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) 00016405 3 COMMITTEE NAME **OFFICE USE ONLY** K & L Gates LLP Committee for Good Government Date Received **ELECTRONICALLY FILED** 10/04/2024 COMMITTEE ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP **ADDRESS** 1717 Main St., Ste. 2800 Change of Address Dallas, TX 75201 Date Hand-delivered or Date Postmarked MS / MRS / MR **FIRST CAMPAIGN** MI **TREASURER** Receipt # Amount Robert H. NAME Date Processed **NICKNAME SUFFIX** LAST Date Imaged McCarthy CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE TREASURER 2801 Via Fortuna, Suite 650 STREET **ADDRESS** (Residence or Business) Austin, TX 78746 **CAMPAIGN** STREET ADDRESS OR PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** 2801 Via Fortuna, Suite 650 MAILING **ADDRESS** Change of Address Austin, TX 78746 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** (512) 482-6836

10th day after campaign

July 5

August 5

September 5

Month

09/25/2024

Day

treasurer termination

Month

08/26/2024

REPORT TYPE

REPORT FILING

10 MONTHLY

11 PERIOD

COVERED

DEADLINE

X Monthly

January 5

February 5

Year

March 5

Day

April 5

May 5

June 5

THROUGH

Dissolution (Attach PAC-DR)

November 5

December 5

Year

X October 5

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

| 12 COMMITTEE NAME | | | 12 | Filer ID | (Ethics Commission Filers) |
|---|---|---|-----------------------|-----------------|--|
| | | | | 70016405 | • |
| | | | | | |
| 4 COMMITTEE ACTIVITY | 1. Candidates (Identify by name or, if applicable, classify by party.) | A. Supported Ms. Sarah Eckha | ardt State Senato | or | |
| (Attach lists on plain paper to complete this report if necessary.) | | B. Opposed | | | |
| | 0. 14 | A. Cumparted | | | |
| | 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.) | | | | |
| E CONTRIBUTION | 1 | DOLITICAL CONTRIBUTIONS (C | THED THAN | <u> </u> | |
| L5 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) check here if this report qualifies for the higher itemization threshold | | | \$ | 0.00 |
| | 2. TOTAL POLITICA | CONTRIBUTIONS | | \$ | 0.00 |
| | (OTHER THAN PLEI | GES, LOANS, OR GUARANTEES | OF LOANS) | ľ | 0.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | | \$ | 0.00 | |
| | 4. TOTAL POLITICA | L EXPENDITURES | | \$ | 1,000.00 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | | Y \$ | 13,811.15 | |
| OUTSTANDING LOAN TOTALS | TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | | | \$ | 0.00 |
| 6 AFFIDAVIT | <u> </u> | | | <u> </u> | |
| | | I swear, or affirm, und true and correct and i under Title 15, Election | includes all informat | y, that the a | accompanying report is d to be reported by me |
| | | | Mr. Robert H. | McCarthy | , |
| | | <u></u> | Signature of Campa | | |
| AFFIX NOTARY | STAMP / SEAL ABOVE | | | | |
| Sworn to and subscribed | hefore me, by the said | | this | ·he | day |
| | | hich, witness my hand and seal of | | | uay |
| | , , , , , , , , | , , | | | |
| Signature of officer ad | ministering oath | Printed name of officer administerin | ng oath | Title of office | cer administering oath |

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

| | | 3 of 4 |
|---|-----------------------------|----------------------------|
| 17 COMMITTEE NAME K & L Gates LLP Committee for Good Government | 18 Filer ID 00016405 | (Ethics Commission Filers) |
| 19 SCHEDULE SUBTOTALS NAME OF SCHEDULE | SUBTOTAL AMOUNT | |
| 1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | | \$ |
| 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | | \$ |
| 3. SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ | |
| 4. SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION | \$ | |
| 5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORAL LABOR 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 CONTRIBUTIONS | S | \$ 1,000.00 |
| 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 I | RETURNED | \$ |
| | | |
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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

| Contributions/ Donations Made E Candidate/Officeholder/Politic Credit Card Payment | e By - Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form. | Travel Out of District OTHER (enter a category not listed above) |
|--|--|--|
| 1 Total pages Schedule F1: | 1: 2 FILER NAME | Filer ID (Ethics Commission Filers) |
| Sch: 1/1 Rpt: 4/4 | K & L Gates LLP Committee for Good Government | 00016405 |
| 4 Date | 5 Payee name | |
| 09/04/2024 | Sarah Eckhardt Campaign | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code | |
| \$1,000.00 | 0 P.O. Box 301586 | |
| | | |
| Expenditure from corporate funds | Austin, TX 78703 | |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| OF EXPENDITURE | Contributions/Donations Made By | de of Texas. Complete Schedule T. |
| EXPENDITORE | | officeholder living expense |
| | Campaign contri | bution to support candidate |
| | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/C | t Candidate/Officeholder name Office sought /OH | Office held |
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