MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM MPAC COVER SHEET PG 1

The	MPAC Instruction	2 Total pages filed: 4					
3 (COMMITTEE NAME	OFFICE USE ONLY					
N	Northeast Tarrant (
		Date Received					
		ELECTRONICALLY FILED					
				07/30/2024			
	COMMITTEE ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CIT	Y; STATE; ZIP				
	DDILE33	4904 Wildwood Dr.					
╎┍							
	Change of Address	Colleyville, TX 76034		Date Hand-delivered or Date Postmarked			
		MS / MRS / MR FIRST	MI				
	FREASURER NAME	John		Receipt # Amount			
		NICKNAME LAST	SUFFIX	Date Processed			
			30111	Data lucanad			
		Brieger		Date Imaged			
6 (CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #; CITY; STA	TE; ZIP CODE			
	REASURER	4904 Wildwood Dr.					
	STREET ADDRESS						
	Residence or Business)	0.11. 11. 7.72004					
		Colleyville, TX 76034					
	CAMPAIGN TREASURER	STREET ADDRESS OR PO BOX;	APT / SUITE #; CITY; STA	ATE; ZIP CODE			
N	MAILING	4904 Wildwood Dr.					
A	ADDRESS						
	Change of Address	Colleyville, TX 76034					
		AREA CODE PHONE NUMBER	EXTENSION				
	TREASURER (817) 713-0408						
9 F	REPORT TYPE	X Monthly	10th day after campaign	Dissolution (Attach PAC-DR)			
			→ treasurer termination				
	MONTHLY REPORT FILING	January 5 April 5	July 5	October 5			
	DEADLINE						
		February 5 May 5	X August 5	November 5			
		March 5 June 5	September 5	December 5			
11 F	PERIOD	Month Day Year	Month	Day Year			
	COVERED	06/26/2024 THR	OUGH 07/25/2				
GO TO PAGE 2							
Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V4.1.0.48da51f7							

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

			13 Filer ID	(Ethics Commission Filers)				
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported						
(Attach lists on plain		P. Opposed						
paper to complete this report if necessary.)		B. Opposed						
	2. Measures	A. Supported						
	(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.)							
15 CONTRIBUTION		POLITICAL CONTRIBUTIONS (OTHER THAN						
TOTALS		OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY)	\$	490.00				
		qualifies for the higher itemization threshold						
	2. TOTAL POLITICA	L CONTRIBUTIONS	\$	400.00				
	(OTHER THAN PLEI	DGES, LOANS, OR GUARANTEES OF LOANS)	l [*]	490.00				
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00				
	4. TOTAL POLITICA		\$					
			Þ	500.00				
CONTRIBUTION BALANCE			DAY \$	3,420.63				
		AMOUNT OF ALL OUTSTANDING LOANS AS OF 1	гис					
LOAN TOTALS		REPORTING PERIOD	\$	0.00				
16 AFFIDAVIT	•							
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.								
		John	Brieger					
		Signature of Ca	mpaign Treasu	rer				
AFFIX NOTARY STAMP / SEAL ABOVE								
	hafana na haita di		- :					
Sworn to and subscribed before me, by the said, this the da								
01	of, 20, to certify which, witness my hand and seal of office.							
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title of offic	cer administering oath				
Forms provided by Texas E	thics Commission	www.ethics.state.tx.us		Version V4.1.0.48da51f7				
i onno provided by Texas E		www.cuiica.alale.lA.ua		version v4.1.0.40ua311/				

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3 3 of 4

					5 01 4
17 COMMITTEE NAME18 Filer IDNortheast Tarrant County Republican Club00065855					cs Commission Filers)
19 SCHE NAME			SUBTOTAL AMOUNT		
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	490.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
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	TION OR	\$	
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.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	5	\$	500.00
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	\$	
				-	
1					

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

Advertising Expense Accounting/Banking

Consulting Expense

Credit Card Payment

Sch: 1/1 Rpt: 4/4

5

7

\$400.00

1

8

9

Date

07/01/2024

Amount (\$)

Expenditure from

corporate funds PURPOSE

OF

EXPENDITURE

Complete ONLY if direct

expenditure to benefit C/OH

4 Date

07/01/2024

Expenditure from

PURPOSE

OF

EXPENDITURE

Complete ONLY if direct

expenditure to benefit C/OH

\$100.00

corporate funds

6 Amount (\$)

SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Northeast Tarrant County Republican Club 00065855 Payee name Texas Star Golf Course and Conference Center Payee address; City; State; Zip Code 1400 Texas Star Parkway Euless, TX 76040 (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Event Expense Check if Austin, TX, officeholder living expense Facility rental and food Candidate/Officeholder name Office sought Office held Payee name Texas Star Golf Course and Conference Center Payee address; City; State; Zip Code 1400 Texas Star Parkway Euless, TX 76040 (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense Check if Austin, TX, officeholder living expense Food Candidate/Officeholder name Office sought Office held