

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) 00088649 | 2 Total pages filed: 9 | |
| 3 COMMITTEE NAME Granbury Families | | | OFFICE USE ONLY | |
| | | | Date Received ELECTRONICALLY FILED 10/27/2024 | |
| | | | Date Hand-delivered or Date Postmarked | |
| | | | Receipt # | Amount |
| | | | Date Processed | |
| 4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address | | | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1030 E. Hwy 377 Suite 110-112 Granbury, TX 76048 | |
| 5 CAMPAIGN TREASURER NAME | | | MS / MRS / MR FIRST MI Dennis | |
| | | | NICKNAME LAST SUFFIX Maunder | |
| 6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business) | | | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 9620 Champions Dr Granbury, TX 76049 | |
| 7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address | | | STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 9620 Champions Dr Granbury, TX 76049 | |
| 8 CAMPAIGN TREASURER PHONE | | | AREA CODE PHONE NUMBER EXTENSION (682) 229-6156 | |
| 9 REPORT TYPE | | | <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff | |
| 10 PERIOD COVERED | | | Month Day Year 09/27/2024 THROUGH Month Day Year 10/26/2024 | |
| 11 ELECTION | | | ELECTION DATE Month Day Year 11/05/2024 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 REPORT: PURPOSE AND TOTALS

FORM **GPAC**
COVER SHEET PG 2

| | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| 12 COMMITTEE NAME Granbury Families | | 13 Filer ID (Ethics Commission Filers) 00088649 |
| 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 Mr. Timothy Bolton Granbury ISD School Board Place 3 |
| | | 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 checked="" type="checkbox"/> check here if this report qualifies for the higher itemization threshold | \$ 398.00 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 1,460.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | \$ 0.00 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 400.00 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 3,391.45 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 0.00 |
| 16 AFFIDAVIT <p>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.</p> <p style="text-align: right;">Dennis Maunder _____ Signature of Campaign Treasurer</p> <p>AFFIX NOTARY STAMP / SEAL ABOVE</p> <p>Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.</p> <p>_____ Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath</p> | | |

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM **GPAC**
ADDENDUM

Page 3 of 9

| | | |
|-------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|
| 12 COMMITTEE NAME Granbury Families | | 13 Filer ID (Ethics Commission Filers) 00088649 |
| 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 Mrs. Jacquelyne Lopez Granbury ISD School Board Place 4 |
| | | 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.) | |

SUBTOTALS - GPAC**FORM GPAC**
COVER SHEET PG 3
4 of 9

| | | |
|--------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|
| 17 COMMITTEE NAME Granbury Families | | 18 Filer ID (Ethics Commission Filers) 00088649 |
| 19 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
| 1. | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 1,310.00 |
| 2. | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ |
| 3. | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. | <input checked="" type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | \$ 150.00 |
| 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 FROM POLITICAL CONTRIBUTIONS | \$ 400.00 |
| 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: 1/3 Rpt: 5/9 |
| 2 FILER NAME Granbury Families | | 3 Filer ID (Ethics Commission Filers) 00088649 |
| 4 Date 10/18/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Babb, Cory <hr/> 6 Contributor address; City; State; Zip Code Granbury, TX 76049 | 7 Amount of Contribution (\$) \$50.00 |
| 8 Principal occupation / Job title (See Instructions) Real Estate Investor | | 9 Employer (See Instructions) |
| Date 10/19/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Kathy (Ms.) <hr/> Contributor address; City; State; Zip Code Granbury, TX 76048 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 10/18/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gray, Mitzi (Ms.) <hr/> Contributor address; City; State; Zip Code Granbury, TX 76049 | Amount of Contribution (\$) \$2.00 |
| Principal occupation / Job title (See Instructions) Business Owner | | Employer (See Instructions) |
| Date 10/20/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hays, Cathy (Ms.) <hr/> Contributor address; City; State; Zip Code Granbury, TX 76049 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) Realtor | | Employer (See Instructions) |
| Date 10/17/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Donald (Mr.) <hr/> Contributor address; City; State; Zip Code Granbury, TX 76049 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|----------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 2/3 Rpt: 6/9 |
| 2 FILER NAME Granbury Families | | 3 Filer ID (Ethics Commission Filers) 00088649 |
| 4 Date 10/20/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Donald (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Granbury, TX 76049 | 7 Amount of Contribution (\$) \$100.00 |
| 8 Principal occupation / Job title (See Instructions) Retired | | 9 Employer (See Instructions) |
| Date 10/17/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maunder, Dennis (Mr.) <hr/> Contributor address; City; State; Zip Code Granbury, TX 76049 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Realtor | | Employer (See Instructions) |
| Date 10/18/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reed, Doris (Ms.) <hr/> Contributor address; City; State; Zip Code Granbury, TX 76049 | Amount of Contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 10/17/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Royer, Eva (Ms.) <hr/> Contributor address; City; State; Zip Code Granbury, TX 76048 | Amount of Contribution (\$) \$10.00 |
| Principal occupation / Job title (See Instructions) Realtor | | Employer (See Instructions) |
| Date 10/18/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Samuelson, Nannette (Mrs.) <hr/> Contributor address; City; State; Zip Code Granbury, TX 76049 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) County Commissioner | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 3/3 Rpt: 7/9 |
| 2 FILER NAME Granbury Families | | 3 Filer ID (Ethics Commission Filers) 00088649 |
| 4 Date 10/17/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Simmons, Jeanne (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Addison, TX 75001 | 7 Amount of Contribution (\$) \$25.00 |
| 8 Principal occupation / Job title (See Instructions) Director of Human Resources | | 9 Employer (See Instructions) |
| Date 10/20/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephens, John (Mr.) <hr/> Contributor address; City; State; Zip Code Gatesville, TX 76528-2765 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |

MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE **C1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule C1:
Sch: 1/1 Rpt: 8/9

2 FILER NAME
Granbury Families

3 Filer ID (Ethics Commission Filers)
00088649

4 Date
10/17/2024

5 Corporation / Labor Organization name
Stuff N Nonsense, LLC

7 Amount of contribution (\$)
\$150.00

6 Corporation / Labor Organization address; City; State; Zip Code

Granbury, TX 76048

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 1/1 Rpt: 9/9 | 2 FILER NAME Granbury Families | 3 Filer ID (Ethics Commission Filers) 00088649 |
| 4 Date 10/17/2024 | 5 Payee name William, Jensen (Mr.) | |
| 6 Amount (\$) \$400.00 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 424 Fall Creek Hwy Granbury, TX 76049 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Purchase of URL |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |