

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 Date Postmarked	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT/SUITE #; 1717 Main Street, Suite 2800 Dallas, TX 75201	CITY; STATE; ZIP CODE	
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST David F.	MI SUFFIX
	NICKNAME	LAST Brown	
6 CAMPAIGN TREASURER'S STREET ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; 111 Congress Avenue, Suite 900 Austin, TX 78701		CITY; STATE; ZIP CODE
7 CAMPAIGN TREASURER'S MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; 111 Congress Avenue, Suite 900 Austin, TX 78701		CITY; STATE; ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE (512)	PHONE NUMBER 482-6867	EXTENSION
9 REPORT TYPE	<input checked="" type="checkbox"/> Monthly (Enter date below) <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 type="checkbox"/> July 5 <input type="checkbox"/> October 5 <input type="checkbox"/> February 5 <input checked="" 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 03/26/2011		Month Day Year THROUGH 04/25/2011

RECEIVED
CITY SECRETARY
DALLAS, TEXAS
2011 MAY -6 PM 4:08

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**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

13 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	THERE WAS NO ACTIVITY DURING THE PERIOD OF THIS REPORT.
		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)		

14 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$10 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED (OR \$20 OR LESS IF QUALIFIED FOR HIGHER THRESHOLD) <input type="checkbox"/> 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)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$10 OR LESS, UNLESS ITEMIZED	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 22,075.17
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 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.



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