#### 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) 00065855 3 COMMITTEE NAME **OFFICE USE ONLY** Northeast Tarrant County Republican Club Date Received **ELECTRONICALLY FILED** 05/28/2024 COMMITTEE ADDRESS / PO BOX; APT / SUITE #: CITY: STATE: ZIP **ADDRESS** 4904 Wildwood Dr. Change of Address Colleyville, TX 76034 Date Hand-delivered or Date Postmarked MS / MRS / MR **FIRST CAMPAIGN** MI **TREASURER** Receipt # Amount John NAME Date Processed **NICKNAME SUFFIX** LAST Date Imaged Brieger CAMPAIGN APT / SUITE #; STREET ADDRESS (NO PO BOX PLEASE); CITY; STATE; ZIP CODE **TREASURER** 4904 Wildwood Dr. STREET **ADDRESS** (Residence or Business) Colleyville, TX 76034 **CAMPAIGN** STREET ADDRESS OR PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** 4904 Wildwood Dr. MAILING **ADDRESS** Change of Address Colleyville, TX 76034 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** (817) 713-0408 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 March 5 September 5 December 5 X June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 04/26/2024 05/25/2024

**GO TO PAGE 2** 

### MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

## FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME	13 Filer ID	iler ID (Ethics Commission Filers)			
Northeast Tarrant Co	0006585	5			
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			
	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	\$	280.00	
	2. TOTAL POLITICA (OTHER THAN PLEI	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	280.00	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES			
	4. TOTAL POLITICA	L EXPENDITURES	\$	540.00	
CONTRIBUTION BALANCE		5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD			0.00	
16 AFFIDAVIT	<u> </u>				
		I swear, or affirm, under penalty of per true and correct and includes all inform under Title 15, Election Code.	rjury, that the mation require	accompanying report is ed to be reported by me	
		John I	Brieger		
	John Brieger Signature of Campaign Treasurer				
AFFIX NOTAF	RY STAMP / SEAL ABOVE				
Sworn to and subscribe	ed before me, by the said	, th	nis the	day	
of	, 20, to certify \	which, witness my hand and seal of office.			
Signature of officer	administering oath	Printed name of officer administering oath	Title of off	ficer administering oath	

#### **SUBTOTALS - MPAC**

# FORM MPAC COVER SHEET PG 3

					3 of 4
17 COMMI	TTE	E NAME	18 Filer ID	(Ethic	s Commission Filers)
Northeast Tarrant County Republican Club 00065855					
19 SCHEDULE SUBTOTALS  NAME OF SCHEDULE					SUBTOTAL AMOUNT
1. X	]	\$	280.00		
2.	]	\$			
3.	]	\$			
4.	]	\$			
5.	]	\$			
6.	]	\$			
7.	]	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$	
8.	]	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (	\$		
9.	. SCHEDULE E: LOANS				
10. X	10. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS				540.00
11.	11. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS				
12.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS			\$	
13.	3. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD				
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS				
15.	]	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I 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 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
OTHER (outpers extrapply not listed above)

Candidate/Officeholder/Politica Credit Card Payment		Legal Services	Salaries/V	ages/Contract L		OTHER (enter a	category not listed above)
		The Instruction Guide	explains now to co	npiete this to			
1 Total pages Schedule F1:	2 FILER NAME				3	Filer ID	(Ethics Commission Filers)
Sch: 1/1 Rpt: 4/4		arrant County Rep	ublican Club			00065855	
4 Date	5 Payee name						
05/05/2024	Texas Star	Golf Course and C	onference Cente	r			
6 Amount (\$)	7 Payee addres	ss; City;	State; Zip Co	de			
\$440.00	1400 Texas	Star Parkway					
Expenditure from corporate funds	Euless, TX	76040					
8 PURPOSE	(a) Category (Se	ee Categories listed at the to	pp of this schedule)	(b) Descrip	otion		
OF EXPENDITURE	Event Expe		,			de of Texas. Com	
EXPENDITORE				_		officeholder living	expense
				Facility	/ rental an	id food	
Complete ONLY if direct expenditure to benefit C/O		ceholder name	Office sou	ght		Office he	eld
Date	Payee name						
05/06/2024	Texas Star	Golf Course and C	onference Cente	r			
Amount (\$)	Payee addres	ss; City;	State; Zip Co	de			
\$100.00		Star Parkway					
Ψ100.00	1400 16783	Star Farkway					
Expenditure from							
corporate funds	Euless, TX	76040					
PURPOSE	(a) Category (Se	ee Categories listed at the to	on of this schedule)	(b) Descrip	otion		
OF		age Expense	p of this schedule)			de of Texas. Com	plete Schedule T.
EXPENDITURE	1 oca/Bever	age Expense		Chec	k if Austin, TX,	officeholder living	expense
				Food			
Complete ONLY if direct	Candidate/Offi	reholder name	Office sou	nht		Office he	7l4
expenditure to benefit C/O		ocholder hame	011100 000	J. 1.		Omoo no	, id