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) 00089086 3 COMMITTEE NAME **OFFICE USE ONLY** Fort Worth Students First PAC Date Received **ELECTRONICALLY FILED** 01/06/2025 COMMITTEE ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP **ADDRESS** PO Box 100232 Change of Address Fort Worth, TX 76185 Date Hand-delivered or Date Postmarked MS / MRS / MR **CAMPAIGN FIRST** MI **TREASURER** Receipt # Amount Mr. Robert NAME Date Processed **NICKNAME SUFFIX** LAST Date Imaged Rogers CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE TREASURER PO Box 100232 STREET **ADDRESS** (Residence or Business) Fort Worth, TX 76185 **CAMPAIGN** STREET ADDRESS OR PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** PO Box 100232 MAILING **ADDRESS** Change of Address Fort Worth, TX 76185 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** (817) 233-2089 REPORT TYPE 10th day after campaign X Monthly Dissolution (Attach PAC-DR) treasurer termination 10 MONTHLY X January 5 April 5 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** 11/26/2024 12/25/2024

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

L2 COMMITTEE NAME			1	L3 Filer ID	(Ethics Commission Filers)
Fort Worth Students Fir	rst PAC			00089086	
4 COMMITTEE	1. Candidates	A. Supported			
ACTIVITY	(Identify by name or, if applicable, classify by party.)				
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2 Magguras	A. Supported			
	Measures (Describe by date and location	A. Supported			
	of election and nature of issue.)				
		B. Opposed			
	O Office health are				
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	111 1 3 3 1 3 7				
.5 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS N	POLITICAL CONTRIBUTION OR GUARANTEES OF LOANS ADE ELECTRONICALLY) qualifies for the higher itemization	S, OR	\$	0.00
	2. TOTAL POLITICA			\$	
	(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)			 	10,100.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES			\$	0.00
	4. TOTAL POLITICAL EXPENDITURES			\$	1,843.94
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD			DAY \$	8,256.06
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD			HE \$	0.00
6 AFFIDAVIT	<u> </u>			<u> </u>	
		I swear, or affirn true and correct under Title 15, E	and includes all inform	jury, that the a nation required	ccompanying report is I to be reported by me
			Mr. Robe	rt Rogers	
		-	Signature of Can	npaign Treasu	rer
AFFIX NOTARY	' STAMP / SEAL ABOVE				
Sworn to and subscribed	I before me. by the said		. th	is the	day
		hich, witness my hand and se		· ·	,
	_	,			
Signature of officer ad	lministering oath	Printed name of officer admini	stering oath	Title of offic	er administering oath

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

			3 of 5
17 COMMI	TEE NAME	18 Filer ID	(Ethics Commission Filers)
Fort Wo	orth Students First PAC	00089086	
19 SCHED	JLE SUBTOTALS		
NAME (OF SCHEDULE		SUBTOTAL AMOUNT
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 10,100.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	OR	\$
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPOR LABOR ORGANIZATION	ATION OR	\$
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORC	GANIZATION	\$
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 CONTRIBUTION	IS	\$ 1,843.94
11.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
12.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUT	IONS	\$
13.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUT	IONS	\$
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$

MONE	TARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A1
The Instru	action Guide explains how to complete this f	1 Total pages Schedule A1: Sch: 1/1 Rpt: 4/5	
2 FILER NAME Fort Worth Students First PAC			3 Filer ID (Ethics Commission Filers) 00089086
4 Date 12/17/2024	 Full name of contributor out-of-state PAC (ID#:_ For The Children PAC Contributor address; City; State; Zip Code)	7 Amount of Contribution (\$) \$10,000.00
	Fort Worth, TX 76110		
8 Principal occ	upation / Job title (See Instructions)	9 Employer (See Instructions	s)
Date 12/10/2024	Full name of contributor out-of-state PAC (ID#:_ Robert , Rogers Contributor address; City; State; Zip Code	Amount of Contribution (\$) \$100.00	
	Fort Worth, TX 76109		
Principal occ Physician	upation / Job title (See Instructions)	Employer (See Instructions Self	s)

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 Solarios (Contract Labor, Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

Candidate/Officeholder/Politica Credit Card Payment		Legal Services The Instruction Guide exp	Salaries/W	ages/Co	this form.		OTHER (enter a	category not listed above)
1 Total pages Schedule F1:	2 FILER NAM	E				3	Filer ID	(Ethics Commission Filers)
Sch: 1/1 Rpt: 5/5	Fort Worth	Students First PAC					00089086	
4 Date	5 Payee name							
12/06/2024	Frost Bank							
6 Amount (\$)	7 Payee addre	ess; City;	State; Zip Co	de				
\$34.30	640 Taylor	St #1000						
Expenditure from corporate funds	Fort Worth	TX 76102						
8 PURPOSE OF		see Categories listed at the top of	this schedule)	(b) D	escription			
EXPENDITURE	Accounting	/Banking		Ļ	_		de of Texas. Comp	
				늗	ee for check		officeholder living	expense
					CC 101 CHCCK			
Complete ONLY if direct expenditure to benefit C/OI		iceholder name	Office sou	ght			Office he	ld
Date	Payee name							
12/17/2024	Kelly Hart	& Hallman LLP						
Amount (\$)	Payee addre	ess; City;	State; Zip Co	de				
\$1,809.64	201 Main S	st. #2500						
Expenditure from corporate funds	Fort Worth	TX 76102						
PURPOSE	(a) Category (s	see Categories listed at the top of	this schedule)	(b) D	escription			
OF EXPENDITURE	Legal Serv	ices			₫		de of Texas. Comp	
-				Ļ			officeholder living	expense
				L	egal Service	:5		
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		iceholder name	Office sou	ght			Office he	ld