#### FORM GPAC GENERAL-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The GPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00065835 3 COMMITTEE NAME **OFFICE USE ONLY** Grassroots America - We the People PAC Date Received **ELECTRONICALLY FILED** 10/27/2024 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** PO Box 130012 Date Hand-delivered or Date Postmarked Change of Address Tyler, TX 75713 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Jimmie F. NAME NICKNAME LAST **SUFFIX** Taylor STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 275 VZ CR 4906 STREET **ADDRESS** (Residence or Business) Ben Wheeler, TX 75754 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 328 S. Broadway MAILING **ADDRESS** Tyler, TX 75702 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (903) 530-6040 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Runoff Year 10 PERIOD Month Day Year Day Month **COVERED THROUGH** 09/27/2024 10/26/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other 11/05/2024 χ General Special **GO TO PAGE 2**

## GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

# FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Grassroots America -	We the People PAC		00065835	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Christi Craddick Railroad Com	ımissioner	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	Measures (Describe by date and location of election and nature of issue.)	A. Supported  B. Opposed		
	Officeholders     Assisted (Identify by name or, if			
	applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS N	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY)  qualifies for the higher itemization threshold	\$	647.10
		AL CONTRIBUTIONS EDGES, LOANS, OR GUARANTEES OF LOANS)	\$	5,710.15
EXPENDITURE TOTALS	3. TOTAL UNITEMIZE	D POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	27,995.69
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	97,420.82
OUTSTANDING LOAN TOTALS	1	AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT	•		•	
		I swear, or affirm, under penalty of pe true and correct and includes all informunder Title 15, Election Code.		
		Mr. Jimmi	ie F. Taylor	
		Signature of Car		er
AFFIX NOTAR	Y STAMP / SEAL ABOVE			
Sworn to and subscribe	ed before me, by the said _	, th	nis the	day
of	, 20, to certify	which, witness my hand and seal of office.		
Signature of officer a	administering oath	Printed name of officer administering oath	Title of office	er administering oath

### FORM GPAC ADDENDUM

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						1 ago o o: 10
12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	Grassroots America - W	e the People PAC			00065835	
14	COMMITTEE	1. Candidates	A. Supported	Jimmy Blacklock Supreme Cour	I rt Chief Justice	
	ACTIVITY	(Identify by name or, if applicable, classify by party.)		,		
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures	A. Supported			
		(Describe by date and location of election and nature of issue.)	3.54			
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if				
	OOLUMETEE	applicable, classify by party.)				
	COMMITTEE ACTIVITY	1. Candidates	A. Supported	John Devine Supreme Court Ch	nef Justice	
		(Identify by name or, if applicable, classify by party.)				
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures	A. Supported			
		(Describe by date and location of election and nature of issue.)				
			B. Opposed			
		Officeholders     Assisted				
		(Identify by name or, if applicable, classify by party.)				
	COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Jane Bland Supreme Court Chie	ef Justice	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures	A. Supported			
		(Describe by date and location of election and nature of issue.)				
			B. Opposed			
		Officeholders     Assisted				
		(Identify by name or, if applicable, classify by party.)				

### FORM GPAC ADDENDUM

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COMMITTEE NAME				13 Filer ID (Ethics Commission Filers)
Grassroots America - W	e the People PAC			00065835
COMMITTEE ACTIVITY	Candidates     (Identify by name or, if applicable, classify by party.)		David Schenck Court of Crimina	l Appeals, Presiding Judge
(Attach lists on plain paper to complete this report if necessary.)		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.)			
COMMITTEE ACTIVITY	Candidates     (Identify by name or, if applicable, classify by party.)		Gina Parker Court Of Criminal A	ppeals, Judge
(Attach lists on plain paper to complete this report if necessary.)		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.)			
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Lee Finley Court Of Criminal Ap	peals, Judge
(Attach lists on plain paper to complete this report if necessary.)		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.)			<del></del>
	(Identify by name or, if			

