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** 09/29/2024 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 STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; 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 X October 5 REPORT FILING July 5 **DEADLINE** February 5 May 5 August 5 November 5 September 5 December 5 March 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 08/26/2024 09/25/2024

GO TO PAGE 2

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer II	D (Ethics Commission Filers)
Good Government Fur	nd (Fort Worth)		00015	5585
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Brian Birdwell State Senator		
(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.)			
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 PLE	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	165,000.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZEI	D POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	154,500.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	45,565.83
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF TREPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT	-			
		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.	erjury, that mation red	the accompanying report is quired to be reported by me
		Mr. Dee	J. Kelly J	lr.
		Signature of Ca	mpaign Tr	reasurer
AFFIX NOTARY	/ STAMP / SEAL ABOVE			
Sworn to and subscribed	d before me, by the said _	, ti	his the	day
of	_, 20, to certify	which, witness my hand and seal of office.		
Signature of officer ac	dministering oath	Printed name of officer administering oath	Title o	f officer administering oath

					Page 3 of 21
				13 Filer ID	(Ethics Commission Filers)
(Fort Worth)				00015585	
Candidates (Identify by name or, if applicable, classify by party.)		Robert Nichol	s State Senate	or	
	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.)		Lois Kolkhors	State Senato	or	
	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.)					
Candidates (Identify by name or, if applicable, classify by party.)		Brad Buckley	State Represe	entative	
	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					
	(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 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 3. Officeholders Assisted	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. 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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 2. Measures (Describe by date and location of election and nature of issue.) 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.) B. Opposed 4. Supported B. Opposed 5. Opposed 6. Supported 6. Supported 7. Supported 8. Opposed 8. Opposed 8. Opposed 9. Opposed 1. Candidates (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) 8. Opposed 1. Candidates (Identify by name or, if applicable, classify by party.) 8. Opposed 1. Candidates (Identify by name or, if applicable, classify by party.) 8. Opposed 1. Candidates (Identify by name or, if applicable, classify by party.) 8. Opposed 1. Candidates (Identify by name or, if applicable, classify by party.) 8. Opposed	1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (Oescribe 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 4. Supported Lois Kolkhorst State Senato (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.) B. Opposed 4. Supported Lois Kolkhorst State Senator (Identify by name or, if applicable, classify by party.) B. Opposed 5. Opposed 4. Supported Brad Buckley State Repress (Identify by name or, if applicable, classify by party.) B. Opposed 5. Opposed 6. Opposed 6. Opposed 7. Candidates (Identify by name or, if applicable, classify by party.) 8. Opposed 8. Opposed 8. Opposed 8. Opposed 9. Opposed 1. Candidates (Identify by name or, if applicable, classify by party.) 8. Opposed 1. Candidates (Identify by name or, if applicable, classify by party.) 8. Opposed 1. Candidates (Identify by name or, if applicable, classify by party.) 8. Opposed 1. Candidates (Identify by name or, if applicable, classify by party.) 8. Opposed	(Fort Worth) 1. Candidates (dentify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (dentify by name or, if applicable, classify by party.) 4. Supported Lois Kolkhorst State Senator (dentify by name or, if applicable, classify by party.) 5. Candidates (describe by date and location of election and nature of issue.) 6. Opposed 7. Measures (Describe by date and location of election and nature of issue.) 7. Describe by date and location of election and nature of issue.) 8. Opposed 7. Supported Lois Kolkhorst State Senator (dentify by name or, if applicable, classify by party.) 8. Opposed 7. Candidates (dentify by name or, if applicable, classify by party.) 8. Opposed 8. Opposed 7. Candidates (dentify by name or, if applicable, classify by party.) 8. Opposed 8. Opposed 8. Opposed 9. Opposed 9. Opposed 10. Candidates (dentify by name or, if applicable, classify by party.) 9. Opposed 11. Candidates (dentify by name or, if applicable, classify by party.) 12. Candidates (dentify by name or, if applicable, classify by party.) 13. Officeholders Assisted 14. Supported Describe by date and location of election and nature of issue.) 15. Opposed

