

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 Filers)	2 Total pages filed: <i>7</i>			
3 COMMITTEE NAME <i>Mineral Wells Tomorrow</i>		OFFICE USE ONLY				
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; <i>PO Box 786</i>	CITY; STATE; ZIP CODE <i>Mineral Wells, TX 76067</i>	Date Received <i>1:00 RECEIVED R 04 04 2024 BY: C. Scott</i>			
5 CAMPAIGN TREASURER NAME	MS / MRS / MR <i>O</i> NICKNAME <i>Brad</i>	FIRST <i>Bradley</i> MI <i>K</i> LAST <i>Bennett</i> SUFFIX	Date Hand-delivered or Date Postmarked			
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; <i>814 NW 4th Ave</i> <i>Mineral Wells TX 76067</i> CITY; STATE; ZIP CODE					
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET ADDRESS OR PO BOX; APT / SUITE #; <i>Same as above</i> CITY; STATE; ZIP CODE					
8 CAMPAIGN TREASURER PHONE	AREA CODE <i>(202)</i>	PHONE NUMBER <i>697-2070</i>	EXTENSION			
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution Report (Attach PAC-DR) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff					
10 PERIOD COVERED	Month <i>2/26/24</i>	Day <i>26</i>	Year <i>2024</i>	Month <i>4/4/24</i>	Day <i>4</i>	Year <i>2024</i>
11 ELECTION	Month <i>5/4/24</i>	Day <i>4</i>	Year <i>2024</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 _____		

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GENERAL-PURPOSE COMMITTEE PURPOSE AND TOTALS

FORM GPAC
COVER SHEET PG 2

12 COMMITTEE NAME	<i>Mineral Wells Tomorrow</i>		13 Filer ID (Ethics Commission Filers)
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 B. Opposed	
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported B. Opposed <i>Recall of Carlos Maldonado, Doyle Light, Jerrel Tomlin</i>	
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	<i>Regan Wallace Johnson Jerrel Tomlin Beth Watson</i>	
15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input checked="" type="checkbox"/> Check here if this report qualifies for the higher itemization threshold	\$ <i>500.00</i>	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>10,900.00</i>	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>4,500.00</i>	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <i>7,942.44</i>	
	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 <u>Brad Bennett</u> , and my date of birth is <u>4/11/70</u>			
My address is <u>814 NW 4th Ave.</u> (street) <u>Mineral Wells</u> (city) <u>Tx</u> (state) <u>76067</u> (zip code) <u>Palo Pinto</u> (country)			
Executed in <u>Palo Pinto</u> County, State of <u>Texas</u> , on the <u>4</u> day of <u>April</u> , 20 <u>24</u> (month) (year)			
<u>Brad Bennett</u> Signature of Campaign Treasurer (Declarant)			

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

17 COMMITTEE NAME	18 Filer ID (Ethics Commission Filers)	
<i>Mineral Wells Tomorrow</i>		
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT	
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 16,900.00	
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 checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 4,560	
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	\$	

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: <i>1-3</i>
2 FILER NAME <i>Mineral Wells Tomorrow</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/28/24</i>	5 Full name of contributor <i>Don Crawford</i>	6 Contributor address; City; State; Zip Code <i>PO Box 87 Mineral Wells TX 76068</i>
7 Amount of contribution (\$) <i>\$1,000.00</i>		
8 Principal occupation / Job title (See Instructions) <i>retired</i>		9 Employer (See Instructions) <i>retired</i>
Date <i>3/28/24</i>	Full name of contributor <i>Denise Duncan</i>	Amount of contribution (\$) <i>\$500.00</i>
Contributor address; City; State; Zip Code <i>1202 N. Oak Ave. Mineral Wells TX 76067</i>		
Principal occupation / Job title (See Instructions) <i>GM</i>		Employer (See Instructions) <i>The Market at 76067</i>
Date <i>3/28/24</i>	Full name of contributor <i>Ed Evans</i>	Amount of contribution (\$) <i>\$1,000.00</i>
Contributor address; City; State; Zip Code <i>Po Box 1248 Mineral Wells TX 76067</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/28/24</i>	Full name of contributor <i>Tracy Kirsch</i>	Amount of contribution (\$) <i>\$1,000.00</i>
Contributor address; City; State; Zip Code <i>22 Cliff Dr. Mineral Wells TX 76067</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: <i>2-3</i>
2 FILER NAME <i>Mineral Wells Tomorrow</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/28/24</i>	5 Full name of contributor <i>RLW 2012 Trust</i>	6 Contributor address; City; State; Zip Code <i>1635 Rogers Rd. Fort Worth TX 76107</i>
7 Amount of contribution (\$) <i>\$2,000.00</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>3/28/24</i>	Full name of contributor <i>Ryan Roach</i>	□ out-of-state PAC (ID#: Amount of contribution (\$) <i>\$700.00</i>
Contributor address; City; State; Zip Code <i>3907 N. Hwy 281 Mineral Wells TX 76067</i>		
Principal occupation / Job title (See Instructions) <i>Owner</i>		Employer (See Instructions) <i>Self employed</i>
Date <i>3/29/24</i>	Full name of contributor <i>Eddie McClelland</i>	□ out-of-state PAC (ID#: Amount of contribution (\$) <i>\$1,000.00</i>
Contributor address; City; State; Zip Code <i>911 E Hubbard Mineral Wells TX 76067</i>		
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>Self employed</i>
Date <i>3/26/24</i>	Full name of contributor <i>Cara Shoemaker</i>	□ out-of-state PAC (ID#: Amount of contribution (\$) <i>\$700.00</i>
Contributor address; City; State; Zip Code <i>2305 NW 4th Ave Mineral Wells TX 76067</i>		
Principal occupation / Job title (See Instructions) <i>Educator</i>		Employer (See Instructions) <i>MWISD</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: <i>3-3</i>
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/16/24</i>	5 Full name of contributor <i>Carol Elder</i>	6 Contributor address; City; State; Zip Code <i>5 Preston Place Mineral Wells TX 76067</i>
8 Principal occupation / Job title (See Instructions) <i>OWNER</i>		9 Employer (See Instructions) <i>Famous Mineral Water Co.</i>
Date	Full name of contributor Contributor address; City; State; Zip Code	□ out-of-state PAC (ID#: Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor Contributor address; City; State; Zip Code	□ out-of-state PAC (ID#: Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor Contributor address; City; State; Zip Code	□ out-of-state PAC (ID#: Amount of contribution (\$)
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
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 *Mineral Wells Tomorrow* 3 Filer ID (Ethics Commission Filers)

4 Date *4/1/24* 5 Payee name *Judson Meeks*

6 Amount (\$ *\$4,500*) Expenditure from corporate funds 7 Payee address: *1561 Grimes Rd. Mineral Wells TX 76067* City: State: Zip Code

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>consulting expense</i>	(b) Description <i>campaign management</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 Office sought Office held

Date	Payee name
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Amount (\$) <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code
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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
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Date	Payee name
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Amount (\$) <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code
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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
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