### FORM GPAC ADDENDUM

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OMMITTEE NAME rassroots America - W OMMITTEE CTIVITY  attach lists on plain aper to complete this port if necessary.)	/e the People PAC  1. Candidates (Identify by name or, if applicable, classify by party.)		Daniel Alders	State Representa	13 Filer ID 00065835 tive	(Ethics Commission Filers)
OMMITTEE CTIVITY  attach lists on plain aper to complete this	Candidates (Identify by name or, if applicable, classify by party.)		Daniel Alders	State Representa		
OMMITTEE CTIVITY  attach lists on plain aper to complete this	Candidates (Identify by name or, if applicable, classify by party.)		Daniel Alders	State Representa		
aper to complete this	2 Measures	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.)					
OMMITTEE	1. Candidates	A. Supported	J. Scott Herod	Smith County Co	mmissioner Pro	ecinct 3
CTIVITY	(Identify by name or, if applicable, classify by party.)			,		
attach lists on plain aper to complete this port if necessary.)		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.)					
OMMITTEE CTIVITY	Candidates     (Identify by name or, if applicable, classify by party.)		Quint Balkcom	Smith County ES	SD 2 District 1	
attach lists on plain aper to complete this port if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)					
	ETIVITY  ttach lists on plain tper to complete this port if necessary.)  DMMITTEE ETIVITY  ttach lists on plain tper to complete this	(Identify by name or, if applicable, classify by party.)  DMMITTEE CTIVITY  1. Candidates (Identify by name or, if applicable, classify by party.)  Ittach lists on plain per to complete this port if necessary.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  DMMITTEE CTIVITY  1. Candidates (Identify by name or, if applicable, classify by party.)  Ittach lists on plain per to complete this port if necessary.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	(Identify by name or, if applicable, classify by party.)  DIMMITTEE CTIVITY  1. Candidates (Identify by name or, if applicable, classify by party.)  B. Opposed  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  DIMMITTEE CTIVITY  1. Candidates (Identify by name or, if applicable, classify by party.)  DIMMITTEE CTIVITY  1. Candidates (Identify by name or, if applicable, classify by party.)  DIMMITTEE CTIVITY  2. Measures (Identify by name or, if applicable, classify by party.)  B. Opposed  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  B. Opposed  3. Opposed  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	Identify by name or, if applicable, classify by party.	(Identify by name or, if applicable, classify by party.)  DMMITTEE CTIVITY  1. Candidates (Identify by name or, if applicable, classify by party.)  B. Opposed  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  B. Opposed  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  B. Opposed  3. Opposed  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  DMMITTEE CTIVITY  1. Candidates (Identify by name or, if applicable, classify by party.)  B. Opposed  2. Measures (Identify by name or, if applicable, classify by party.)  B. Opposed  3. Opposed  4. Supported  Quint Balkcom Smith County Estimates of applicable, classify by party.)  B. Opposed  2. Measures (Describe by date and location of election and nature of issue.)  B. Opposed  3. Opposed  3. Opposed  3. Opposed  3. Opposed  3. Opposed	(identify by name or, if applicable, classify by party.)  DAMITTEE CTIVITY  1. Candidates (identify by name or, if applicable, classify by party.)  DESCRIPTION (identify by name or, if applicable, classify by party.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (identify by name or, if applicable, classify by party.)  DAMITTEE CTIVITY  1. Candidates (identify by name or, if applicable, classify by party.)  DESCRIPTION (identify by name or, if applicable, classify by party.)  DESCRIPTION (identify by name or, if applicable, classify by party.)  B. Opposed  2. Measures (identify by name or, if applicable, classify by party.)  B. Opposed  2. Measures (Describe by date and location of election and nature of issue.)  B. Opposed  3. Officeholders Assisted (identify by name or, if applicable, classify by gate, and nature of issue.)  B. Opposed  3. Officeholders Assisted (identify by name or, if applicable, classify by party.)  B. Opposed

### FORM GPAC ADDENDUM

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							1 ago o o: 10
12	COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
	Grassroots America - W	e the People PAC				00065835	
	COMMITTEE	Candidates	A Supported	Johnny Drover	Smith County 5		
	ACTIVITY	(Identify by name or, if applicable, classify by party.)		Jonnny Brown	Smith County Es	SD 2 DISTRICT 4	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
		2. Measures	A. Supported				
		(Describe by date and location of election and nature of issue.)					
			B. Opposed				
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
	COMMITTEE	Candidates	1	Danald T	Dropiderst		
	COMMITTEE ACTIVITY	(Identify by name or, if	A. Supported	Donald Trump	President		
	(Attack Bata an obje	applicable, classify by party.)					
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
			B. Opposed				
		Officeholders     Assisted     (Identify by name or, if					
		applicable, classify by party.)					
	COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Ted Cruz U.S.	Senate		
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
		2. Measures	A. Supported				
		(Describe by date and location of election and nature of issue.)					
			B. Opposed				
		3. Officeholders Assisted					
		(Identify by name or, if applicable, classify by party.)					

