

# 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:
<b>3 COMMITTEE NAME</b> <i>Grass Roots Mineral Wells</i>			
<b>4 COMMITTEE ADDRESS</b> <input type="checkbox"/> Change of Address		ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>PO Box 284 Gordon, TX 76484 76453</i>	
<b>5 CAMPAIGN TREASURER NAME</b> <input type="checkbox"/> Change of Address		MS / <u>MRS</u> / MR FIRST <i>Johanna</i> MI NICKNAME LAST <i>Miller</i> SUFFIX	
<b>6 CAMPAIGN TREASURER STREET ADDRESS</b> (Residence or Business)		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>32 Long Drive Palo Pinto, TX 76484</i>	
<b>7 CAMPAIGN TREASURER MAILING ADDRESS</b> <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>	
<b>8 CAMPAIGN TREASURER PHONE</b>		AREA CODE <i>(760)</i>	PHONE NUMBER <i>310-0755</i> EXTENSION
<b>9 REPORT TYPE</b>		<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	
<b>10 PERIOD COVERED</b>		Month      Day      Year <i>3/26/24</i>	Month      Day      Year <i>4/24/24</i>
<b>11 ELECTION</b>		ELECTION DATE Month      Day      Year <i>5/4/24</i>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special Description _____

GO TO PAGE 2



# SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC  
COVER SHEET PG 2

12 COMMITTEE NAME <i>Grass Roots Mineral Wells</i>		13 Filer ID (Ethics Commission Filers)
14 COMMITTEE PURPOSE (Attach lists on plain paper to complete this report if necessary.)	<input checked="" type="checkbox"/> CANDIDATE	CANDIDATE/OFFICEHOLDER NAME <i>DR Thomas, Ron Davis, Bryan Skeman</i>
	<input type="checkbox"/> OFFICEHOLDER	OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder) <i>City Council W3, Mayor, City Council W1</i>
	<input checked="" type="checkbox"/> SUPPORT (Candidate or Measure)	BALLOT IDENTIFICATION /# ELECTION DATE Month    Day    Year /    /
	<input type="checkbox"/> OPPOSE (Candidate or Measure)	<input type="checkbox"/> MEASURE
15 CONTRIBUTION TOTALS		1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)      \$ <i>\$6357.76</i> \$ <i>5757.76</i>
EXPENDITURE TOTALS		2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)      \$ <i>\$6357.76</i> \$ <i>5757.76</i>
CONTRIBUTION BALANCE		3. TOTAL UNITEMIZED POLITICAL EXPENDITURES      \$ <i>16,931.75</i>
OUTSTANDING LOAN TOTALS		4. TOTAL POLITICAL EXPENDITURES      \$ <i>16,931.75</i>
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD		5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD      \$ <i>2,561.30</i>
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD      \$

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

My name is Johanna Miller, and my date of birth is 4-4-69.  
My address is 32 Long Drive, Palo Pinto, TX, 76484.  
Executed in Palo Pinto, County, State of TX, on the 25 day of April, 2024.  
(month) (year)

*Johanna D. Miller*

Signature of Campaign Treasurer (Declarant)

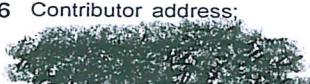
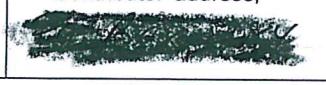
**SUBTOTALS - SPAC****FORM SPAC  
COVER SHEET PG 3**

