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) 00087392 3 COMMITTEE NAME **OFFICE USE ONLY** Accountable Government Fund Date Received **ELECTRONICALLY FILED** 02/05/2025 COMMITTEE ADDRESS / PO BOX; APT / SUITE #: CITY: STATE: ZIP **ADDRESS** 430 Old Fitzhugh, #7 Change of Address Dripping Springs, TX 78620 Date Hand-delivered or Date Postmarked MS / MRS / MR **CAMPAIGN FIRST** MI **TREASURER** Receipt # Amount Frederick R. NAME Date Processed NICKNAME **SUFFIX** LAST Ross Date Imaged Fischer CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 430 Old Fitzhugh, #7 STREET **ADDRESS** (Residence or Business) Dripping Springs, TX 78620 **CAMPAIGN** STREET ADDRESS OR PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** 430 Old Fitzhugh, #7 MAILING **ADDRESS** Change of Address Dripping Springs, TX 78620 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** (512) 587-5995 REPORT TYPE 10th day after campaign X Monthly Dissolution (Attach PAC-DR) treasurer termination 10 MONTHLY 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** 12/26/2024 01/25/2025

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MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME Accountable Govern	ment Fund		13 Filer ID 00087392	(Ethics Commission Filers)
4 COMMITTEE	1. Candidates	A. Supported Matt Krause Tarrant County C	Commissions	ar Drooingt 2
ACTIVITY	(Identify by name or, if applicable, classify by party.)	Matt Krause Tarrant County C	Johnnissione	er Precinct 3
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
		1		
	2. Measures (Describe by date and location	A. Supported		
	of election and nature of issue.)			
		B. Opposed		
	O Office leading			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
F CONTRIBUTION		DOUTION CONTRIBUTIONS (OTHER THAN		
.5 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	DGES, LOANS, OR GUARANTEES OF LOANS)	•	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZEI	D POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	40,000.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD			26,792.46
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD			0.00
.6 AFFIDAVIT			<u> </u>	
		I swear, or affirm, under penalty of pe true and correct and includes all info under Title 15, Election Code.	erjury, that the rmation require	accompanying report is ed to be reported by me
		Frederic	k R. Fischer	
		Signature of Ca	ampaign Treas	surer
AFFIX NOTA	RY STAMP / SEAL ABOVE	-		
Sworn to and subscrib	oed before me. by the said		this the	day
		which, witness my hand and seal of office.		
		D		
Signature of officer	administering oath	Printed name of officer administering oath	Fitle of off	ficer administering oath

MONTHLY FILING GPAC REPORT: PURPOSE

FORM MPAC ADDENDUM

						Page 3	of 7
12 COMMITTEE NAME					13 Filer ID	(Ethics Commission F	-ilers)
Accountable Government				00087392			
14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this	1. Candidates (Identify by name or, if applicable, classify by party.)		Alan Blaylock Fo	rt Worth City C	ouncil District	10	
report if necessary.)	2. Measures	A. Supported					
	(Describe by date and location of election and nature of issue.)						
		B. Opposed					
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)						
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Roy Brooks Tarra	ant County Con	nmissioner Pr	ecinct 1	
(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.)		Macy Hill Fort W	orth City Counc	il District 7		
(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.)						
	-						

MONTHLY FILING GPAC REPORT: PURPOSE

FORM MPAC ADDENDUM

					Page 4 of 7
12 COMMITTEE NAME Accountable Government Fund				13 Filer ID	(Ethics Commission Filers)
				00087392	
Candidates (Identify by name or, if applicable, classify by party.)		Chris Nettles	Fort Worth City C	Council District 8	
	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	A. Supported	Carlos Flores	Fort Worth City (Council District 2	
	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.)					
	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 (Identify by name or, if	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 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.) A. Supported A. Supported B. Opposed B. Opposed 3. Officeholders A. Supported	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 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 A. Supported Carlos Flores A. Supported Carlos Flores B. Opposed A. Supported Carlos Flores 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 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.) 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed A. Supported Carlos Flores Fort Worth City of Carlos Flores A. Supported Carlos Flores Fort Worth City of Carlos Flores Fort Worth City	Eund 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 (rescribe and location of election and nature of issue.) 3. Officeholders Assisted (identify by name or, if applicable, classify by party.) 4. Supported Carlos Flores Fort Worth City Council District 2 (rescribe by date and location of lection and nature of issue.) 5. Opposed 6. Supported Carlos Flores Fort Worth City Council District 2 (rescribe by date and location of lection and nature of issue.) 8. Opposed 7. Supported Carlos Flores Fort Worth City Council District 2 (rescribed by date and location of lection and location of sisue.) 8. Opposed 8. Opposed

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

				5 of 7
17 COMN		EE NAME Die Government Fund	18 Filer ID 00087392	(Ethics Commission Filers)
		SUBTOTALS 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 LABOR ORGANIZATION		R	\$
5.	5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION		TION OR	\$
6.		SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGA	ANIZATION	\$
7.		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR C	ORGANIZATION	\$
9.		SCHEDULE E: LOANS		\$
10.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$ 40,000.00
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 F TO FILER	RETURNED	\$

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

EXPENDITURE CATEGORIES FOR BOX 8(a) 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: 1/2 Rpt: 6/7	Accountable Government Fund 00087392
4 Date	5 Payee name
12/31/2024	Blaylock Campaign, Alan
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$5,000.00	4364 Western Center Boulevard, PMB #1011
Expenditure from corporate funds	Fort Worth, TX 76137
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
	Campaign Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
Date	Payee name
12/28/2024	Brooks Campaign, Roy
Amount (\$)	Payee address; City; State; Zip Code
\$10,000.00	P.O. Box 16868
, = 5, 5 5 7 5	
Expenditure from corporate funds	Fort Worth, TX 76162
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Campaign Contribution
On and the ONE Wife diagram	On all data (Office helder marrie
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/22/2025	Flores Campaign, Carlos
Amount (\$)	Payee address; City; State; Zip Code
\$5,000.00	1415 Circle Park Boulevard
Expenditure from corporate funds	Fort Worth, TX 76164
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
	Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OF	1

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Advertising Expense Accounting/Banking Consulting 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: 2/2 Rpt: 7/7	Accountable Government Fund 00087392
4 Date	5 Payee name
01/17/2025	Hill Campaign, Macy
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$10,000.00	P.O. Box 471121
Expenditure from corporate funds	Fort Worth, TX 76147
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
	Campaign Contribution
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/02/2025	Krause Campaign, Matt
Amount (\$)	Payee address; City; State; Zip Code
\$5,000.00	8901 Tehama Ridge Parkway
. ,	, ,
Expenditure from corporate funds	Fort Worth, TX 76177
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	Campaigh Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
01/16/2025	Nettles Campaign, Chris
Amount (\$)	Payee address; City; State; Zip Code
\$5,000.00	P.O. Box 19254
Expenditure from corporate funds	Fort Worth, TX 76119
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Campaign Continuation
Complete CNII V if alia	Condidate/Officeholder name Office cought
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
,	