L2 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
Good Government Fund (F	-ort Worth)				00015585	r
L4 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		ed Charlie Gere	n State Represen	itative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed	1			
	2. Measures	A. Supporte	ed			
	(Describe by date and location of election and nature of issue.)					
		B. Opposed	1			
	Officeholders Assisted (Identify by name or, if					
	applicable, classify by party.)	<u> </u>				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		ed Dustin Burrov	ws State Represe	entative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed	i			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supporte	ed			
		B. Opposed	i			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Dade Phelan	State Represent	ative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed	1			
	Measures (Describe by date and location of election and nature of issue.)	A. Supporte	ed b			
		B. Opposed	i			
	3. Officeholders Assisted					
	(Identify by name or, if applicable, classify by party.)					

										Page 5 o	1 2 1
12 COMMITTEE NAME							13	3 Filer ID	(Ethics	Commission Fi	ilers)
Good Government Fund (I	Fort Worth)							00015585			
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Suppo	rted	Morgan Me	yer Sta	ate Repr	esentati	ve			
(Attach lists on plain paper to complete this report if necessary.)		B. Oppos	ed								
	2. Measures	A. Suppo	rted								
	(Describe by date and location of election and nature of issue.)										
		B. Oppos	ed								
	3. Officeholders Assisted (Identify by name or, if										
	applicable, classify by party.)	 									
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Suppo	rted	Janie Lopez	z State	Represe	entative				
(Attach lists on plain paper to complete this report if necessary.)		B. Oppos	ed								
	Measures (Describe by date and location of election and nature of issue.)	A. Suppo	rted								
		B. Oppos	ed								
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)										
COMMITTEE	1. Candidates	 	rted	Cody Harris	State	Renres	entative				
ACTIVITY	(Identify by name or, if applicable, classify by party.)			Couy Traces	Johns	riop. oc	omanic				
(Attach lists on plain paper to complete this report if necessary.)		B. Oppos	ed								
	Measures (Describe by date and location of election and nature of issue.)	A. Suppo	rted								
	liaure of issue.	B. Oppos	ed								
	3. Officeholders Assisted										
	(Identify by name or, if applicable, classify by party.))									

							Page 6 of 21
12 COMMITTEE NAME					13 Filer ID	(Ethics C	Commission Filers)
Good Government Fund (Fort Worth)				0001558	5	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Bryan Hughes	State Senato	or		
(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.))					
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Pete Flores Si	tate Senator			
(Attach lists on plain paper to complete this report if necessary.)		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.))					
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Angela Chen	Button State	Representative		
(Attach lists on plain paper to complete this report if necessary.)		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.))					
		ı					

						Page 7 of 21
12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
Good Government Fund (F	-ort Worth)				00015585	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Charles Schwe	rtner State Sena	ator	
(Attach lists on plain paper to complete this report if necessary.)		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.)					
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Bill Waybourn	Tarrant County S	Sheriff	
(Attach lists on plain paper to complete this report if necessary.)		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.)					
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Roderick Miles	Tarrant County	Commissioner	
(Attach lists on plain paper to complete this report if necessary.)		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.)					

										Page 8 of 2
L2 COMMITTEE NAME							13 File	r ID	(Ethics Co	ommission Filers
Good Government Fund (F	ort Worth)						000	15585		
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		ported	Rick Barr	nes Tax A	ssessor-Co	ollector			
(Attach lists on plain paper to complete this report if necessary.)		В. Орр	osed							
	2. Measures	A. Sup	ported							
	(Describe by date and location of election and nature of issue.)									
		В. Орр	osed							
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)									
COMMITTEE	Candidates	 	ported	Chrisi Cra	ddick Lan	d Commiss	sioner			
ACTIVITY	(Identify by name or, if applicable, classify by party.)									
(Attach lists on plain paper to complete this report if necessary.)		В. Орр	osed							
	2. Measures (Describe by date and location of election and nature of issue.)	A. Sup	ported							
		В. Орр	osed							
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)									
COMMITTEE	Candidates	 	ported	Mat Kraus	District A	ttorney				
ACTIVITY	(Identify by name or, if applicable, classify by party.)					,				
(Attach lists on plain paper to complete this report if necessary.)		В. Орр	osed							
	Measures (Describe by date and location of election and nature of issue.)	A. Sup	ported							
	nature or issue.)	В. Орр	osed							
	Officeholders Assisted									
	(Identify by name or, if applicable, classify by party.)									

