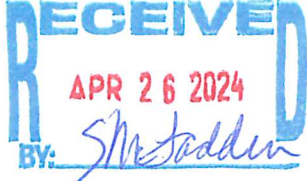


SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM SPAC
COVER SHEET PG 1

The SPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:									
3 COMMITTEE NAME <i>Grass Roots Mineral Wells</i>		OFFICE USE ONLY Date Received <div style="text-align: right; margin-right: 10px;"><i>3:13pm</i></div>  Date Hand-delivered or Date Postmarked <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Receipt #</td> <td style="width: 50%;">Amount \$</td> </tr> <tr> <td> </td> <td> </td> </tr> </table> Date Processed Date Imaged		Receipt #	Amount \$							
Receipt #	Amount \$											
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>PO Box 284</i> <i>Gordon, TX 76484</i> <i>76453</i>											
5 CAMPAIGN TREASURER NAME	MS / (MRS) / MR FIRST MI <div style="text-align: center;"><i>Jhanna</i></div> <hr/> NICKNAME LAST SUFFIX <div style="text-align: center;"><i>Miller</i></div>											
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>32 Long Drive Palo Pinto, TX 76484</i>											
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>PO Box 284, Gordon, TX 76453</i>											
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(760) 310-0755</i>											
9 REPORT TYPE	<table style="width: 100%;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Exceeded Modified Reporting Limit</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input checked="" type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Dissolution Report (Attached PAC-FR)</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 10th day after campaign treasurer termination</td> </tr> </table>			<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit	<input type="checkbox"/> July 15	<input checked="" type="checkbox"/> 8th day before election	<input type="checkbox"/> Dissolution Report (Attached PAC-FR)		<input type="checkbox"/> Runoff	<input type="checkbox"/> 10th day after campaign treasurer termination
<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit										
<input type="checkbox"/> July 15	<input checked="" type="checkbox"/> 8th day before election	<input type="checkbox"/> Dissolution Report (Attached PAC-FR)										
	<input type="checkbox"/> Runoff	<input type="checkbox"/> 10th day after campaign treasurer termination										
10 PERIOD COVERED	<table style="width: 100%;"> <tr> <td style="text-align: center;">Month Day Year</td> <td style="text-align: center;">THROUGH</td> <td style="text-align: center;">Month Day Year</td> </tr> <tr> <td style="text-align: center;"><i>3 / 26 / 24</i></td> <td></td> <td style="text-align: center;"><i>4 / 24 / 24</i></td> </tr> </table>			Month Day Year	THROUGH	Month Day Year	<i>3 / 26 / 24</i>		<i>4 / 24 / 24</i>			
Month Day Year	THROUGH	Month Day Year										
<i>3 / 26 / 24</i>		<i>4 / 24 / 24</i>										
11 ELECTION	<table style="width: 100%;"> <tr> <td style="width: 30%;"> ELECTION DATE Month Day Year <i>5 / 4 / 24</i> </td> <td style="width: 70%;"> ELECTION TYPE <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General </div> <div> <input type="checkbox"/> Runoff <input type="checkbox"/> Special </div> <div> <input type="checkbox"/> Other Description _____ </div> </div> </td> </tr> </table>			ELECTION DATE Month Day Year <i>5 / 4 / 24</i>	ELECTION TYPE <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General </div> <div> <input type="checkbox"/> Runoff <input type="checkbox"/> Special </div> <div> <input type="checkbox"/> Other Description _____ </div> </div>							
ELECTION DATE Month Day Year <i>5 / 4 / 24</i>	ELECTION TYPE <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General </div> <div> <input type="checkbox"/> Runoff <input type="checkbox"/> Special </div> <div> <input type="checkbox"/> Other Description _____ </div> </div>											

GO TO PAGE 2

FORM SPAC
COVER SHEET PG 2

16 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.

Signature of Campaign Treasurer (Declarant)

Please complete either option below:

(1) Affidavit

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
---	--	-------------------------------------

OR

(2) Unsworn Declaration

Executed in Palo Pinto County, State of TX, on the 25 day of April, 2024.

