### MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

## FORM MPAC COVER SHEET PG 1

The MPAC Instruction Guide explains how to complete this form.  1 Filer ID (Ethics Commission Filers) 00052299				2 Total pages filed: 5		
3	COMMITTEE NAME			OFFICE USE ONLY		
	United Educators A	ssociation Good Schools PAC				
				Date Received ELECTRONICALLY FILED 11/26/2024		
4	COMMITTEE	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP			
	ADDRESS	4055 International Plaza				
		Suite 530				
	Change of Address	Ft. Worth, TX 76109		Date Hand-delivered or Date Postmarked		
5	CAMPAIGN	MS/MRS/MR FIRST	MI			
	TREASURER	Mrs. Rose		Receipt # Amount		
	NAME					
				Date Processed		
		NICKNAME LAST	SUFFIX			
		Elliott		Date Imaged		
6	CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #; CITY; ST	ATE; ZIP CODE		
	TREASURER	4055 International Plaza				
	STREET ADDRESS	Suite 530				
	(Residence or Business)	Fort Worth, TX 76109				
-	0.000					
ľ	CAMPAIGN TREASURER	STREET ADDRESS OR PO BOX;	APT / SUITE #; CITY; ST	ATE; ZIP CODE		
	MAILING	4055 International Plaza				
	ADDRESS	Suite 530				
	Change of Address	Fort Worth, TX 76109				
8	CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION			
	TREASURER PHONE	(817) 572-1082				
	THOME	(017) 072 1002				
9	REPORT TYPE	X Monthly	10th day after campaign treasurer termination	Dissolution (Attach PAC-DR)		
10	MONTHLY					
	REPORT FILING DEADLINE	January 5 April	5 July 5	October 5		
		February 5 May	5 August 5	November 5		
		March 5 June	e 5 September 5	X December 5		
11	PERIOD	Month Day Year	Manth			
1 1	. PERIOD COVERED	Month Day Year	THROUGH Month 11/25/2	Day Year		
		10/20/2024	11/25/2	2024		
	GO TO PAGE 2					
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## MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

# FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)	
			00052299		
14 COMMITTEE     1. Candidates     A. Supported					
ACTIVITY	(Identify by name or, if applicable, classify by party.)				
(Attach lists on plain		B. Opposed			
paper to complete this report if necessary.)					
	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	PLEDGES, LOANS, CONTRIBUTIONS M	OR GUARANTEES OF LOANS, ÒR ADE ELECTRONICALLY)	\$	0.00	
	X check here if this report	qualifies for the higher itemization threshold			
	2. TOTAL POLITICA		\$	0.00	
L	(OTHER THAN PLEI	DGES, LOANS, OR GUARANTEES OF LOANS)		0.00	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00	
	4. TOTAL POLITICA	L EXPENDITURES	\$		
			ľ	0.00	
CONTRIBUTION BALANCE			DAY \$	0.00	
OUTSTANDING	6. TOTAL PRINCIPAL A	AMOUNT OF ALL OUTSTANDING LOANS AS OF T	THE		
LOAN TOTALS	LAST DAY OF THE F	REPORTING PERIOD	\$	0.00	
16 AFFIDAVIT					
		I swear, or affirm, under penalty of pe true and correct and includes all inforr under Title 15, Election Code.	rjury, that the ac mation required	ccompanying report is to be reported by me	
		Mrs. Ro	se Elliott		
		Signature of Car	mpaign Treasur	er	
	AFFIX NOTARY STAMP / SEAL ABOVE				
Sworn to and subscribed	Sworn to and subscribed before me, by the said , this the day				
	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 office	er administering oath	
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### SUBTOTALS - MPAC

### FORM MPAC COVER SHEET PG 3 3 of 5

			(Ethics Com	nission Filers)		
	Educators Association G	ood Schools PAC		00052299	1	
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE					SUBTOTAL AMOUNT	
1.	SCHEDULE A1: MONE	ETARY POLITICAL CONTRIBUTION	IS		\$	0.00
2.	SCHEDULE A2: NON-	MONETARY (IN-KIND) POLITICAL (	CONTRIBUTIONS		\$	0.00
3.	3. X SCHEDULE B: PLEDGED CONTRIBUTIONS			\$	0.00	
4.	4. SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION			\$		
5.	5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION			\$		
6.	6. SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION			\$		
7.	7. C SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION				\$	
8.	8. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION				\$	
9.	SCHEDULE E: LOANS	3			\$	0.00
10.	SCHEDULE F1: POLIT	ICAL EXPENDITURES FROM POLI	ITICAL CONTRIBUTION	S	\$	0.00
11.	SCHEDULE F2: UNPA	ID INCURRED OBLIGATIONS			\$	0.00
12.	SCHEDULE F3: PURC	HASE OF INVESTMENTS FROM P	OLITICAL CONTRIBUTI	ONS	\$	0.00
13.	SCHEDULE F4: EXPE	NDITURES MADE BY CREDIT CAR	D		\$	0.00
14.	SCHEDULE I: NON-PC	LITICAL EXPENDITURES FROM P	OLITICAL CONTRIBUTIO	ONS	\$	
15.	SCHEDULE K: INTERE	ST, CREDITS, GAINS, REFUNDS, A	AND CONTRIBUTIONS	RETURNED	\$	
					•	
1						

### **PLEDGED CONTRIBUTIONS** SCHEDULE **B** 1 Total pages Schedule B: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 4/5 2 FILER NAME 3 Filer ID (Ethics Commission Filers) United Educators Association Good Schools PAC 00052299 4 \$ 0.00 TOTAL OF UNITEMIZED PLEDGES In-kind description 5 Date 6 Full name of pledgor out-of-state PAC (ID#: 8 Amount of 9 1 (If applicable) pledge (\$) ..... 7 Pledgor Address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T 10 Principal occupation / Job title (See Instructions) 11 Employer (See Instructions)

LOANS		SCHEDULE E
The Instruction Guide explains how to complete this form.		ges Schedule E: 1 Rpt: 5/5
2 FILER NAME United Educators Association Good Schools PAC	3 Filer ID 000522	(Ethics Commission Filers) 299
<sup>4</sup> TOTAL OF UNITEMIZED LOANS		\$ 0.00
5 Date of loan 7 Name of lender Out-of-state PAC (ID#:	)	9 Loan Amount (\$)
6 Is lender a financial institution? 8 Lender address; City; State; Zip Code		<ul><li><b>10</b> Interest Rate</li><li><b>11</b> Maturity Date</li></ul>
12 Principal occupation / Job title (See Instructions)       13 Employer (See Instructions)	)	
14 Description of Collateral     15 Check if personal funds we       None     Image: Check if personal funds we	re deposited	l into political account (See Instructions)
Information     Information		19 Amount Guaranteed (\$)
not applicable <b>18</b> Guarantor address; City; State; Zip Code		
20 Principal occupation     21 Employer (See Instructions)	)	