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

			9 of 21
17 COMMITTEE NAME Good Government Fund (Fort Wo	orth)	18 Filer ID 00015585	(Ethics Commission Filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT		
1. X SCHEDULE A1: MONE	TARY POLITICAL CONTRIBUTIONS		\$ 165,000.00
2. SCHEDULE A2: NON-N	IONETARY (IN-KIND) POLITICAL CONTRIBUTION	IS	\$
3. SCHEDULE B: PLEDGI	ED CONTRIBUTIONS		\$
4. SCHEDULE C1: MONE ORGANIZATION	TARY CONTRIBUTIONS FROM CORPORATION C	OR LABOR	\$
5. SCHEDULE C2: NON-N LABOR ORGANIZATION	MONETARY (IN-KIND) CONTRIBUTIONS FROM CO	ORPORATION OR	\$
6. SCHEDULE C3: MONE	TARY SUPPORT FROM CORPORATION OR LABO	OR ORGANIZATION	\$
7. SCHEDULE C4: NON-N ORGANIZATION	MONETARY SUPPORT FROM CORPORATION OR	LABOR	\$
8. SCHEDULE D: PLEDGI	ED CONTRIBUTIONS FROM CORPORATION OR L	LABOR ORGANIZATION	\$
9. SCHEDULE E: LOANS			\$
10. X SCHEDULE F1: POLITI	CAL EXPENDITURES FROM POLITICAL CONTRIE	BUTIONS	\$ 154,500.00
11. SCHEDULE F2: UNPAI	D INCURRED OBLIGATIONS		\$
12. SCHEDULE F3: PURC	HASE OF INVESTMENTS FROM POLITICAL CONT	TRIBUTIONS	\$
13. SCHEDULE F4: EXPEN	IDITURES MADE BY CREDIT CARD		\$
14. SCHEDULE I: NON-POL	ITICAL EXPENDITURES FROM POLITICAL CONT	RIBUTIONS	\$
15. SCHEDULE K: INTERES	ST, CREDITS, GAINS, REFUNDS, AND CONTRIBL	JTIONS RETURNED	\$

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULE A1		
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 1/1 Rpt: 10/21	
2	FILER NAME Good Gover	nment Fund (Fort Worth)		3	Filer ID (Ethics Commission Filers) 00015585	
4	Date 09/04/2024	 5 Full name of contributor out-of-state PAC (ID#:_Bass, Lee (Mr.) 6 Contributor address; City; State; Zip Code 	7	Amount of Contribution (\$) \$75,000.00		
8	Principal occu	Fort Worth, TX 76102 pation / Job title (See Instructions)	9 Employer (See Instructions			-
_	Investments	patient 7 000 title (occ mondetions)	Self	,		=
	Date Full name of contributor out-of-state PAC (ID#:) 09/06/2024 Bass, Lee (Mr.) Contributor address; City; State; Zip Code				Amount of Contribution (\$) \$7,500.00	
		Fort Worth, TX 76102				-
	Principal occu Investments	pation / Job title (See Instructions)	Employer (See Instructions Self)		
Date Full name of contributor out-of-state PAC (ID#: 09/06/2024 Bass, Sid (Mr.) Contributor address; City; State; Zip Code				Amount of Contribution (\$) \$7,500.00		
		Fort Worth, TX 76102				
	Principal occu Investments	pation / Job title (See Instructions)	Employer (See Instructions Self)		
	Date 09/20/2024	Full name of contributor out-of-state PAC (ID#:_ Bass, Sid (Mr.) Contributor address; City; State; Zip Code Fort Worth, TX 76102			Amount of Contribution (\$) \$75,000.00	•
	Principal occu Investments	pation / Job title (See Instructions)	Employer (See Instructions Self)		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 1/11 Rpt: 11/21	Good Government Fund (Fort Worth) 00015585
4 Date	5 Payee name
09/04/2024	Angie Chen Button Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,500.00	P.O. Box 832748
Expenditure from corporate funds	Richardson, TX 75083
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Political contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
oxportantare to serious ever	
Date	Payee name
09/24/2024	Angie Chen Button Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$2,500.00	P.O. Box 832748
Expenditure from corporate funds	Richardson, TX 75083
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder (Political Committee) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Candidate/Officeholder/Political Committee Candidate/Officeholder living expense Political contribution
	- Chaosa Collanadaon
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	· ·
Date	Payee name
09/04/2024	Bill Waybourn for Sheriff
Amount (\$)	Payee address; City; State; Zip Code
\$2,500.00	P.O. Box 151305
Expenditure from corporate funds	Arlington, TX 76015
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
-	Candidate/Officeholder/Political Committee
	Folitical contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

