3 of 5
	MMITTI	(Ethics Commis	ssion Filers)		
Un	ited Ed				
	HEDUL ME OF	SUBTOTA	AL AMOUNT		
1.	X	\$	0.00		
2.	X	\$	0.00		
3.	X	\$	0.00		
4.		\$			
5.		\$			
6.		\$			
7.		\$			
8. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION					
9.	X	\$	0.00		
10.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	0.00
11.	Х	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00
12.	Х	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	0.00
13.	Х	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00
14.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
15. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER					
				•	

PLE	OGED CONTRIBU	TIONS			s	CHEDULE B	
The Instruction Guide explains how to complete this form. 2 FILER NAME				1	1 Total pages Schedule B: Sch: 1/1 Rpt: 4/5 3 Filer ID (Ethics Commission Filers) 00052299		
				3			
United Educators Association Good Schools PAC							
4 TOTAL	OF UNITEMIZED PLEDO	SES			\$	0.00	
5 Date	6 Full name of pledgor out-of-state PAC (ID#:		_) 8	Amount of 9 In-kir	nd description		
7 Pledgor Address; City; State; Zip Code		de		pledge (\$) (If	applicable)		
					Check if travel outside of Texa	s. Complete Schedule T.	
10 Principal	occupation / Job title (See Instru	ictions)	11 Employer (See In	structi			

	LOANS					SCHEDULE E		
	The Instruction Guide explains how to complete this form.				l l	1 Total pages Schedule E: Sch: 1/1 Rpt: 5/5		
2	PILER NAME United Educators Association Good Schools PAC			3 Filer ID (Ethics Commission Filers) 00052299				
TOTAL OF UNITEMIZED LOANS					\$ 0.00			
5	Date of loan	7 Name of lender	out-of-state PA	C (ID#:		9 Loan Amount (\$)		
6	Is lender a financial institution?	8 Lender address; C	city; State;	Zip Code		10 Interest Rate		
						11 Maturity Date		
12 Principal occupation / Job title (See Instructions) 13 En			13 Employer (See Instru	13 Employer (See Instructions)				
14	Description of Col	lateral		15 Check if personal funds were deposited into political account (See Instructions)				
16	GUARANTOR INFORMATION	17 Name of guarantor		<u> </u>		19 Amount Guaranteed (\$)		
	not applicable	18 Guarantor address; C	city; State;	Zip Code				
	Principal occupati	on		21 Employer (See Instru	uctions)			