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) 00015585 3 COMMITTEE NAME **OFFICE USE ONLY** Good Government Fund (Fort Worth) Date Received **ELECTRONICALLY FILED** 05/26/2024 COMMITTEE ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP **ADDRESS** 201 Main Street, Suite 2500 Change of Address Fort Worth, TX 76102 Date Hand-delivered or Date Postmarked MS / MRS / MR **CAMPAIGN FIRST** MI **TREASURER** Receipt # Amount Mr. Dee J. NAME Date Processed **NICKNAME** LAST **SUFFIX** Date Imaged Kelly Jr. CAMPAIGN CITY; STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; STATE; ZIP CODE TREASURER 201 Main Street, Suite 2500 STREET **ADDRESS** (Residence or Business) Fort Worth, TX 76102 **CAMPAIGN** STREET ADDRESS OR PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** 201 Main St., Ste. 2500 MAILING **ADDRESS** Change of Address Fort Worth, TX 76102 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** (817) 332-2500 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 September 5 December 5 March 5 X June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 04/26/2024 05/25/2024

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME	13 Filer ID	(Ethics Commission Filers)			
Good Government Fund (Fort Worth)			00015585		
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Macy Hill Fort Worth City Cour	ncil		
(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			
	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 MADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00	
	2. TOTAL POLITICA (OTHER THAN PLEI	IL CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.00	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	D POLITICAL EXPENDITURES	\$	0.00	
	4. TOTAL POLITICA	L EXPENDITURES	\$	4,000.00	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD			35,065.83	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD			0.00	
16 AFFIDAVIT	•		•		
		I swear, or affirm, under penalty of per true and correct and includes all inforr under Title 15, Election Code.	jury, that the a	accompanying report is d to be reported by me	
	Mr. Dee J. Kelly Jr.				
		Signature of Car	npaign Treasu	urer	
AFFIX NOTARY	' STAMP / SEAL ABOVE				
Sworn to and subscribed	before me, by the said	, tr	is the	day	
of	_, 20, to certify	which, witness my hand and seal of office.			
Signature of officer ac	Iministering oath	Printed name of officer administering oath	Title of office	cer administering oath	

MONTHLY FILING GPAC REPORT: PURPOSE

FORM MPAC ADDENDUM

					Page 3 of 5
12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Good Government Fund (Fort Worth)				00015585	
Candidates (Identify by name or, if applicable, classify by party.)		Alan Blaylock Fort	Worth City Co	ouncil	
	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.)					
Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Charles Lauersdorf	f Fort Worth C	City Council	
	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.)					
	1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if	1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed A. Supported B. Opposed A. Supported B. Opposed A. Supported B. Opposed B. Opposed A. Supported B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) B. Opposed 3. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by date and location of election and nature of issue.) B. Opposed	1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed 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.) 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed A. Supported Charles Lauersdor A. Supported Charles Lauersdor B. Opposed A. Supported Charles Lauersdor B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) B. Opposed 3. Opposed A. Supported Charles Lauersdor B. Opposed	1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed 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.) 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed A. Supported Charles Lauersdorf Fort Worth City Control of the contr	I. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed A. Supported A. Supported B. Opposed A. Supported A. Supported B. Opposed A. Supported B. Opposed A. Supported B. Opposed A. Supported B. Opposed A. Supported Charles Lauersdorf Fort Worth City Council Describe by date and location of election and nature of issue.) B. Opposed A. Supported Describe by date and location of election and nature of issue.) B. Opposed B. Opposed A. Supported Describe by date and location of election and nature of issue.) B. Opposed B. Opposed A. Supported Describe by date and location of election and nature of issue.) B. Opposed

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

			4 of 5	
17 COMMIT	TEE NAME overnment Fund (Fort Worth)	18 Filer ID 00015585	(Ethics Commission Filers)	
19 SCHEDU NAME O	SUBTOTAL AMOUNT			
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	3. SCHEDULE B: PLEDGED CONTRIBUTIONS			
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOURGANIZATION	\$		
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR 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:	S	\$ 4,000.00	
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	ONS	\$	
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	
l				

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 Salaries/Wages/Contract Labor

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

Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 1/1 Rpt: 5/5 Good Government Fund (Fort Worth) 00015585 4 Date Payee name 05/07/2024 Charles Blaylock Campaign 6 Amount (\$) Payee address; City; State; Zip Code \$1,000.00 9136 Tate Avenue Expenditure from Fort Worh, TX 76244 corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Political contribution Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 05/07/2024 Charles Lauersdorf Campaign Amount (\$) Payee address; City; State; Zip Code \$1,000.00 7916 Rampston Place Expenditure from Fort Worth, TX 76137 corporate funds **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Political contribution Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 05/07/2024 Macy Hill Campaign Amount (\$) Payee address: City; State; Zip Code \$2,000.00 P.O. Box 471121 Expenditure from corporate funds Fort Worth, TX 76147 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Political contribution Complete ONLY if direct Candidate/Officeholder name Office held Office sought expenditure to benefit C/OH