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 (output a category not listed above)

Candidate/Officeholder/Politica Credit Card Payment	
Credit Card r dyment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 2/11 Rpt: 12/21	Good Government Fund (Fort Worth) 00015585
4 Date	5 Payee name
09/04/2024	Brad Buckley Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$5,000.00	1321 Pershing Drive
Expenditure from corporate funds	Killeen, TX 76549
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Political contribution
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
09/24/2024	Brad Buckley Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$5,000.00	1321 Pershing Drive
Expenditure from corporate funds	Killeen, TX 76549
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE	Candidate/Officeholder/Political Committee
	Political contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experientare to benefit 6/01	<u>'</u>
Date	Payee name
09/04/2024	Brian Birdwell Campaign Committee
Amount (\$)	Payee address; City; State; Zip Code
\$5,000.00	1315 Waters Edge Drive, Suite 116
- "	
Expenditure from corporate funds	Granbury, TX 76048
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXPENDITORE	Candidate/Officeholder/Political Committee
	Political contribution
0 1. 6	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
5	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
4 Tatal manage Calculula Edu	· · · · · · · · · · · · · · · · · · ·
1 Total pages Schedule F1: Sch: 3/11 Rpt: 13/21	2 FILER NAME 3 Filer ID (Ethics Commission Filers) Good Government Fund (Fort Worth) 00015585
4 Date	5 Payee name
09/25/2024	Brian Birdwell Campaign
	, -
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$5,000.00	1315 Waters Edge Drive
Expenditure from	Suite 116
corporate funds	Granbury, TX 76048
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Political contribution
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
09/04/2024	Bryan Hughes Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$5,000.00	P.O. Box 450
. ,	
Expenditure from	Mineola, TX 75773
corporate funds	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Political contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	o
Data	
Date	Payee name
09/24/2024	Bryan Hughes Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$5,000.00	P.O. Box 450
Expenditure from	
corporate funds	Mineola, TX 75773
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By
EXPENDITURE	Candidate/Officeholder/Political Committee
	Political contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiorare to benefit C/OI	1

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 (enter a category not listed above)

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
Groun Gurd i dyment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 4/11 Rpt: 14/21	Good Government Fund (Fort Worth) 00015585
4 Date	5 Payee name
09/04/2024	Charlie Geren Campaign Committee
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$10,000.00	P.O. Box 1440
Expenditure from corporate funds	Fort Worth, TX 76101
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXI ENDITORE	Candidate/Officeholder/Political Committee
	Political contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/24/2024	Charlie Geren Campaign Committee
Amount (\$)	Payee address; City; State; Zip Code
\$5,000.00	P.O. Box 1440
φ5,000.00	P.O. BOX 1440
Expenditure from	
corporate funds	Fort Worth, TX 76101
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXI ENDITORE	Candidate/Officeholder/Political Committee
	Political contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
09/05/2024	Christi Craddick Campaign Committee
Amount (\$)	Payee address; City; State; Zip Code
\$2,500.00	3112 Windsor, Suite A
72,000.00	PMB 505
Expenditure from	
corporate funds	Austin, TX 78703
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	Political contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiorare to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 5/11 Rpt: 15/21	Good Government Fund (Fort Worth) 00015585
4 Date	5 Payee name
09/04/2024	Cody Harris Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,500.00	1007 N. Mallard Street
Expenditure from corporate funds	Palestine, TX 75801
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	Political contribution
Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/24/2024	Cody Harris Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$2,500.00	1007 N. Mallard Street
Ψ2,000.00	1001 14 Manara Greek
Expenditure from corporate funds	Palestine, TX 75801
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXI ENDITORE	Candidate/Officeholder/Political Committee
	Political contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/04/2024	Dade Phelan Campaign
	· · ·
Amount (\$)	Payee address; City; State; Zip Code
\$15,000.00	P.O. Box 848
Expenditure from corporate funds	Nederland, TX 76086
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Political contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1

