

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) 00083911		2 Total pages filed: 5	
3 COMMITTEE NAME Far Northwest Progressives				OFFICE USE ONLY Date Received ELECTRONICALLY FILED 08/05/2025 Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged	
4 COMMITTEE ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP 1929 Murano Lane Leander, TX 78641				
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Bryan N. NICKNAME LAST SUFFIX Swart				
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1929 Murano Lane Leander, TX 78641				
7 CAMPAIGN TREASURER MAILING ADDRESS	STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1929 Murano Lane Leander, TX 78641				
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (737) 210-6856				
9 REPORT TYPE	☒ Monthly ☐ 10th day after campaign treasurer termination ☐ Dissolution (Attach PAC-DR)				
10 MONTHLY REPORT FILING DEADLINE	☐ January 5 ☐ April 5 ☐ July 5 ☐ October 5 ☐ February 5 ☐ May 5 ☒ August 5 ☐ November 5 ☐ March 5 ☐ June 5 ☐ September 5 ☐ December 5				
11 PERIOD COVERED	Month Day Year THROUGH Month Day Year 06/26/2025 07/25/2025				

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MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME Far Northwest Progressives		13 Filer ID (Ethics Commission Filers) 00083911		
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) ☐ check here if this report qualifies for the higher itemization threshold	\$	0.00
2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$	60.00	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00	
	4. TOTAL POLITICAL EXPENDITURES	\$	0.00	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	3,057.31	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	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.		
Bryan N. Swart _____ 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**FORM MPAC**
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17 COMMITTEE NAME Far Northwest Progressives		18 Filer ID (Ethics Commission Filers) 00083911
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	☒ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 60.00
2.	☐ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	☐ SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	☐ SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	☐ SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	☐ SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
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.	☐ SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
11.	☐ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	☐ SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	☐ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	☒ SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 2.37
15.	☐ 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 Far Northwest Progressives		3 Filer ID (Ethics Commission Filers) 00083911
4 Date 06/29/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Bibbo, Jennifer 6 Contributor address; City; State; Zip Code Austin, TX 78726	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Social Worker		9 Employer (See Instructions) St. Thomas More Catholic Church
Date 07/03/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Deaton, Diana Contributor address; City; State; Zip Code Austin, TX 78729	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/26/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) McGiverin, Brian Contributor address; City; State; Zip Code Austin, TX 78756	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Austin Community Law Center

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 1/1 Rpt: 5/5	2 FILER NAME Far Northwest Progressives	3 Filer ID (Ethics Commission Filers) 00083911
4 Date 06/29/2025	5 Payee name ActBlue Technical Services	
6 Amount (\$) 1.58 ☐ Expenditure from corporate funds	7 Payee Address; City; State; Zip PO Box 962017 Boston, MA 02196	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Transaction Fees
Date 07/06/2025	Payee name ActBlue Technical Services	
Amount (\$) 0.79 ☐ Expenditure from corporate funds	Payee Address; City; State; Zip PO Box 962017 Boston, MA 02196	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Transaction Fees