

**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: 4
3 COMMITTEE NAME Mineral Wells Tomorrow		OFFICE USE ONLY 	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address PO Box 786 Mineral Wells, TX 76068		Date Received Date Hand-delivered or Date Postmarked Receipt # <input type="text"/> Amount <input type="text"/> Date Processed Date Imaged	
5 CAMPAIGN TREASURER NAME Mr. Bradley K.		MI	
NICKNAME Bennett		SUFFIX	
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business) 814 NW 4th Ave Mineral Wells, TX 76067		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE	
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address 814 NW 4th Ave Mineral Wells, TX 76067		STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	
8 CAMPAIGN TREASURER PHONE (202) 697-2070		AREA CODE PHONE NUMBER EXTENSION	
9 REPORT TYPE <input type="checkbox"/> January 15 <input type="checkbox"/> July 15		<input type="checkbox"/> 30th day before election <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> Dissolution (Attach PAC-DR) <input type="checkbox"/> 10th day after campaign treasurer termination	
10 PERIOD COVERED Month Day Year 04/04/2024		Month Day Year THROUGH 04/24/2024	
11 ELECTION Month Day Year 05/04/2024		ELECTION DATE ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	

GO TO PAGE 2

GENERAL-PURPOSE COMMITTEE PURPOSE AND TOTALS

FORM GPAC
COVER SHEET PG 2

12 COMMITTEE NAME		Mineral Wells Tomorrow	
		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, Terrel Tomlin</i>	
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	<i>Regan Wallace Johnson, Terrel Tomlin Beth Watson</i>	
15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <i>400.00</i>	
	<input checked="" type="checkbox"/> Check here if this report qualifies for the higher itemization threshold		
EXPENDITURE TOTALS	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>7,400.00</i>	
	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	
CONTRIBUTION BALANCE	4. TOTAL POLITICAL EXPENDITURES	\$	
	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <i>15,842.44</i>	
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.		
_____ 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> <u>Mineral Wells Tx 76067</u> <u>Palo Pinto</u> (street) (city) (state) (zip code) (country)			
Executed in <u>Palo Pinto</u> County, State of <u>Texas</u> , on the <u>26</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
3 of 4

17 COMMITTEE NAME Mineral Wells Tomorrow	18 FILER ID (Ethics Commission Filers) [REDACTED]
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE	
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$ 7,400.00	
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 FROM POLITICAL CONTRIBUTIONS \$	
11. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS \$	
12. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$	
13. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD \$	
14. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$	
15. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER \$	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/1 Rpt: 4/4
2 FILER NAME Mineral Wells Tomorrow		3 Filer ID (Ethics Commission Filers) 00084354
4 Date 04/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: McConnell, Gary (Colonel)	7 Amount of Contribution (\$) \$5,000.00
	6 Contributor address; City; State; Zip Code Mineral Wells, TX 76067	
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions) retired
Date 04/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Upham, Barbara (Ms.)	Amount of Contribution (\$) \$2,000.00
	Contributor address; City; State; Zip Code Mineral Wells, TX 76068	
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Self