

7/15/24 @ 2:05 PM
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**GENERAL-PURPOSE COMMITTEE
 CAMPAIGN FINANCE REPORT**

**FORM GPAC
 COVER SHEET PG 1**

The GPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filer)	2 Total pages filed:
3 COMMITTEE NAME <u>Grass Roots Mineral Wells</u>		OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX APT / SUITE # CITY STATE ZIP CODE <u>PO Box 284, Gordon, TX 76453</u>		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <u>Shanna</u> NICKNAME LAST SUFFIX <u>Miller</u>		
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE) APT / SUITE # CITY STATE ZIP CODE <u>32 Long Drive, Palo Pinto, TX 76484</u>		
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET ADDRESS OR PO BOX APT / SUITE # CITY STATE ZIP CODE <u>32 Long Drive Palo Pinto TX 76484</u>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(764) 310-0755</u>		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution Report (Attach PAC DR) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 6th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff		
10 PERIOD COVERED	Month Day Year <u>4 / 25 / 24</u> THROUGH <u>6 / 30 / 24</u>		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <u>5 / 4 / 24</u> <input checked="" type="checkbox"/> General <input type="checkbox"/> Special Description _____		

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GENERAL-PURPOSE COMMITTEE PURPOSE AND TOTALS

FORM GPAC
COVER SHEET PG 2

12 COMMITTEE NAME <i>Cross Roots Annual Wells</i>		13 Filer ID (Ethics Commission Filer)
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 <i>RON DAVIS, Bryan Steeman, DB Thomas</i> 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.)	
15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> Check here if this report qualifies for the higher itemization threshold	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>3160.00</i>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>6107.00</i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	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.

Johnna D. Miller
Signature of Campaign Treasurer (Declarant)

Please complete either option below:

(1) Affidavit

AFFIDAVITARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the *15th* 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 *Johnna Miller* and my date of birth is *4/4/69*
My address is *32 Long Drive* (street) *Palo Pinto* (city) *Tx* (state) *76484* (zip code) *USA* (country)
Executed in *Palo Pinto* County, State of *Texas*, on the *15* day of *July*, 20 *24* (month) (year)

Johnna D. Miller
Signature of Campaign Treasurer (Declarant)

SUBTOTALS - GPAC

FORM GPAC
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	\$ 3160. ⁰⁰
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 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 type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 6107. ⁰⁰
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input type="checkbox"/> SCHEDULE H: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
15.	<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>Gross Root Mineral Wells</i>		3 Filer ID (Ethics Commission Filer)
4 Date <i>4/15/24</i>	5 Full name of contributor <i>Shanna Miller</i> <input type="checkbox"/> out-of-state PAC (ID# _____)	7 Amount of contribution (\$) <i>\$500.00</i>
6 Contributor address: <i>32 Long Drive</i> City: <i>Palo</i> State: <i>TX</i> Zip Code: <i>76484</i> <i>Pinto</i>		
8 Principal occupation / Job title (See Instructions) <i>Physical Therapist</i>		9 Employer (See Instructions) <i>Self</i>
Date <i>4/29/24</i>	Full name of contributor <i>DAVE JONES</i> <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$) <i>\$2660.00</i>
Contributor address: <i>1582 N. Lakeview</i> City: <i>Palo</i> State: <i>TX</i> Zip Code: <i>76484</i> <i>Pinto</i>		
Principal occupation / Job title (See Instructions) <i>Airline Pilot</i>		Employer (See Instructions) <i>American Airlines</i>
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)
Contributor address: City: State: Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)
Contributor address: City: State: Zip Code		
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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gifts/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>5/1/24</i>		5 Payee name <i>First Financial Bank</i>			
6 Amount (\$) <i>15</i> <input type="checkbox"/> Expenditure from corporate funds		7 Payee address: <i>1900 E. Hubbard 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>Accounting/Banking</i>		(b) Description <i>Paper Statement Fee</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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>Tony McDermald</i>			
Date <i>5/3/24</i>		Payee name <i>Tony McDermald</i>			
Amount (\$) <i>405.</i> <input type="checkbox"/> Expenditure from corporate funds		Payee address: <i>7763 Barber Ranch</i>		City: <i>Ft Worth</i>	State: <i>TX</i> Zip Code: <i>76126</i>
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>Fees</i>		Description <i>Legal Fees for Filing Sues</i>	
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>Blackwells Personal Touch</i>			
Date <i>5/16/24</i>		Payee name <i>Blackwells Personal Touch</i>			
Amount (\$) <i>5687.97</i> <input type="checkbox"/> Expenditure from corporate funds		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 Expenses</i>		Description <i>Flags, printing, signs etc.</i>	
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>Blackwells Personal Touch</i>			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED