

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) 99-1692132	2 Total pages filed:
3 COMMITTEE NAME <i>Grass Roots Mineral Wells</i>		OFFICE USE ONLY Date Received <i>3:40 pm</i> RECEIVED <i>R APR 03 2024</i> <i>By SW Sallin</i>	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>Po Box 284 Gordon, TX 76453</i>		
5 CAMPAIGN TREASURER NAME	MS <input checked="" type="checkbox"/> MR NICKNAME	FIRST <i>Johanna</i>	MI SUFFIX <i>Miller</i>
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>32 Long Drive, Palo Pinto, TX 76484</i>		
7 CAMPAIGN TREASURER MAILING ADDRESS <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>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(760) 310-0755</i>		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> July 15 <input 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		
10 PERIOD COVERED	Month Day Year <i>3 / 8 / 24</i>	Month Day Year <i>3 / 25 / 24</i>	
11 ELECTION	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 <i>May general</i>	

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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.)		CANDIDATE <input checked="" type="checkbox"/> <input type="checkbox"/> OFFICEHOLDER <input type="checkbox"/> SUPPORT (Candidate or Measure) <input type="checkbox"/> OPPOSE (Candidate or Measure) <input type="checkbox"/> ASSIST (Officeholder)	CANDIDATE/OFFICEHOLDER NAME <i>Ron Davis, Bryan Sleeman, DB Thomas</i> OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder) <i>Mayor, City Council - ward 1 and 3</i> BALLOT IDENTIFICATION / # <input type="checkbox"/> MEASURE DESCRIPTION
			ELECTION DATE Month Day Year <i>/ /</i>
15 CONTRIBUTION TOTALS EXPENDITURE TOTALS CONTRIBUTION BALANCE OUTSTANDING LOAN TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)		\$ <i>0</i>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ <i>812,100</i>
	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES		\$ <i>0</i>
	4. TOTAL POLITICAL EXPENDITURES		\$ <i>208.32</i>
	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ <i>11,943.23</i>
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ <i>0</i>

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 Johanne Miller, and my date of birth is 4-4-69.
My address is 32 Long Drive, Palo Pinto, TX, 76482.
(street) (city) (state) (zip code/country)
Executed in Palo Pinto County, State of Texas, on the May day of 24, 2024.

J. Hanna D. Miller (month) (year)
Signature of Campaign Treasurer (Declarant)

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	\$ 12, 100
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	\$ 208.32
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>3/8/24</i>	5 Full name of contributor <i>Palo Pinto County Conservatives</i>	6 Contributor address; City; State; Zip Code <i>PO Box 284 Gordon TX 76453</i>
7 Amount of contribution (\$) <i>\$4000.00</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>3/12/24</i>	Full name of contributor <i>Palo Pinto County Conservatives</i>	□ out-of-state PAC (ID#: Contributor address; City; State; Zip Code <i>PO Box 284 Gordon TX 76453</i>)
		Amount of contribution (\$) <i>\$7000.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/19/24</i>	Full name of contributor <i>Dave Jones</i>	□ out-of-state PAC (ID#: Contributor address; City; State; Zip Code <i>1582 N. Lakerview Drive, Palo Pinto Tx 76484</i>)
		Amount of contribution (\$) <i>\$500.00</i>
Principal occupation / Job title (See Instructions) <i>Airline Pilot</i>		Employer (See Instructions) <i>American Airlines</i>
Date <i>3/21/24</i>	Full name of contributor <i>Mark Harrington</i>	□ out-of-state PAC (ID#: Contributor address; City; State; Zip Code <i>600 Mesquite St. Mineral Wells Tx 76067</i>)
		Amount of contribution (\$) <i>\$500</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>4/1/24 3/20/24</i>	5 Full name of contributor <i>John Lloyd Brown</i>	6 Contributor address; City; State; Zip Code <i>4208 Lake Breeze Drive Benbrook Tx 76132</i>	7 Amount of contribution (\$) <i>\$100</i>
8 Principal occupation / Job title (See Instructions)		9 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)	
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.			