### GENERAL-PURPOSE COMMITTEE REPORT:

### FORM GPAC

PURPOSE				Page 7 of 18
49 COMMITTEE MANE			13 Filer ID (Ethics 0	Commission Filers)
12 COMMITTEE NAME Grassroots America - \	Ne the People PAC		00065835	Johnnission Filers)
14 COMMITTEE ACTIVITY	Candidates     (Identify by name or, if applicable, classify by party.)	A. Supported Republican	0000000	
(Attach lists on plain paper to complete this report if necessary.)	applicable, classify by party.)	B. Opposed		
report if flecessary.)				
	2. Measures	A. Supported		
	(Describe by date and location of election and nature of issue.)			
		B. Opposed		
	3. Officeholders Assisted			
	(Identify by name or, if applicable, classify by party.)			

#### **SUBTOTALS - GPAC**

### FORM GPAC **COVER SHEET PG 3**

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<b>17</b> CC	MMITTE	EE NAME	18 Filer ID	(Ethic	cs Commission Filers)
Gr	assroot	s America - We the People PAC	00065835		
		E SUBTOTALS SCHEDULE			SUBTOTAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	5,710.15
2.	X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0.00
3.	X	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0.00
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOURGANIZATION	)R	\$	
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$	
6.		SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$	
7.		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$	
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (	ORGANIZATION	\$	
9.	X	SCHEDULE E: LOANS		\$	0.00
10.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$	27,995.69
11.	X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00
12.	Х	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	0.00
13.	X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00
14.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL CON		SCHEDUI	SCHEDULE A1		
	The Instruc	ction Guide explains how to c	omplete this forn	1.	1	Total pages Schedule A1: Sch: 1/3 Rpt: 9/18	
2	FILER NAME Grassroots A	America - We the People PAC			3	Filer ID (Ethics Commission 00065835	on Filers)
4	Date 10/26/2024	Adams, Mary	ut-of-state PAC (ID#: ip Code	)	7	Amount of Contribution (\$)	\$100.00
8	Principal occu	Tyler, TX 75701 pation / Job title (See Instructions)	la	Employer (See Instructions			
0	Retired	pation 7 300 title (See Instructions)		Retired	,		
	Date 10/21/2024	Full name of contributor on the serkhouse, Richard  Contributor address; City; State; Z	ut-of-state PAC (ID#:i			Amount of Contribution (\$)	\$300.00
	Dringing agg	Whitehouse, TX 75791	į.	Employer (See Instructions			
	Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	)		
	Date 10/25/2024	Full name of contributor on the contributor of contributor address; City; State; Z	ut-of-state PAC (ID#: ip Code			Amount of Contribution (\$)	\$960.70
		Temple, TX 76502					
	Principal occu Not Employe	pation / Job title (See Instructions) ed		Employer (See Instructions Not Employed	)		
	Date 10/19/2024	Full name of contributor on the contributor of contributor address; City; State; Zontributor address; City; City; State; Zontributor address; City; City	ut-of-state PAC (ID#:			Amount of Contribution (\$)	\$239.95
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	)		
	Date 10/17/2024	Full name of contributor of Gibson, John Contributor address; City; State; Z	ut-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$2,000.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	)		
			1				

	MONET	ARY POLITICAL COI		SCHEDUI	SCHEDULE A1		
	The Instruc	ction Guide explains how to	complete this forn	n.	1	Total pages Schedule A1: Sch: 2/3 Rpt: 10/18	
2	FILER NAME Grassroots A	nmerica - We the People PAC			3	Filer ID (Ethics Commission 00065835	on Filers)
4	Date 10/07/2024	Harper, Joyce	out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	\$95.80
8	Principal occu	Jacksonville, TX 75766 pation / Job title (See Instructions)	lo l	Employer (See Instructions			
0	Retired	pation / Job title (See Instructions)		Retired	)		
	Date 10/11/2024	Full name of contributor	out-of-state PAC (ID#: Zip Code			Amount of Contribution (\$)	\$75.00
	Principal occu	Flint, TX 75762 pation / Job title (See Instructions)		Employer (See Instructions			
	Retired	pation / 300 title (See matrictions)		Retired	,		
	Date 10/19/2024	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$95.80
		Tyler, TX 75707					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	)		
	Date 10/21/2024	Priefert, Bill	out-of-state PAC (ID#: Zip Code	)		Amount of Contribution (\$)	\$1,000.00
	Principal occu CEO	pation / Job title (See Instructions)		Employer (See Instructions Priefert Manufacturing	)		
	Date 10/15/2024	Rivard, Kathi-Ann	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$95.80
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	)		
			,				