Signature of Campaign Treasurer (Declarant)

SUBTOTALS - SPAC

FORM SPAC COVER SHEET PG 3

17 COMMITTEE NAME <i>Grass Roots Mineral Wells</i>		18 Filer ID (Ethics Commission Filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 6357.76 <i>5757.76</i>
2.	<input type="checkbox"/> SCHEDULE A2 : NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
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 D: PLEDGED CONTRIBUTIONS FROM CORPORATON OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
8.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>16,931.75</i>
9.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
10.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
11.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
12.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
13.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
14.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.				1 Total pages Schedule A1:	
2 FILER NAME <i>Grass Roots Mineral Wells</i>				3 Filer ID (Ethics Commission Filers)	
4 Date <i>4/1/24</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>John Brown</i>			7 Amount of contribution (\$) <i>\$100.00</i>	
6 Contributor address; City; State; Zip Code <i>[REDACTED] Benbrook TX 76132</i>					
8 Principal occupation / Job title (See Instructions) <i>Retired</i>			9 Employer (See Instructions)		
Date <i>4/15/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jhanna Miller</i>			Amount of contribution (\$) <i>\$500.00</i>	
Contributor address; City; State; Zip Code <i>[REDACTED] Palo Pinto TX 76484</i>					
Principal occupation / Job title (See Instructions) <i>DPT - Doctor of Physical Therapy</i>			Employer (See Instructions) <i>Self</i>		
Date <i>4/15/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Palo Pinto County Conservatives</i>			Amount of contribution (\$) <i>\$1640.00</i>	
Contributor address; City; State; Zip Code <i>[REDACTED] Gordon TX 76453</i>					
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date <i>4/15/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Dave Jones</i>			Amount of contribution (\$) <i>\$500.00</i>	
Contributor address; City; State; Zip Code <i>[REDACTED] Palo Pinto TX 76484</i>					
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>					

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Grass Roots Mineral Wells

3 Filer ID (Ethics Commission Filers)

4 Date

4/15/24

5 Full name of contributor

☐ out-of-state PAC (ID#:

Steve Gray

7 Amount of contribution (\$)

\$50.00

6 Contributor address;

City;

State;

Zip Code

[REDACTED] Gordon TX 76453

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Date

4/15/24

Full name of contributor

☐ out-of-state PAC (ID#:

Tracy Picci

Amount of contribution (\$)

\$100.00

Contributor address;

City;

State;

Zip Code

[REDACTED] Gordon TX 76453

Principal occupation / Job title (See Instructions)

Nurse

Employer (See Instructions)

Date

4/15/24

Full name of contributor

☐ out-of-state PAC (ID#:

Jan Watters

Amount of contribution (\$)

\$50.00

Contributor address;

City;

State;

Zip Code

[REDACTED] Gordon TX 76453

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

4/16/24

Full name of contributor

☐ out-of-state PAC (ID#:

Johanna Miller

Amount of contribution (\$)

~~\$160~~

\$60

Contributor address;

City;

State;

Zip Code

[REDACTED] Palo Pinto TX 76484

Principal occupation / Job title (See Instructions)

DRP- Doctor of PT

Employer (See Instructions)

Self

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Grass Roots Mineral Wells</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4/16/24</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Brandon Johnson</i>	7 Amount of contribution (\$) <i>\$100</i>
6 Contributor address; City; State; Zip Code <i>[REDACTED] MW TX 76453</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>4/24/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>DAVE JONES</i>	Amount of contribution (\$) <i>\$2,657.76</i>
Contributor address; City; State; Zip Code <i>[REDACTED] Palo Pinto TX 76484</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/25/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Johanna Miller</i>	Amount of contribution (\$) <i>\$400.00</i> <i>\$500.00</i>
Contributor address; City; State; Zip Code <i>[REDACTED] Palo Pinto TX 76484</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/24/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>John Salis</i>	Amount of contribution (\$) <i>\$500</i>
Contributor address; City; State; Zip Code <i>[REDACTED] Palo Pinto TX 76484</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