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 (other a cottographed listed above)

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 6/11 Rpt: 16/21	Good Government Fund (Fort Worth) 00015585
4 Date	5 Payee name
09/24/2024	Dade Phelan Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$15,000.00	P.O. Box 848
Expenditure from	Nederland, TX 76086
corporate funds	Neuerianu, 17/10000
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
ZA ZABITORZ	Candidate/Officeholder/Political Committee
	Political contribution
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/04/2024	Dustin Burrows Campaign
	1 3
Amount (\$)	Payee address; City; State; Zip Code
\$5,000.00	10507 Quaker Avenue
	Suite 103
Expenditure from corporate funds	Lubbock, TX 79420
·	I
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Candidate/Officeholder/Political Committee
	Political contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
•	
Date	Payee name
09/24/2024	Dustin Burrows Campaign
Amount (\$)	Payee address; City; State; Zip Code
` '	
\$5,000.00	10507 Quaker Avenue
- Cynonditure from	Suite 103
Expenditure from corporate funds	Lubbock, TX 79420
PURPOSE	(a) Cotagon: (b) Deceription
OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Contributions/Donations Made By
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder (Political Committee) Check if Austin, TX, officeholder living expense
	Political contribution
	. Sillist Strainguist
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Experiulture to beliefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comm 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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	,
Sch: 7/11 Rpt: 17/21	Good Government Fund (Fort Worth) 00015585
4 Date	5 Payee name
09/04/2024	Janie Lopez Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,500.00	P.O. Box 2073
Expenditure from	
corporate funds	San Benito, TX 78586
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	1 ontical contribution
• • • • • • • • • • • • • • • • • • • •	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/24/2024	Janie Lopez Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$2,500.00	P.O. Box 2073
Expenditure from corporate funds	San Benito, TX 78586
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Candidate/Officeholder/Political Committee
	1 Gillion College
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	o
Date	Payee name
09/04/2024	Lois Kolkhorst Committee
Amount (\$)	Payee address; City; State; Zip Code
\$5,000.00	P.O. Box 2546
Expenditure from corporate funds	Brenham, TX 77834
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Political contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experience to belief 6/01	•

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards/Mem mmittee Legal Services	orials Expense		ing Expens ries/Wages	se s/Contract Labor	Travel Out of OTHER (ente	District er a category not listed	above)
	Credit Card F dyment		The Instruction	on Guide exp	lains how t	o compl	ete this form.			
1	Total pages Schedule F1:	2	FILER NAME					3 Filer ID	(Ethics Commi	ission Filers)
	Sch: 8/11 Rpt: 18/21		Good Government Fun	d (Fort Wo	rth)			0001558	5	
4	Date	5	Payee name							
	09/24/2024		Lois Kolkhorst Committ	ee						
6	Amount (\$)	7	Payee address; City;	;	State; Zip	Code				
	\$5,000.00		P.O. Box 2546							
	Expenditure from corporate funds		Brenham, TX 77834							
8	PURPOSE	(a)	Category (See Categories liste	ed at the top of t	his schedule)	(b)	Description			
	OF EXPENDITURE		Contributions/Donations Candidate/Officeholder	s Made By			_	TX, officeholder liv	omplete Schedule T. ving expense	
9	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder nam	ie	Office	sought		Office	held	
	Date		Payee name							
	09/25/2024		Matt Krause Campaign	Committee	е					
	Amount (\$)		Payee address; City;	;	State; Zip	Code				
	\$1,000.00		8553 N. Beach							
			PMB 180							
	Expenditure from corporate funds		Fort Worth, TX 76244							
	PURPOSE	(a)	Category (See Categories liste	ed at the top of t	his schedule)	(b)	Description			
OF EXPENDITURE			Contributions/Donations Made By						omplete Schedule T.	
			Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee				Political contri		ing expense	
							r ontical contin	button		
	Complete ONLY if direct expenditure to benefit C/Oh		Candidate/Officeholder nam	ne	Office	sought		Office	held	
	Date		Payee name							
09/04/2024		Morgan Meyer for Texas								
	Amount (\$)		Payee address; City;	;	State; Zip	Code				
\$2,500.00			3838 Oak Lawn Avenue							
		Suite 400								
Expenditure from corporate funds			Dallas, TX 75219							
	PURPOSE	(a)	Category (See Categories liste	ed at the top of t	his schedule)	(b)	Description			
	OF EXPENDITURE		Contributions/Donations						omplete Schedule T.	
			Candidate/Officeholder	Political C	ommittee		Check if Austin, Political contri	TX, officeholder li	ving expense	
							runucai cunth	เมนแบบ		
	Complete ONLY if direct	Щ,	Candidate/Officeholder nam	ne	Office	sought		Office	held	
	expenditure to benefit C/OF				230	9		200	-	

