

K&L GATES

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2018 OCT 19 PM 2:11

October 1, 2018

CITY SECRETARY
DALLAS, TEXASRobert H. McCarthy, Jr.
robert.mccarthy@klgates.comT 512 482 6836
F 512 482 6859Rosa A. Rios
City Secretary
Dallas City Hall
1500 Marilla
Room 5 D South
Dallas, TX 75201

Re: Monthly Filing General-Purpose Committee Campaign Finance Report for the period ending September 25, 2018, for K&L Gates LLP Committee for Good Government

Dear Ms. Rios:

Enclosed, as required pursuant to Chapter 15A of the Dallas City Code, please find a copy of the K&L Gates LLP Committee for Good Government Campaign Finance Report referenced above that was filed electronically with the Texas Ethics Commission. A confirmation e-mail is attached.

Please appropriately file this document. If you have any questions, please give me a call at (512) 482-6836.

Very truly yours,



Robert H. McCarthy, Jr.

Enclosures

Goodsheller, Miranda A.

From: do-not-reply@ethics.state.tx.us
Sent: Monday, October 01, 2018 1:12 PM
To: McCarthy, Robert
Cc: McCarthy, Robert; Goodsheller, Miranda A.
Subject: 00016405 Texas Ethics Commissions Electronic Filing System Acknowledgment

Texas Campaign Finance Report Filing Acknowledgement for K & L Gates LLP Committee for Good Government (Filer ID:00016405) . This is to acknowledge the receipt and acceptance of your electronic filing. Your filing for K & L Gates LLP Committee for Good Government (Filer ID:00016405) was received and accepted by our system at Mon Oct 01 13:12:08 CDT 2018 and was assigned the report number of: TX-100721037. Please keep this acknowledgment, as it may be necessary to refer to it in the future.

**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) 00016405	2 Total pages filed: 12
3 COMMITTEE NAME K & L Gates LLP Committee for Good Government		OFFICE USE ONLY	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address		ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP 1717 Main St., Ste. 2800 Dallas, TX 75201	Date Received ELECTRONICALLY FILED 10/01/2018
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Robert H.	MI MI
	NICKNAME	LAST McCarthy	SUFFIX
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2801 Via Fortuna Ste. 350 Austin, TX 78746		
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2801 Via Fortuna Ste. 350 Austin, TX 78746		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(512)	482-6836	
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 type="checkbox"/> July 5 <input checked="" 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
	08/26/2018		09/25/2018

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 CITY SECRETARY
 DALLAS, TEXAS

GO TO PAGE 2

**MONTHLY FILING GPAC REPORT:
PURPOSE AND TOTALS**

**FORM MPAC
COVER SHEET PG 2**

12 COMMITTEE NAME K & L Gates LLP Committee for Good Government		13 Filer ID (Ethics Commission Filers) 00016405	
14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates <small>(Identify by name or, if applicable, classify by party.)</small>	A. Supported Trey Martinez Fischer State Representative B. Opposed	
	2. Measures <small>(Describe by date and location of election and nature of issue.)</small>	A. Supported B. Opposed	
	3. Officeholders Assisted <small>(Identify by name or, if applicable, classify by party.)</small>		
	15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
		2. TOTAL POLITICAL CONTRIBUTIONS <small>(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)</small>	\$ 0.00
	EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$10 OR LESS, UNLESS ITEMIZED	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 33,500.00	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 68,103.86	
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.

 Mr. Robert H. McCarthy
 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

MONTHLY FILING GPAC REPORT: PURPOSE

**FORM MPAC
ADDENDUM**
Page 3 of 12

12 COMMITTEE NAME K & L Gates LLP Committee for Good Government		13 Filer ID (Ethics Commission Filers) 00016405
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 John Turner State Representative
		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.)	
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 Ed Thompson State Representative
		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.)	
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 Ana Hernandez Luna State Representative
		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.)	

MONTHLY FILING GPAC REPORT: PURPOSE

**FORM MPAC
ADDENDUM**

Page 4 of 12

12 COMMITTEE NAME K & L Gates LLP Committee for Good Government		13 Filer ID (Ethics Commission Filers) 00016405
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 Armando Walle State Representative
		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.)	
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 Eddie Rodriguez State Representative
		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.)	
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 Richard Raymond State Representative
		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.)	

MONTHLY FILING GPAC REPORT: PURPOSE

12 COMMITTEE NAME K & L Gates LLP Committee for Good Government		13 Filer ID (Ethics Commission Filers) 00016405
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 Tom Oliverson State Representative
		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.)	
	COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)
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.)		
COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)		1. Candidates (Identify by name or, if applicable, classify by party.)
	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.)	

MONTHLY FILING GPAC REPORT: PURPOSE

**FORM MPAC
ADDENDUM**

Page 6 of 12

12 COMMITTEE NAME K & L Gates LLP Committee for Good Government		13 Filer ID (Ethics Commission Filers) 00016405
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 Jose Rodriguez State Senator 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.)	
	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Jane Nelson State Senator 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.)	
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 Robert Nichols State Senator 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.)	

SUBTOTALS - MPAC

FORM MPAC
COVER SHEET PG 3
7 of 12

17 COMMITTEE NAME K & L Gates LLP Committee for Good Government		18 Filer ID 00016405	(Ethics Commission Filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	0.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	0.00
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	\$	33,500.00
11.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	0.00
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	
13.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	0.00
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	\$	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/5 Rpt: 8/12	2 FILER NAME K & L Gates LLP Committee for Good Government	3 Filer ID (Ethics Commission Filers) 00016405
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4 Date 09/18/2018	5 Payee name Ana Hernandez Luna Campaign
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6 Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code P.O. Box 15538 Houston, TX 77220
---	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contribution to support candidate
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

Date 09/18/2018	Payee name Armando Walle Campaign
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Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 4826 Hollybrook Lane Houston, TX 77039
--	---

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contribution to support candidate
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/19/2018	Payee name Ed Thompson Campaign
--------------------	------------------------------------

Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 3453 Pearland, TX 77581
--	---

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contribution to support candidate
-------------------------------	---	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/5 Rpt: 12/12	2 FILER NAME K & L Gates LLP Committee for Good Government	3 Filer ID (Ethics Commission Filers) 00016405
4 Date 09/20/2018	5 Payee name Trey Martinez Fischer Campaign	
6 Amount (\$) \$2,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 115 E. Travis St., Suite 1235 San Antonio, TX 78205	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contribution to support candidate
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Office held		