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:	2 FILER NAME <i>Grass Roots Mineral Wells</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>3/26/24</i>	5 Payee name <i>Weavers Print Shop</i>	
6 Amount (\$) <i>\$151.55</i>	7 Payee address; <i>105 NE 2nd St</i>	City; <i>Mineral Wells</i> State; <i>Tx</i> Zip Code <i>76067</i>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	(b) Description <i>Flyer</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>3/29/24</i>	Payee name <i>Blackwells Personal Touch</i>	
Amount (\$) <i>\$10,284.54</i>	Payee address; <i>405 Valley Vista Drive</i>	City; <i>Gordon</i> State; <i>Tx</i> Zip Code <i>76453</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <i>Mailers, signs</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>4/3/2024</i>	Payee name <i>Weavers Print Shop</i>	
Amount (\$) <i>\$297.69</i>	Payee address; <i>105 NE 2nd St.</i>	City; <i>Mineral Wells</i> State; <i>Tx</i> Zip Code <i>76067</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <i>Flyers</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Grass Roots Mineral Wells</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>4/15/24</i>	5 Payee name <i>50 Year Club</i>			
6 Amount (\$) <i>\$100</i>	7 Payee address; <i>215 NW 5 Fifth Ave</i>		City; <i>Mineral Wells</i>	State; <i>TX</i> Zip Code <i>76453</i>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Event Expense</i>		(b) Description	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
Candidate / Officeholder name				
Office sought				
Office held				
Date <i>4/16/24</i>	Payee name <i>Weavers Print Shop</i>			
Amount (\$) <i>\$400.00</i>	Payee address; <i>105 NE 2nd St.</i>		City; <i>Mineral Wells</i>	State; <i>TX</i> Zip Code <i>76067</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>		Description <i>Flyers</i>	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
Candidate / Officeholder name				
Office sought				
Office held				
Date ²⁴ <i>4/25/24</i>	Payee name <i>Blackwell's Personal Touch</i>			
Amount (\$) <i>\$2657.76</i>	Payee address; <i>405 Valley Vista Drive - Gordon</i>		City; <i>Gordon</i>	State; <i>TX</i> Zip Code <i>76453</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>		Description <i>Mai'lers</i>	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
Candidate / Officeholder name				
Office sought				
Office held				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

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:	2 FILER NAME <i>Grass Roots Mineral Wells</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4/24/24</i>	5 Payee name <i>Black Wells' Personal Touch</i>		
6 Amount (\$) <i>\$13040.21</i>	7 Payee address; <i>405 Valley Vista Drive - Gordon</i>	City; <i>Tx</i>	State; <i>76453</i>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>		(b) Description <i>Signs, Mailer</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name			
Office sought			
Office held			
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name			
Office sought			
Office held			
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name			
Office sought			
Office held			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



AFFIDAVIT FOR COMMITTEE: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

Beginning on January 1, 2024, a campaign treasurer of a political committee that has accepted more than \$32,810 in political contributions or made more than \$32,810 in political expenditures in any calendar year must file all subsequent reports electronically.

Filer name <u>Gross Roots Mineral Wells</u>	Filer ID #
--	----------------

OFFICE USE ONLY

Date Received <u>3:23 pm</u> RECEIVED <u>APR 26 2024</u> <u>Shustad</u>
Date Hand-delivered or Date Postmarked

Receipt # 	Amount \$
Date Processed 	
Date Imaged 	

1. I swear or affirm that the political committee of which I am the campaign treasurer has not accepted more than \$32,810 in political contributions or made more than \$32,810 in political expenditures in a calendar year.
2. I further swear or affirm that the political committee of which I am the campaign treasurer does not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to the committee.
3. I further swear or affirm that no person acting as the committee's agent or consultant, and no person with whom the committee contracts, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to the committee.
4. I further swear or affirm that I understand that I am required to file the committee's campaign finance reports electronically if the committee, the committee's agent or consultant, or a person with whom the committee contracts exceeds \$32,810 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to the committee.
5. I am filing this affidavit with the _____ report due on _____. I understand that this affidavit is required to be filed with each campaign finance report for which the committee is claiming an exemption from electronic filing.

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 Campaign Treasurer

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Johanna Miller, and my date of birth is _____.

My address is 32 Long Drive, Palo Pinto, Tx, 76484.
(street) (city) (state) (zip code) (country)

Executed in Palo Pinto County, State of Tx, on the 24 day of April, 2024.
(month) (year)

Signature of Campaign Treasurer (Declarant)

**FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT
ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER**