

MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM MPAC
COVER SHEET PG 1

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| The MPAC Instruction Guide explains how to complete this form. | | 1 Filer ID (Ethics Commission Filers) 00065855 | | 2 Total pages filed: 5 | |
| 3 COMMITTEE NAME Northeast Tarrant County Republican Club | | | | OFFICE USE ONLY Date Received ELECTRONICALLY FILED 07/03/2025 Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged | |
| 4 COMMITTEE ADDRESS | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP 4904 Wildwood Dr. Colleyville, TX 76034 | | | | |
| 5 CAMPAIGN TREASURER NAME | MS / MRS / MR FIRST MI John <hr/> NICKNAME LAST SUFFIX Brieger | | | | |
| 6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 4904 Wildwood Dr. Colleyville, TX 76034 | | | | |
| 7 CAMPAIGN TREASURER MAILING ADDRESS | STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 4904 Wildwood Dr. Colleyville, TX 76034 | | | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION (817) 713-0408 | | | | |
| 9 REPORT TYPE | <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Dissolution (Attach PAC-DR) | | | | |
| 10 MONTHLY REPORT FILING DEADLINE | <input type="checkbox"/> January 5 <input type="checkbox"/> April 5 <input checked="" type="checkbox"/> July 5 <input type="checkbox"/> October 5 <input type="checkbox"/> February 5 <input type="checkbox"/> May 5 <input type="checkbox"/> August 5 <input type="checkbox"/> November 5 <input type="checkbox"/> March 5 <input type="checkbox"/> June 5 <input type="checkbox"/> September 5 <input type="checkbox"/> December 5 | | | | |
| 11 PERIOD COVERED | Month Day Year THROUGH Month Day Year 05/26/2025 06/25/2025 | | | | |

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MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

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| 12 COMMITTEE NAME Northeast Tarrant County Republican Club | | 13 Filer ID (Ethics Commission Filers) 00065855 |
| 14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) | 1. Candidates (Identify by name or, if applicable, classify by party.) | A. Supported |
| | | 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.) | |
| | | |
| 15 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input checked="" type="checkbox"/> check here if this report qualifies for the higher itemization threshold | \$ 430.00 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 535.43 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | \$ 5.43 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 505.43 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 6,780.05 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 0.00 |
| 16 AFFIDAVIT <div style="text-align: right; margin-top: 20px;">I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.</div> <div style="text-align: right; margin-top: 20px;">_____ John Brieger Signature of Campaign Treasurer</div> <div style="margin-top: 20px;">AFFIX NOTARY STAMP / SEAL ABOVE</div> <div style="margin-top: 20px;">Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.</div> <div style="margin-top: 20px;">_____ Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath</div> | | |

SUBTOTALS - MPAC**FORM MPAC**
COVER SHEET PG 3
3 of 5

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| 17 COMMITTEE NAME Northeast Tarrant County Republican Club | | 18 Filer ID (Ethics Commission Filers) 00065855 |
| 19 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
| 1. | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 535.43 |
| 2. | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ |
| 3. | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. | <input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | \$ |
| 5. | <input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | \$ |
| 6. | <input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION | \$ |
| 7. | <input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION | \$ |
| 8. | <input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | \$ |
| 9. | <input type="checkbox"/> SCHEDULE E: LOANS | \$ |
| 10. | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ 505.43 |
| 11. | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ |
| 12. | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS | \$ |
| 13. | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ |
| 14. | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ |
| 15. | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 1/1 Rpt: 4/5 |
| 2 FILER NAME Northeast Tarrant County Republican Club | | 3 Filer ID (Ethics Commission Filers) 00065855 |
| 4 Date 06/05/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Centracco, Linda <hr/> 6 Contributor address; City; State; Zip Code Hurst, TX 76054 | 7 Amount of Contribution (\$) \$21.15 |
| 8 Principal occupation / Job title (See Instructions) Retired | | 9 Employer (See Instructions) |
| Date 06/05/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hopkins, Vonda <hr/> Contributor address; City; State; Zip Code Euless, TX 76039 | Amount of Contribution (\$) \$21.15 |
| Principal occupation / Job title (See Instructions) Bus Driver | | Employer (See Instructions) GCISD |
| Date 06/09/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sorrells, Lee <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76126 | Amount of Contribution (\$) \$21.15 |
| Principal occupation / Job title (See Instructions) Associate Judge | | Employer (See Instructions) Tarrant County |
| Date 06/16/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wooley, Karen <hr/> Contributor address; City; State; Zip Code Hurst, TX 76053 | Amount of Contribution (\$) \$41.98 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |

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
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

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| 1 Total pages Schedule F1: Sch: 1/1 Rpt: 5/5 | 2 FILER NAME Northeast Tarrant County Republican Club | 3 Filer ID (Ethics Commission Filers) 00065855 |
| 4 Date 06/02/2025 | 5 Payee name Texas Star Golf Course and Conference Center | |
| 6 Amount (\$) \$420.00 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 1400 Texas Star Parkway Euless, TX 76040 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Facility rental and food |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 06/02/2025 | Candidate/Officeholder name Office sought Office held | |
| Payee name Texas Star Golf Course and Conference Center | | |
| Amount (\$) \$40.00 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 1400 Texas Star Parkway Euless, TX 76040 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 06/02/2025 | Candidate/Officeholder name Office sought Office held | |
| Payee name Texas Star Golf Course and Conference Center | | |
| Amount (\$) \$40.00 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 1400 Texas Star Parkway Euless, TX 76040 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 06/02/2025 | Candidate/Officeholder name Office sought Office held | |
| Payee name Texas Star Golf Course and Conference Center | | |
| Amount (\$) \$40.00 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 1400 Texas Star Parkway Euless, TX 76040 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |