

115068

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 ACCOUNT # (Ethics Commission filers) 00016405 2 PAGE # 1 of 2

3 COMMITTEE NAME K&L Gates LLP Committee for Good Government

OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked RECEIVED CITY SECRETARY DALLAS, TEXAS JUN -7 PM 2:41

4 COMMITTEE ADDRESS 1717 Main Street, Suite 2800 Dallas, TX 75201 Change of Address

5 CAMPAIGN TREASURER NAME Mr. David F. Brown LAST SUFFIX

Receipt # Amount Date Processed Date Imaged

6 CAMPAIGN TREASURER'S STREET ADDRESS 111 Congress Avenue, Suite 900 Austin, TX 78701

7 CAMPAIGN TREASURER'S MAILING ADDRESS 111 Congress Avenue, Suite 900 Austin, TX 78701 Change of Address

8 CAMPAIGN TREASURER PHONE (512) 482-6867

9 REPORT TYPE Monthly (Enter date below) 10th day after campaign treasurer termination Dissolution (attach PAC-DR)

10 MONTHLY REPORT FILING DEADLINE January 5 February 5 March 5 April 5 May 5 June 5 July 5 August 5 September 5 October 5 November 5 December 5

11 PERIOD COVERED 04/26/2011 THROUGH 05/25/2011

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000001

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME K&L Gates LLP Committee for Good Government ACCOUNT # 00016405

Table with 3 columns: Activity, Candidates/Measures, and Supported/Assisted. Includes text: 'THERE WAS NO ACTIVITY DURING THE PERIOD OF THIS REPORT.'

Table with 3 columns: Category (CONTRIBUTION TOTALS, EXPENDITURE TOTALS, etc.), Description, and Amount. Includes totals for contributions, expenditures, balance, and loans.

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.

Handwritten signature of Campaign Treasurer over a horizontal line.

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