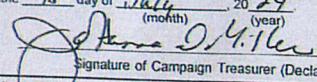


7/15/24 @ 2:05 pm

RECEIVED  
R JUL 15 2024  
BY: SMYaddan

| GENERAL-PURPOSE COMMITTEE<br>CAMPAIGN FINANCE REPORT   |  |  |  | FORM GPAC<br>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<br>Grass Roots Mineral Wells   |  |  |  | OFFICE USE ONLY  |                       |
| 4. COMMITTEE ADDRESS<br>PO Box 284, Gardner, TX 76453<br><input type="checkbox"/> Change of Address  |  |  |  | Date Received  |                       |
| 5. CAMPAIGN TREASURER NAME<br>MS. <input checked="" type="checkbox"/> MR. FIRST Hanna MI<br>NICKNAME LAST SUFFIX<br>Miller   |  |  |  | Date Hand-delivered or Date Postmarked<br>Receipt # Amount \$<br>Date Processed<br>Date Imaged   |                       |
| 6. CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)<br>32 Long Drive, Palo Pinto, TX 76484<br><input type="checkbox"/> Change of Address  |  |  |  | STREET ADDRESS (NO PO BOX PLEASE) APT / SUITE # CITY STATE ZIP CODE  |                       |
| 7. CAMPAIGN TREASURER MAILING ADDRESS<br>32 Long Drive<br><input type="checkbox"/> Change of Address   |  |  |  | STREET ADDRESS OR PO BOX APT / SUITE # CITY STATE ZIP CODE<br>Palo Pinto TX 76484  |                       |
| 8. CAMPAIGN TREASURER PHONE<br>(764) 310-0755  |  |  |  | AREA CODE PHONE NUMBER EXTENSION   |                       |
| 9. REPORT TYPE<br><input type="checkbox"/> January 15<br><input checked="" type="checkbox"/> July 15<br><input type="checkbox"/> 30th day before election<br><input type="checkbox"/> 9th day before election<br><input type="checkbox"/> Runoff |  |  |  | <input type="checkbox"/> Dissolution Report (Attach PAC-DR)<br><input type="checkbox"/> 10th day after campaign treasurer termination  |                       |
| 10. PERIOD COVERED<br>4/25/24 THROUGH 6/30/24  |  |  |  | Month Day Year Month Day Year  |                       |
| 11. ELECTION<br>5/4/24   |  |  |  | ELECTION DATE ELECTION TYPE<br><input type="checkbox"/> Primary<br><input checked="" type="checkbox"/> General<br><input type="checkbox"/> Runoff<br><input type="checkbox"/> Special<br><input type="checkbox"/> Other<br>Description _____ |                       |
| GO TO PAGE 2   |  |  |  |  |                       |
| Forms provided by Texas Ethics Commission<br>www.ethics.state.tx.us<br>Revised 1/1/2024  |  |  |  |  |                       |

| GENERAL-PURPOSE COMMITTEE<br>PURPOSE AND TOTALS   |  | FORM GPAC<br>COVER SHEET PG 2  |
|---|--|--|
| 12 COMMITTEE NAME<br><i>Gross Roots Mineral Wells</i>   | 13 Filer ID (Ethics Commission Filers)   |  |
| 14 COMMITTEE ACTIVITY<br>(Attach list on plain paper to complete this report if necessary.)   | 1. Candidates<br>(Identify by name or, if applicable, classify by party.)  | A. Supported<br><i>RON DAVIS, Bryan Steeman, DB Thomas</i><br>B. Opposed |
|   | 2. Measures<br>(Describe by date and location of election and nature of issue.)  | A. Supported<br>B. Opposed   |
|   | 3. Officeholders<br>Assisted<br>(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)<br><input type="checkbox"/> Check here if this report qualifies for the higher itemization threshold | \$   |
|   | 2. TOTAL POLITICAL CONTRIBUTIONS<br>(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<br>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.  |  |  |
| <br>Signature of Campaign Treasurer (Declarant)  |  |  |
| Please complete either option below:  |  |  |
| (1) Affidavit<br>AFFIRMATORY STAMP / SEAL ABOVE<br>Sworn to and subscribed before me, by the said _____, this the <u>15</u><br>day of _____, 20 _____, to certify which, witness my hand and seal of office.  |  |  |
| Signature of officer administering oath<br>Printed name of officer administering oath<br>OR<br>Title of officer administering oath  |  |  |
| (2) Unsworn Declaration<br>My name is <u>Johanna Miller</u> , and my date of birth is <u>4/4/69</u><br>My address is <u>32 Long Drive</u> (street) <u>Palo Pinto</u> (city) <u>76484</u> (zip code) <u>USA</u> (country)<br>Executed in <u>Palo Pinto</u> County, State of <u>Texas</u> on the <u>15</u> day of <u>July</u> , 20 <u>24</u> (month) (year) |  |  |
| <br>Signature of Campaign Treasurer (Declarant)  |  | Revised 1/1/2024   |

FORM GPAC  
COVER SHEET PG 3

SUBTOTALS - GPAC

|  |   |
|--|---|
| 17. COMMITTEE NAME   | 18. FILER ID (Ethics Commission Filers) |
| <i>Grass Roots Mineral Wells</i>   |   |
| 19. SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE   | SUBTOTAL<br>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 I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS                | \$                                      |
| 15. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER      | \$                                      |



**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/Cash Payment

Expert Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Item/Expense  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Stationery/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              | 3 Filer ID (Ethics Commission Filers)  |   |
| 511/24  | Grass Roots Mineral Wells |  |   |
| 4 Date  | 5 Payee name              |  |   |
| 511/24  | First Financial Bank      | City: Mineral State: TX Zip Code: 76067  |   |
| 6 Amount (\$)   | 7 Payee address:          |  |   |
| 5   | 1900 E. Hubbard St.       |  |   |
| <input type="checkbox"/> Expenditure from corporate funds |                           |  |   |
| <b>B</b><br>PURPOSE OF EXPENDITURE                        |                           | (a) Category (See Categories listed at the top of this schedule)<br>Accounting/Banking | (b) Description<br>Paper Statement Fee                                    |
|   |                           | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.        | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| 8 Complete ONLY if direct expenditure to benefit C/OH     |                           | Candidate / Officeholder name<br>Tony McDonald   | Office sought<br>Office held  |
| Date<br>5/3/24  |                           | Payee name<br>Tony McDonald  |   |
| Amount (\$)<br>8405                                       |                           | Payee address:<br>7763 Barber Ranch<br>Ft. Worth TX 76126                              |   |
| <input type="checkbox"/> Expenditure from corporate funds |                           | City: State: Zip Code: TX 76126  |   |
| PURPOSE OF EXPENDITURE                                    |                           | Category (See Categories listed at the top of this schedule)<br>FEES                   | Description<br>Legal Fees for filing suit                                 |
|   |                           | <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<br>BlackWells Personal Touch                             | Office sought<br>Office held  |
| Date<br>5/6/24  |                           | Payee name<br>BlackWells Personal Touch  |   |
| Amount (\$)<br>15097.97                                   |                           | Payee address:<br>405 Valley Vista Drive<br>Gordon TX 76453                            |   |
| <input type="checkbox"/> Expenditure from corporate funds |                           | City: State: Zip Code: TX 76453  |   |
| PURPOSE OF EXPENDITURE                                    |                           | Category (See Categories listed at the top of this schedule)<br>Advertising Expenses   | Description<br>Flyers, printing, signs etc.                               |
|   |                           | <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<br>BlackWells Personal Touch                             | Office sought<br>Office held  |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED