

# 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) 00083229	2 Total pages filed: 7				
3 COMMITTEE NAME Northwest Tarrant Progressives			<b>OFFICE USE ONLY</b>				
			Date Received ELECTRONICALLY FILED 07/03/2025				
4 COMMITTEE ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP 4505 Willson Ct  Fort Worth, TX 76135		Date Hand-delivered or Date Postmarked				
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	Receipt #			
		Richard T.		Amount			
	NICKNAME	LAST	SUFFIX	Date Processed			
		Layne		Date Imaged			
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1190 N. Cardinal Road  Azle, TX 76020						
7 CAMPAIGN TREASURER MAILING ADDRESS	STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1190 N. Cardinal Road  Azle, TX 76020						
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
	(817)	681-8844					
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

<b>12 COMMITTEE NAME</b> Northwest Tarrant Progressives	<b>13 Filer ID</b> (Ethics Commission Filers) 00083229
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<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	

<b>15 CONTRIBUTION TOTALS</b>	<b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b> <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	<b>2. TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 973.60
EXPENDITURE TOTALS	<b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$ 0.00
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 1,837.50
CONTRIBUTION BALANCE	<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 2,949.63
OUTSTANDING LOAN TOTALS	<b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 0.00

**16 AFFIDAVIT**

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.

Richard T. Layne  
\_\_\_\_\_  
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

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 administering oath      Printed name of officer administering oath      Title of officer administering oath

# SUBTOTALS - MPAC

<b>17</b> COMMITTEE NAME Northwest Tarrant Progressives	<b>18</b> Filer ID (Ethics Commission Filers) 00083229
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<b>19</b> SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
NAME OF SCHEDULE		
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 973.60
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	\$ 1,837.50
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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/3 Rpt: 4/7
<b>2</b> FILER NAME Northwest Tarrant Progressives		<b>3</b> Filer ID (Ethics Commission Filers) 00083229
<b>4</b> Date 06/12/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) De Leon, Sergio (Judge)	<b>7</b> Amount of Contribution (\$)  \$96.05
	<b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 79196	
<b>8</b> Principal occupation / Job title (See Instructions) Judge		<b>9</b> Employer (See Instructions) Tarrant County
Date 06/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Freeman, Judy	Amount of Contribution (\$)  \$100.00
	Contributor address; City; State; Zip Code  Evanston, IL 60202	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 06/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Galilee Falafel & Shawarma	Amount of Contribution (\$)  \$100.00
	Contributor address; City; State; Zip Code  Lake Worth, TX 76135	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Inspired Electric Inc	Amount of Contribution (\$)  \$100.00
	Contributor address; City; State; Zip Code  Fort Worth, TX 76124	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Layne, Richard	Amount of Contribution (\$)  \$35.00
	Contributor address; City; State; Zip Code  azle, TX 76020	
Principal occupation / Job title (See Instructions) Unemployed		Employer (See Instructions) Unemployed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/3 Rpt: 5/7
<b>2</b> FILER NAME Northwest Tarrant Progressives		<b>3</b> Filer ID (Ethics Commission Filers) 00083229
<b>4</b> Date 06/04/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lee, Rodney <hr/> <b>6</b> Contributor address; City; State; Zip Code  Saginaw, TX 76131	<b>7</b> Amount of Contribution (\$)  \$220.00
<b>8</b> Principal occupation / Job title (See Instructions) District Attendance Officer		<b>9</b> Employer (See Instructions) Arlington ISD
Date 06/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Parker, Karroll <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76103	Amount of Contribution (\$)  \$62.55
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 06/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Romero, Ramon <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76164	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Texas Rep District 90		Employer (See Instructions)
Date 06/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Stoff, Dustin <hr/> Contributor address; City; State; Zip Code  Azle, TX 76020	Amount of Contribution (\$)  \$35.00
Principal occupation / Job title (See Instructions) Pool Service		Employer (See Instructions) Self
Date 05/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Villarreal, Sergio <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76164	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Security		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/3 Rpt: 6/7
<b>2</b> FILER NAME Northwest Tarrant Progressives		<b>3</b> Filer ID (Ethics Commission Filers) 00083229
<b>4</b> Date 06/04/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Walker, Quantence <hr/> <b>6</b> Contributor address; City; State; Zip Code  Midlothian, TX 76065	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Real Estate Broker		<b>9</b> Employer (See Instructions) Our Covenant Realty, LLC

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense  | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking   | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense   | Food/Beverage Expense         | Polling Expense                | Travel in District                         |
| Contributions/ Donations Made By -<br>Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out of District                     |
| Credit Card Payment  | Legal Services                | Salaries/Wages/Contract Labor  | OTHER (enter a category not listed above)  |
- The Instruction Guide explains how to complete this form.**

<b>1</b> Total pages Schedule F1: Sch: 1/1 Rpt: 7/7	<b>2</b> FILER NAME Northwest Tarrant Progressives	<b>3</b> Filer ID (Ethics Commission Filers) 00083229
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<b>4</b> Date 06/06/2025	<b>5</b> Payee name Cross Timbers Golf Course
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<b>6</b> Amount (\$) \$1,500.00	<b>7</b> Payee address; City; State; Zip Code 1181 S Stewart St  Azle, TX 76020
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Expenditure from corporate funds

<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Final payment for deposit - Sally Craig
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 06/06/2025	Payee name Cross Timbers Golf Course
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Amount (\$) \$337.50	Payee address; City; State; Zip Code 1181 S Stewart St  Azle, TX 76020
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Expenditure from corporate funds

<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense 25 Meals for Golf Tournament
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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