(512)463-5800 TDD 1-800-735-2989 Austin, Texas 78711-2070 **Texas Ethics Commission** P.O.Box 12070 FORM MPAC MONTHLY FILING GENERAL-PURPOSE **COMMITTEE CAMPAIGN FINANCE REPORT** COVER SHEET PG 1 ACCOUNT # 2 PAGE# The MPAC INSTRUCTION GUIDE explains how to complete this form. (Ethics Commission filers) 1 of 4 00027574 **3** COMMITTEE NAME **OFFICE USE ONLY RECA Good Government PAC Date Received** ADDRESS / PO BOX; APT/SUITE #; CITY; STATE ZIP CODE 4 COMMITTEE **ADDRESS** 98 San Jacinto Blvd Suite 510 Change of Address Austin, TX 78701 Date Hand-delivered or Date Postmanie FIRST MS/MRS/MR MI 5 CAMPAIGN Receipt # Heidi 0 TREASURER NAME Date Processed SUFFIX NICKNAME LAST \mathbf{z} Gerbracht **Date Imaged** STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; STATE: ZIP CODE 6 CAMPAIGN TREASURER'S 98 San Jacinto STREET ADDRESS Ste 510 (Residence or business) Austin, TX 78701 STREET OR PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE 7 CAMPAIGN TREASURER'S 98 San Jacinto MAILING ADDRESS Ste 510 Austin, TX 78701 Change of Address 8 CAMPAIGN AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** (512) 320-4151 9 REPORT **TYPE** 10th day after campaign Dissolution Monthly (Enter date below) treasurer temination (attach PAC-DR) 10 MONTHLY REPORT **FILING** October 5 April 5 July 5 January 5 DEADLINE February 5 May 5 August 5 November 5 March 5 June 5 September 5 December 5 11 PERIOD Day Year Month Day Year Month COVERED **THROUGH** 03/25/2015 02/26/2015

GO TO PAGE 2

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

P.O.Box 12070

FORM MPAC COVER SHEET PG 2

12	COMMITTEE REC	CA Good Governme	ACCOUNT # 00027574				
13	COMMITTEE ACTIVITY	1. Candidates	A. Supported				
	(Attach lists on	(identify by name or, if applicable, classify by party)	B. Opposed				
	plain paper to complete this report if	2. Measures	A. Supported				
	necessary.)	(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)					
14	CONTRIBUTION TOTALS	\$	0.00				
			nere if this report qualifies for the higher itemization threshold.	\$			
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)				2,000.00		
	EXPENDITURE TOTALS	\$	0.00				
		\$	0.00				
	CONTRIBUTION BALANCE	5. TOTAL POLITI OF THE REPO	\$ 7	6,119.49			
	OUTSTANDING LOAN TOTALS	6. TOTAL PRINC LAST DAY OF	\$	0.00			
15	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.						
	Heidi L Gerbracht						
	Signature of Campaign Treasurer						
	Signature of Campaign Treasurer						
AFI	AFFIX NOTARY STAMP / SEAL ABOVE						
Sv	Sworn to and subscribed before me, by the said, this theday						
of .	of,20, to certify which, witness my hand and seal of office.						
-5	Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath						

POLITICAL CONTRIBUTIONS

P.O.Box 12070

SCHEDULE A

OTHER THAN PLEDGES OR LOANS						
	The Instruction	N Guide explains how to complete this form.	1 PAGE # Schedule: 1/1 Report: 3/4			
2	FILER NAME	RECA Good Government PAC	3 ACCOUNT # (Ethics Commission filers) 00027574			
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Pastor, Andy (Mr.)	7 Amount of 8 In-kind contribution contribution (\$) description (if applicable)			
	03/09/2015	6 Contributor address; City; State; Zip Code 504 Lavaca St. Suite 1160 Austin, TX 78701		\$2,000.00 		
_	Delevised seem	ation / Job title (See Instructions)	10 Employer (See In:	(If travel outside of Texas, complete Schedule T)		
9	developer	ation / Job title (See Instructions)	Endeavor Real	Estate Group		

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The	Instruction	Guide	explains	how to	complete	this form
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1 PAGE#		2 FILER NAME		3 ACCOUNT# (TEC filers)	
Schedule: 1/1 Re	port: 4/4	RECA Good Government PAC		00027574	
4 Date 03/12/2015	5 Payee name Chase Bank				
6 Amount (\$)	7 Payee address City; State; Zip Code				
\$12.00 Expenditure from corporate funds	1 August TV 70701				
8 (a) Category (Se Accounting/		e Categories listed at the top of this schedule) Banking	(b) Description (See instructions rec canceled check fee	garding type of information required.)	