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) 00016529 3 COMMITTEE NAME **OFFICE USE ONLY** Ironworkers State COPE Fund Date Received **ELECTRONICALLY FILED** 07/01/2024 COMMITTEE ADDRESS / PO BOX; APT / SUITE #: CITY: STATE: ZIP **ADDRESS** 414 N. Main St Ste 105 Change of Address Grapevine, TX 76051 Date Hand-delivered or Date Postmarked MS / MRS / MR **CAMPAIGN FIRST** MI **TREASURER** Receipt # Amount Mark NAME Date Processed **NICKNAME SUFFIX** LAST Date Imaged **Fritts** CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 414 N. Main Street Ste. 105 STREET **ADDRESS** (Residence or Business) Grapevine, TX 76051 **CAMPAIGN** STREET ADDRESS OR PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** 414 N. Main Street Ste. 105 MAILING **ADDRESS** Change of Address Grapevine, TX 76051 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** (817) 640-0202 REPORT TYPE 10th day after campaign X Monthly Dissolution (Attach PAC-DR) treasurer termination 10 MONTHLY January 5 April 5 X July 5 October 5 REPORT FILING **DEADLINE** February 5 May 5 August 5 November 5 March 5 September 5 December 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 05/26/2024 06/25/2024

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME		-	13 Filer ID	(Ethics Commission Filers)	
Ironworkers State CC	PE Fund	00016529			
14 COMMITTEE ACTIVITY	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			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)	Mihaela Plesa State Represen	tative		
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M check here if this report	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	2,634.88	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)				
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00	
	4. TOTAL POLITICA	L EXPENDITURES	\$	2,533.00	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTING	DAY \$	153,764.53		
OUTSTANDING LOAN TOTALS		TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD			
16 AFFIDAVIT			<u> </u>		
		I swear, or affirm, under penalty of per true and correct and includes all inform under Title 15, Election Code.	jury, that the a nation required	ccompanying report is I to be reported by me	
		Mark	Fritts		
		Signature of Can	npaign Treasui	rer	
AFFIX NOTAR	RY STAMP / SEAL ABOVE				
		, th	is the	day	
of	, 20, to certify \	vhich, witness my hand and seal of office.			
Signature of officer	administering oath	Printed name of officer administering oath	Title of offic	er administering oath	

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

			3 of 4
17 COMMITTEE Ironworkers	NAME State COPE Fund	18 Filer ID 00016529	(Ethics Commission Filers)
19 SCHEDULE S			SUBTOTAL AMOUNT
1. X S	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 2,634.88
2. S	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. S	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION)R	\$
	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$
6. S	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$
	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$
8. S	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (ORGANIZATION	\$
9. S	SCHEDULE E: LOANS		\$
10. X S	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$ 2,533.00
11. S	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
12. S	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
13. S	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
14. S	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$
	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

	Candidate/Officeholder/Politica Credit Card Payment		nmittee	Legal Services			s/Contract Labor		OTHER (enter a	category not listed above)
	·			The Instruction Guide ex	xplains how to co	mple				
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission Filers)
	Sch: 1/1 Rpt: 4/4		Ironworkers	State COPE Fund					00016529	
4	Date		Payee name							
	06/03/2024		PNC Bank							
6	Amount (\$)	7	Payee addres	ss; City;	State; Zip Co	ode				
	\$33.00		1205 S. Mai	n Street						
	- Evnanditura from									
L	Expenditure from corporate funds		Grapevine,	TX 76051						
8	PURPOSE	(a)	Category (Se	ee Categories listed at the top o	of this schedule)	(b)	Description			
	OF EXPENDITURE		Accounting/		,		=			plete Schedule T.
	EXI ENDITORE						\Box		officeholder living	
										eck #1037 to the n; check was not re-
0	Complete ONLY if direct	<u> </u>	Candidata/O#:	noboldor nome	Office	laht				
9	Complete ONLY if direct expenditure to benefit C/OH		Januiuale/Offi	ceholder name	Office sou	ignt			Office he	eiu
_										
	Date		Payee name	-1-						
	06/02/2024		Plesa, Miha							
	Amount (\$)		Payee addres		State; Zip Co	ode				
	\$2,500.00		P.O. Box 79	06311						
_	Expenditure from									
L_	corporate funds		Dallas, TX 7	'5248						
	PURPOSE	(a)	Category (Se	ee Categories listed at the top o	of this schedule)	(b)	Description			
	OF EXPENDITURE			s/Donations Made B						plete Schedule T.
	Candidate/Officeholder/Political Committee Campaign Contribution for State Rep									
							House Distric			rate representative
_	Complete ONLY if direct		Candidate/Offic	ceholder name	Office sou	<u>l</u> ıaht			Office he	eld
	expenditure to benefit C/OF					3				