17 COMMITTEE NAME	18 Filer ID (Ethics Commission Filers)
<i>Grass Roots Mineral Wells</i>	
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>6357.76</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 <i>John Brown</i>	<input type="checkbox"/> out-of-state PAC (ID#: .....)	7 Amount of contribution (\$) <i>\$100.00</i>
6 Contributor address; 	City; State; Zip Code <i>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 <i>Jessica Miller</i>	<input type="checkbox"/> out-of-state PAC (ID#: .....)	Amount of contribution (\$) <i>\$1500.00</i>
Contributor address; 	City; State; Zip Code <i>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 <i>Palo Pinto County Conservatives</i>	<input type="checkbox"/> out-of-state PAC (ID#: .....)	Amount of contribution (\$) <i>\$1640.00</i>
Contributor address; 	City; State; Zip Code <i>Gordon Tx 76453</i>		
Principal occupation / Job title (See Instructions)	Employer (See Instructions)		
Date <i>4/15/24</i>	Full name of contributor <i>DAVE Jones</i>	<input type="checkbox"/> out-of-state PAC (ID#: .....)	Amount of contribution (\$) <i>\$500.00</i>
Contributor address; 	City; State; Zip Code <i>Palo Pinto Tx 76484</i>		
Principal occupation / Job title (See Instructions)	Employer (See Instructions)		
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>4/15/24</i>	5 Full name of contributor <i>Steve Gray</i> .....	6 Contributor address; City; State; Zip Code <i>[REDACTED] Gordon - TX 76453</i>
8 Principal occupation / Job title (See Instructions) <i>Refined</i>		7 Amount of contribution (\$) <i>\$50.00</i>
Date <i>4/15/24</i>	Full name of contributor <i>Tracy Picci</i> .....	8 Contributor address; City; State; Zip Code <i>[REDACTED] Gordon - TX 76453</i>
Principal occupation / Job title (See Instructions) <i>Nurse</i>		9 Employer (See Instructions)
Date <i>4/15/24</i>	Full name of contributor <i>Jan Watters</i> .....	10 Contributor address; City; State; Zip Code <i>[REDACTED] Gordon TX 76453</i>
Principal occupation / Job title (See Instructions) <i>Retired</i>		11 Employer (See Instructions)
Date <i>4/16/24</i>	Full name of contributor <i>Johanna Miller</i> .....	12 Contributor address; City; State; Zip Code <i>[REDACTED] Palo Pinto TX 76484</i>
Principal occupation / Job title (See Instructions) <i>DRT- Doctor of PT</i>		13 Employer (See Instructions) <i>self</i>

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 <i>Brandon Johnson</i>	<input type="checkbox"/> out-of-state PAC (ID#: .....)	7 Amount of contribution (\$) <i>\$100</i>
6 Contributor address; 	City; <i>MW</i>	State; <i>TX</i>	Zip Code <i>76453</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date <i>4/24/24</i>	Full name of contributor <i>DAVE Jones</i>	<input type="checkbox"/> out-of-state PAC (ID#: .....)	Amount of contribution (\$) <i>\$2,651.76</i>
Contributor address; 	City; <i>Palo Pinto</i>	State; <i>TX</i>	Zip Code <i>76484</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4/25/24</i>	Full name of contributor <i>Johanna Miller</i>	<input type="checkbox"/> out-of-state PAC (ID#: .....)	Amount of contribution (\$) <del><i>\$400.00</i></del> <i>\$500.00</i>
Contributor address; 	City; <i>Palo Pinto</i>	State; <i>TX</i>	Zip Code <i>76484</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4/24/21</i>	Full name of contributor <i>John Salis</i>	<input type="checkbox"/> out-of-state PAC (ID#: .....)	Amount of contribution (\$) <i>\$500</i>
Contributor address; 	City; <i>Palo Pinto</i>	State; <i>TX</i>	Zip Code <i>76484</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# 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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	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  <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	(b) Description <i>Flyers</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>\$10,284.84</i>	Payee address; <i>405 Valley Vista Drive</i>	City: <i>Gordon</i>	State: <i>Tx</i> Zip Code <i>76453</i>
  <b>PURPOSE OF EXPENDITURE</b>	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>
  <b>PURPOSE OF EXPENDITURE</b>	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
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>			

# 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>4/15/24</i>	5 Payee name <i>50 Years Club</i>		
6 Amount (\$) <i>\$100</i>	7 Payee/address; <i>215 NW 3 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 <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</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>Blackwell's 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> Zip Code	
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	Filer ID #
Gross Roots Mineral Wells	

OFFICE USE ONLY	
Date Received 3:23 pm	
RECEIVED APR 26 2024	
By Shuyan Li Date Hand-delivered or Date Postmarked	
Receipt #	Amount \$
Date Processed	
Date Imaged	

- 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.
- 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.
- 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.
- 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.
- 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

\_\_\_\_\_  
Signature of Campaign Treasurer

#### 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 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**