

# CORRECTION AFFIDAVIT FOR POLITICAL COMMITTEE

**FORM COR-PAC**

<b>1</b>	ACCOUNT # 00015585	<b>2</b>	PAGE # 1 of 5
<b>3</b>	COMMITTEE NAME Good Government Fund	<b>OFFICE USE ONLY</b>	
<b>4</b>	TREASURER NAME FIRST MI LAST Kelly, Dee	Date Received	
<b>5</b>	ORIGINAL REPORT TYPE <input type="checkbox"/> January 15 <input type="checkbox"/> Runoff <input type="checkbox"/> July 15 <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution Report <input type="checkbox"/> 8th day before election <input checked="" type="checkbox"/> Other (specify) <u>March 5</u>	Date Hand-delivered or Date Postmarked	
<b>6</b>	ORIGINAL PERIOD COVERED Month Day Year      Month Day Year 01/26/2008      THROUGH      02/25/2008	Receipt #	Amount
		Legal	Totals
		Date Processed	
		Date Imaged	

**7 EXPLANATION OF CORRECTION**  
 This amended report corrects the amount of total political contributions maintained as of the last day of this report's reporting period. The previously reported amount became incorrect with the amendment of the November 5 2007 report.

**8 AFFIDAVIT**

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

Dee J. Kelly \_\_\_\_\_  
 Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me by \_\_\_\_\_ 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

**Remember To Attach Any Part Of The Campaign Finance Report Form  
 Needed To Report And Explain Corrections**

# 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)  
00015585

**2 PAGE #**  
2 of 5

**3 COMMITTEE NAME**

Good Government Fund

**OFFICE USE ONLY**

Date Received

**4 COMMITTEE ADDRESS**

ADDRESS / PO BOX; APT/SUITE #; CITY; STATE ZIP CODE

201 Main Street  
Suite 2500  
Fort Worth, TX 76102

Change of Address

Date Hand-delivered or Date Postmarked

**5 CAMPAIGN TREASURER NAME**

MS / MRS / MR FIRST MI  
Dee

NICKNAME LAST SUFFIX  
Kelly

Receipt # Amount

Date Processed

Date Imaged

**6 CAMPAIGN TREASURER'S STREET ADDRESS**  
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
201 Main Street  
Suite 2500  
Fort Worth, TX 76102

**7 CAMPAIGN TREASURER'S MAILING ADDRESS**

STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
201 Main Street  
Suite 2500  
Fort Worth, TX 76102

Change of Address

**8 CAMPAIGN TREASURER PHONE**

AREA CODE PHONE NUMBER EXTENSION  
(817) 332-2500

**9 REPORT TYPE**

Monthly (Enter date below)  10th day after campaign treasurer termination  Final Report

**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 Month Day Year  
01/26/2008 THROUGH 02/25/2008

**GO TO PAGE 2**

# MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

## FORM MPAC COVER SHEET PG 2

**12** COMMITTEE NAME Good Government Fund ACCOUNT # 00015585

<b>13</b> 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 See Schedule F
		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)	

<b>14</b> 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. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 6,750.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$10 OR LESS, UNLESS ITEMIZED	\$ 0.00
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$ 3,000.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 123,114.99
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.

Dee J. Kelly  
\_\_\_\_\_  
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

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The **INSTRUCTION GUIDE** explains how to complete this form.

**1** PAGE #  
Schedule: 1/1 Report: 4/5

**2** FILER NAME Good Government Fund

**3** ACCOUNT # (Ethics Commission filers)  
00015585

**4** Date  
02/14/2008

**5** Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Bass, Edward

**7** Amount of contribution (\$) | **8** In-kind contribution description (if applicable)

**6** Contributor address; City; State; Zip Code  
Fort Worth, TX 76102

\$2,250.00

(If travel outside of Texas, complete Schedule T)

**9** Principal occupation / Job title (See Instructions)  
Investments

**10** Employer (See Instructions)

Date  
02/14/2008

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Bass, Sid

Amount of contribution (\$) | In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
Fort Worth, TX 76102

\$2,250.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
Investments

Employer (See Instructions)

Date  
02/14/2008

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
The 820 Management Trust

Amount of contribution (\$) | In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
Fort Worth, TX 76102

\$2,250.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
Investments

Employer (See Instructions)

# POLITICAL EXPENDITURES

## SCHEDULE F (FOR FORMS GPAC AND MPAC)

<b>The INSTRUCTION GUIDE explains how to complete this form.</b>		<b>1</b> PAGE # Schedule: 1/1 Report: 5/5
<b>2</b> FILER NAME    Good Government Fund		<b>3</b> ACCOUNT #    (Ethics Commission filers) 00015585
<b>4</b> Date  02/11/2008	<b>5</b> Payee name Bill Zedler Campaign Committee  <b>6</b> Payee address;            City; State; Zip Code ..... P.O. Box 175473 Arlington, TX 76003-5473	<b>7</b> Amount (\$)  \$500.00  <input type="checkbox"/> Expenditure from corporate funds
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Political contribution toward candidacy for Texas House of Representatives District 96  <b>(If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/>		<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  02/05/2008	Payee name Chris Harris Campaign Committee  Payee address;            City; State; Zip Code ..... 2001 S. Lamar Boulevard Suite 150 Arlington, TX 76006	Amount (\$)  \$1,250.00  <input type="checkbox"/> Expenditure from corporate funds
Purpose of payment (See instructions regarding type of information required.) Political contribution toward candidacy for Texas Senate District 9  <b>(If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  02/08/2008	Payee name Mark Shelton Campaign Committee  Payee address;            City; State; Zip Code ..... P.O. Box 12008 Fort Worth, TX 76110	Amount (\$)  \$1,250.00  <input type="checkbox"/> Expenditure from corporate funds
Purpose of payment (See instructions regarding type of information required.) Political contribution toward candidacy for Texas House of Representatives District 97  <b>(If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held: