

1/15/24 @ 3:35pm
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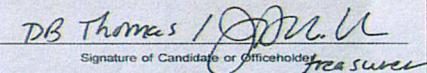
CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT				FORM C/OH COVER SHEET PG 1			
The C/OH Instruction Guide explains how to complete this form.				1 Filer ID (Ethics Commission Filer)	2 Total pages filed:		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST <i>DB</i>	MI	OFFICE USE ONLY Date Received			
	NICKNAME	LAST <i>Thomas</i>	SUFFIX				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX:	APT / SUITE #:	CITY:	STATE:	ZIP CODE		
<i>516 NW 2nd St.</i> <i>Marcel Wells</i> <i>TX 76067</i>							
<input type="checkbox"/> Change of Address							
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
<i>(512) 757-1523</i>							
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST <i>Johnson</i>	MI	Date Hand-delivered or Date Postmarked Receipt # <input type="text"/> Amount \$ <input type="text"/>			
NICKNAME <i>Miller</i>						SUFFIX	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #:			CITY:	STATE: ZIP CODE		
<i>32 Long Drive</i> <i>Palo Pinto</i> <i>TX 76484</i>							
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
<i>(760) 310-0755</i>							
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Extended Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)						
10 PERIOD COVERED	Month <i>4/25/24</i>	Day	Year	Month <i>6/30/24</i>	Day	Year	
THROUGH							
11 ELECTION	ELECTION DATE		ELECTION TYPE				
Month <i>5/4/24</i>		Day	Year	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	<input type="checkbox"/> Runoff <input type="checkbox"/> Other Description		
12 OFFICE	OFFICE HELD (If any)			13 OFFICE SOUGHT (If known) <i>City Council</i>			
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.						
<input type="checkbox"/> Additional Pages		COMMITTEE TYPE <input checked="" type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME <i>Grass Roots Liberal Wells PAC</i> COMMITTEE ADDRESS <i>Po Box 284, Gordon, TX 76453</i> COMMITTEE CAMPAIGN TREASURER NAME <i>Johnson Miller</i> COMMITTEE CAMPAIGN TREASURER ADDRESS <i>32 Long Drive, Palo Pinto, TX 76484</i>				
GO TO PAGE 2							

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME	DB Thomas	16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1053.33
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 0
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 SIGNATURE 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.

DB Thomas / 
Signature of Candidate or Officeholder *treasurer*

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

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

OR

(2) Unsworn Declaration

My name is DB Thomas and my date of birth is Mineral Wells TX 76067 USA
My address is 516 NW 2nd St. (street) (city) (state) (zip code) (country)
Executed in Palo Pinto County, State of TX on the 15 day of July 2024

DB Thomas / 
Signature of Candidate/Officeholder (Declarant) *treasurer*

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19. FILER NAME	20. Filer ID (Ethics Commission Filers)
DB Thomas	
21. SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 1053.33
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.

2 FILER NAME *DB Thomas*

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS \$ *1053.33*

5 Date	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# <i>GRASS ROOTS MINERAL WELLS PAC</i>)	8 Amount of Contribution \$ <i>1053.33</i>	9 In-kind contribution description <i>election expenses</i>
<i>4/19/24</i>			<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
	7 Contributor address: <i>Po Box 284 Gordon Tx 76453</i>	City: <i></i> State: <i></i> Zip Code: <i></i>	

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) **11 Employer (FOR NON-JUDICIAL) (See Instructions)**

12 Contributor's principal occupation (FOR JUDICIAL) **13 Contributor's job title (FOR JUDICIAL) (See Instructions)**

14 Contributor's employer/law firm (FOR JUDICIAL) **15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)**

16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# <i></i>)	Amount of Contribution \$ <i></i>	In-kind contribution description
	Contributor address: <i></i> City: <i></i> State: <i></i> Zip Code: <i></i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.

17 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) **18 Employer (FOR NON-JUDICIAL) (See Instructions)**

19 Contributor's principal occupation (FOR JUDICIAL) **20 Contributor's job title (FOR JUDICIAL) (See Instructions)**

21 Contributor's employer/law firm (FOR JUDICIAL) **22 Law firm of contributor's spouse (if any) (FOR JUDICIAL)**

23 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

**CANDIDATE / OFFICEHOLDER REPORT:
DESIGNATION OF FINAL REPORT**

FORM C/OH - FR

The Instruction Guide explains how to complete this form.

-- Complete only if "Report Type" on page 1 is marked "Final Report" --

1 C/OH NAME

DB Thomas

2. Filer ID (Ethics Commission Filers)

3. SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

DB Thomas DM
Signature of Candidate / Officeholder *tree*

4. FILER WHO IS NOT AN OFFICEHOLDER

-- Complete A & B below only if you are not an officeholder. --

A. CAMPAIGN FUNDS

Check only one:

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

I do not retain assets purchased with political contributions or interest or other income from political contributions.

I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate

5. OFFICEHOLDER

-- Complete this section only if you are an officeholder --

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

DM
Signature of Officeholder