	MONET	ARY POLITICAL CONTRIBUTION	AC	IS		SCHEDULE A1
	The Instru	ction Guide explains how to complete this	1	Total pages Schedule A1: Sch: 3/3 Rpt: 11/18		
2	FILER NAME Grassroots	America - We the People PAC			3	Filer ID (Ethics Commission Filers) 00065835
4	Date 10/09/2024  5 Full name of contributor  out-of-state PAC (ID#:) Shelton, Ray (Mrs.)  6 Contributor address; City; State; Zip Code				7	Amount of Contribution (\$) \$100.00
8		Tyler, TX 75703  upation / Job title (See Instructions)	9	. , `	<u> </u> s)	
	Retired			Retired		

PLEDGED CONTRIBUTIONS	SCHEDULE B
The Instruction Guide explains how to complete this for	Tm. 1 Total pages Schedule B: Sch: 1/1 Rpt: 12/18
2 FILER NAME Grassroots America - We the People PAC	3 Filer ID (Ethics Commission Filers) 00065835
4 TOTAL OF UNITEMIZED PLEDGES	\$ 0.00
5 Date 6 Full name of pledgor out-of-state PAC (ID#:	8 Amount of pledge (\$) 9 In-kind description (If applicable)
7 Pledgor Address; City; State; Zip Code	Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (See Instructions) 11 Employe	er (See Instructions)

	LOANS					SCHEDULE E
	The Instruction	on Guide explains how to co	mplete this f	orm.		ages Schedule E: /1 Rpt: 13/18
2	FILER NAME Grassroots Ame	rica - We the People PAC			3 Filer ID 000658	(Ethics Commission Filers)
4	TOTAL OF UN	IITEMIZED LOANS				\$ 0.00
5	Date of loan	7 Name of lender	out-of-state PA	C (ID#:	)	9 Loan Amount (\$)
6	Is lender a financial institution?	8 Lender address; City;	State;	Zip Code		10 Interest Rate
						11 Maturity Date
12	Principal occupation	on / Job title (See Instructions)		13 Employer (See Inst	ructions)	
14	Description of Coll	ateral		15 Check if personal fu	ınds were deposited	d into political account (See Instructions)
16	GUARANTOR INFORMATION	17 Name of guarantor				19 Amount Guaranteed (\$)
	not applicable	18 Guarantor address; City;	State;	Zip Code		
20	Principal occupation	on		21 Employer (See Inst	ructions)	

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Lenal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarice Magnet/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to complete this form.								
1 Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·								
Sch: 1/5 Rpt: 14/18	Grassroots America - We the People PAC 00065835								
4 Date	5 Payee name								
10/04/2024	Full Fusion LLC								
6 Amount (\$)	7 Payee address; City; State; Zip Code								
\$64.05	317 Sidney Baker								
	Ste 400-308								
Expenditure from corporate funds	Kerrville, TX 78028								
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description								
OF EXPENDITURE	IT Services Check if travel outside of Texas. Complete Schedule T.								
	Check if Austin, TX, officeholder living expense  Website maintenance								
	Website maintenance								
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held								
expenditure to benefit C/Ol									
Data									
Date	Payee name								
10/15/2024	Global Mailing Service, Inc.								
Amount (\$)	Payee address; City; State; Zip Code								
\$12,413.97	1015 NNE Loop 323								
Expenditure from corporate funds	Tyler, TX 75708								
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description								
OF EXPENDITURE	Processing & Postage								
-	Check if Austin, TX, officeholder living expense  General Election mailer								
	General Election mailer								
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held								
Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	· · · · · · · · · · · · · · · · · · ·								
Date	Payee name								
10/08/2024	Haynes, Carole (Dr.)								
Amount (\$)	Payee address; City; State; Zip Code								
\$100.00	44 Indian Trail								
Ψ100.00	44 Indian Trail								
Expenditure from corporate funds	Dallas, TX 75065								
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description								
OF EXPENDITURE	Travel reimbursement Check if travel outside of Texas. Complete Schedule T.								
LXI LINDITORE	Check if Austin, TX, officeholder living expense								
	Speaker								
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held								
experience to benefit even	·								

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political C

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

rsement Solicitation/Fundraising Expense
Expense Transportation Equipment & Related Expense
Travel in District
Travel Out of District