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

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

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 9/11 Rpt: 19/21	Good Government Fund (Fort Worth) 00015585
4 Date	5 Payee name
09/24/2024	Morgan Meyer for Texas
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,500.00	3838 Oak Lawn Avenue
	Suite 400
Expenditure from corporate funds	Dallas , TX 75219
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	Political contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/04/2024	Pete Flores Campaign
	· · ·
Amount (\$)	Payee address; City; State; Zip Code
\$5,000.00	1005 Congress Avenue
Expenditure from	Suite 580
corporate funds	Austin, TX 78701
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Political contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
09/24/2024	Pete Flores Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$5,000.00	1005 Congress Avenue
Ψ0,000.00	Suite 580
Expenditure from	
corporate funds	Austin, TX 78701
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Political contribution
	Political contribution
Occupation Children	Overfildets/Office helder covers
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
3.,50	

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

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

Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 10/11 Rpt: 20/21	Good Government Fund (Fort Worth) 00015585
4 Date	5 Payee name
09/05/2024	Rick Barnes Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	9121 Belshire Drive
	Suite 100
Expenditure from corporate funds	North Richland Hills, TX 76182
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder (Political Committee) Check if Austin, TX, officeholder living expense
	Candidate/Officeholder/Political Committee Candidate/Officeholder living expense Political contribution
	1 ontical contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/04/2024	Robert Nichols Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$5,000.00	P.O. Box 2347
. ,	
Expenditure from corporate funds	Jacksonville, TX 75766
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Political contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiditure to benefit C/Oi	
Date	Payee name
09/24/2024	Robert Nichols Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$5,000.00	P.O. Box 2347
·	
Expenditure from corporate funds	Jacksonville, TX 75766
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	1 Ontical contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	y

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comn Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services 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	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)	
orodit odra i dymoni	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
Sch: 11/11 Rpt: 21/21	Good Government Fund (Fort Worth) 00015585	
4 Date	5 Payee name	
09/05/2024	Roderick Miles Campaign	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$2,500.00	100 E. Weatherford	
Expenditure from corporate funds	Fort Worth, TX 76102	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF	Contributions/Donations Made By	
EXPENDITURE	Candidate/Officeholder/Political Committee	
	Political contribution	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI	1	
Date	Payee name	
09/04/2024	Texans for Charles Schwertner	
Amount (\$)	Payee address; City; State; Zip Code	
\$5,000.00	P.O. Box 2448	
Expenditure from corporate funds	Georgetown, TX 78627	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Contributions/Donations Made By	
EXI ENDITORE	Candidate/Officeholder/Political Committee	
	Political contribution	
		_
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
experialiture to beliefit C/OI	<u>'</u>	
Date	Payee name	
09/24/2024	Texans for Charles Schwertner	
Amount (\$)	Payee address; City; State; Zip Code	
\$5,000.00	P.O. Box 2448	
Expenditure from corporate funds	Georgetown, TX 78627	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	+
OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense	
	Political contribution	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	┪
expenditure to benefit C/OI		
		_