CORRECTION/AMENDMENT AFFIDAVIT FORM COR-PAC FOR POLITICAL COMMITTEE Filer ID (Ethics Commission Filers) 2 Total pages filed: **OFFICE USE ONLY** 00015585 Date Received COMMITTEE Good Government Fund (Fort Worth) **ELECTRONICALLY FILED** NAME 04/20/2025 TREASURER Kelly Jr., Dee J. (Mr.) NAME Date Hand-delivered or Date Postmarked **ORIGINAL** January 15 Runoff REPORT TYPE Receipt # Amount July 15 10th day after campaign treasurer resignation 30th day before election Dissolution report Date Processed 8th day before election Other (specify) February 5 ORIGINAL PERIOD Month Year Month Year Day Day Date Imaged **COVERED THROUGH** 12/26/2024 01/25/2025 **EXPLANATION OF CORRECTION** The report inaccurately reports the amount of political contributions maintained. 8 AFFIDAVIT I swear, or affirm, under penalty of perjury, that this corrected report is true and correct. Check the box next to any and all applicable statements: Semiannual reports: I swear or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report. Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith. Mr. Dee J. Kelly Jr. Signature of Campaign Treasurer AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said ____, this the ___ _____, 20_____, to certify which, witness my hand and seal of office.

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

Printed name of officer administering oath

Signature of officer administering oath

Title of officer administering oath

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** 04/20/2025 COMMITTEE ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP **ADDRESS** 201 Main Street, Suite 2500 Fort Worth, TX 76102 Date Hand-delivered or Date Postmarked CAMPAIGN MS / MRS / MR **FIRST** MI **TREASURER** Receipt # Amount Mr. Dee J. NAME Date Processed **NICKNAME** LAST **SUFFIX** Date Imaged Kelly Jr. CAMPAIGN CITY; STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; 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** 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 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

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

			13 Filer ID 0001558	(Ethics Commission Filers)
4 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Mattie Parker Support cand	idacy for Fort \	Worth Mayor
(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.)			
5 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA		\$	0.00
EXPENDITURE TOTALS	`	D POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	15,000.00
CONTRIBUTION BALANCE		TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD		26,565.83
OUTSTANDING LOAN TOTALS		TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		0.00
6 AFFIDAVIT				
		I swear, or affirm, under penalty of true and correct and includes all in under Title 15, Election Code.	perjury, that the formation require	e accompanying report is ed to be reported by me
		Mr. De	e J. Kelly Jr.	
			Campaign Treas	surer
AFFIX NOTA	RY STAMP / SEAL ABOVE	•	, -	
Sworn to and subscrib	ned hefore me, by the said		this the	day
		which, witness my hand and seal of office.	, 1110 1110	uay
		·		
Signature of officer	administering oath	Printed name of officer administering oath	Title of of	ficer administering oath

MONTHLY FILING GPAC REPORT: PURPOSE

FORM MPAC ADDENDUM

					Page 4 of 9
12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Good Government Fund (I	ort Worth)			00015585	
14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this	1. Candidates (Identify by name or, if applicable, classify by party.)		Macy Hill Support candid	dacy for Fort Worth Ci	ity Council
report if necessary.)	Measures (Describe by date and location of election and	A. Supported			
	nature of issue.)	B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Carlos Flores Support ca	andidacy for Fort Wor	th City Council
(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			
	2 Officeholders	B. Opposed			
	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. Supported	Jeanette Martinez Suppo	ort candidacy for Fort	Worth City Council
(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.)				

FORM MPAC MONTHLY FILING GPAC REPORT: PURPOSE **ADDENDUM** Page 5 of 9 12 COMMITTEE NAME 13 Filer ID (Ethics Commission Filers) Good Government Fund (Fort Worth) 00015585 14 COMMITTEE 1. Candidates A. Supported Charles Lauersdorf Support candidacy for Fort Worth City Council **ACTIVITY** (Identify by name or, if applicable, classify by party.) (Attach lists on plain B. Opposed paper to complete this report if necessary.) A. Supported 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.

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

6 of 9				
17 COMMITTE Good Gov	(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 LABOR ORGANIZATION		\$	
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR 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 CONTRIBUTION:	S	\$ 15,000.00	
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. X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$ 3,500.00	

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 Committe 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
OTLED (control of expension)

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			
1 Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·		
Sch: 1/2 Rpt: 7/9	2 FILER NAME Good Government Fund (Fort Worth) 3 Filer ID (Ethics Commission Filers) 00015585		
4 Date	5 Payee name		
01/08/2025	Carlos Flores Campaign Committee		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$2,500.00	1415 Circle Park Blvd.		
Expenditure from corporate funds	Fort Worth, TX 76164		
8 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		
	Support candidacy for Fort Worth City Council		
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
expenditure to benefit C/OI	-		
Date	Payee name		
01/17/2025	Charles Lauersdorf Campaign		
Amount (\$)	Payee address; City; State; Zip Code		
\$2,500.00	7916 Rampston Place		
- Funanditura from			
Expenditure from corporate funds	Fort Worth , TX 76137		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Contributions/Donations Made By		
_/	Candidate/Officeholder/Political Committee		
	Support candidacy for Fort Worth City Council		
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		
Data	Davies same		
Date 01/24/2025	Payee name Jeanette Martinez Campaign		
	· ·		
Amount (\$)	Payee address; City; State; Zip Code		
\$2,500.00	3928 Townsend Drive		
Expenditure from			
corporate funds	Fort Worth, TX 76110		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF	Contributions/Donations Made By		
EXPENDITURE	Candidate/Officeholder/Political Committee		
	Support candidacy for Fort Worth City Council		
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		
experience to beliefft G/OI	•		

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
CTUED (order a extractory not listed above)

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1: Sch: 2/2 Rpt: 8/9	2 FILER NAME Good Government Fund (Fort Worth) 3 Filer ID (Ethics Commission Filers) 00015585
4 Date 01/08/2025 6 Amount (\$)	5 Payee name Macy Hill Campaign 7 Payee address; City; State; Zip Code
\$2,500.00	P.O. Box 471121
corporate funds	Fort Worth, TX 76147
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Support candidacy for Fort Worth City Council
9 Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date 01/08/2025	Payee name Mattie Parker for Mayor
Amount (\$) \$5,000.00	Payee address; City; State; Zip Code 4455 Camp Bowie Blvd.
Expenditure from corporate funds	#114-127 Fort Worth, TX 76107
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Support candidacy for Fort Worth Mayor
Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 9/9 2 FILER NAME Filer ID (Ethics Commission Filers) Good Government Fund (Fort Worth) 00015585 8 Amount (\$) Date 5 Name of person from whom amount is received 01/17/2025 Charles Lauersdorf Campaign \$1,000.00 6 Address of person from whom amount is received; City; State; Zip Code Fort Worth, TX 76137 7 Purpose for which amount is received X Check if political contribution returned to filer Amount (\$) Date Name of person from whom amount is received \$2,500.00 01/17/2025 Christi Craddick Campaign Address of person from whom amount is received; City; State; Zip Code Austin, TX 78703 Purpose for which amount is received X Check if political contribution returned to filer