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor 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)									
Sch: 2/5 Rpt: 15/18	Grassroots America - We the People PAC 00065835									
4 Date	5 Payee name									
09/30/2024	Holiday Inn Conference Center									
6 Amount (\$)	7 Payee address; City; State; Zip Code									
\$430.97	5701 South Broadway									
Expenditure from corporate funds	Tyler, TX 75703									
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description									
OF EXPENDITURE	Event Expense									
EXPENDITURE	Check if Austin, TX, officeholder living expense									
	Facility rental Board meetings									
	Board meetings									
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held									
Date	Payee name									
10/17/2024	Mail Chimp									
Amount (\$)	Payee address; City; State; Zip Code									
\$147.69	mailchimp.com									
Expenditure from										
corporate funds	mailchimp.com, TX 75703									
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description									
OF EXPENDITURE	Subscription Check if travel outside of Texas. Complete Schedule T.									
-	Check if Austin, TX, officeholder living expense  Email service									
	Email Service									
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held									
expenditure to benefit C/O										
Date	Payee name									
10/01/2024	Rogers, Brett									
Amount (\$)	Payee address; City; State; Zip Code									
\$5,000.00	4514 Edinburgh Drive									
φ5,000.00	4314 Edilibdigii Diive									
Expenditure from corporate funds	Tyler, TX 75703									
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description									
OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.									
	Check if Austin, TX, officeholder living expense  October retainer									
	Marketing & IT tool development services									
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held									
expenditure to benefit C/O										

#### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Comm

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category not listed above)

Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.								
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)								
Sch: 3/5 Rpt: 16/18	Grassroots America - We the People PAC 00065835								
4 Date	5 Payee name								
10/01/2024	Rogers, Brett								
6 Amount (\$)	7 Payee address; City; State; Zip Code								
\$1,000.00	4514 Edinburgh Drive								
Expenditure from									
corporate funds	Tyler, TX 75703								
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description								
EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense								
	Reimbursement for Data Entry Assistant								
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held								
expenditure to benefit C/O	4								
Date	Payee name								
10/01/2024	Shulter, Robert								
Amount (\$)	Payee address; City; State; Zip Code								
\$3,000.00	100 Kings Fort Parkway 105-303								
Expenditure from									
corporate funds	Kaufman, TX 75142								
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description								
OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense								
	October consulting fee								
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held								
expenditure to benefit C/O	4								
Date	Payee name								
10/01/2024	Shulter, Robert								
Amount (\$)	Payee address; City; State; Zip Code								
\$108.10	100 Kings Fort Parkway 105-303								
Expenditure from									
corporate funds	Kaufman, TX 75142								
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description								
OF EXPENDITURE	Travel Reimbursement Check if travel outside of Texas. Complete Schedule T.								
	Check if Austin, TX, officeholder living expense Holiday Inn lodging								
	Tomas, III. loaging								
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held								
expenditure to benefit C/O									

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Com Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

nt Solicitation/Fundraising Expense
e Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/Wages/Contract Labor 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)									
Sch: 4/5 Rpt: 17/18	Grassroots America - We the People PAC 00065835									
4 Date	5 Payee name									
10/01/2024	Shulter, Robert									
6 Amount (\$)	7 Payee address; City; State; Zip Code									
\$69.99	100 Kings Fort Parkway 105-303									
Expenditure from corporate funds	Kaufman, TX 75142									
8 PURPOSE										
OF	(a) Category (See Categories listed at the top of this schedule)  Subscriptions  (b) Description  Check if travel outside of Texas. Complete Schedule T.									
EXPENDITURE	Check if Austin, TX, officeholder living expense									
	Raindroppers Text Alerts									
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held									
expenditure to benefit C/O										
Date	Payee name									
	, ·									
10/01/2024	Shulter, Robert									
Amount (\$)	Payee address; City; State; Zip Code									
\$19.58	100 Kings Fort Parkway 105-303									
- Evnanditura from										
Expenditure from corporate funds	Kaufman, TX 75142									
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description									
OF EXPENDITURE	Travel reimbursement Check if travel outside of Texas. Complete Schedule T.									
EXPENDITORE	Check if Austin, TX, officeholder living expense									
	NTTA tolls									
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held									
expenditure to benefit C/O										
Date	Payee name									
10/01/2024	Shulter, Robert									
Amount (\$)	Payee address; City; State; Zip Code									
\$317.84	100 Kings Fort Parkway 105-303									
, , , , , , , , , , , , , , , , , , , ,										
Expenditure from	Kaufman TV 75142									
corporate funds	Kaufman, TX 75142									
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description									
EXPENDITURE	Travel reimbursement Check if travel outside of Texas. Complete Schedule T.									
	Check if Austin, TX, officeholder living expense  Mileage									
	Ivilicaye									
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held									
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	<b>y</b>									

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District
Travel Out of District

Candidate/Officeholder/Politica Credit Card Payment	I Committee L	egal Services The Instruction Guide exp		/ages/	Contract Labor		OTHER (enter a	category not listed abo	ve)
1 Total pages Schedule F1:	2 FILER NAME					3	Filer ID	(Ethics Commission	on Filers)
Sch: 5/5 Rpt: 18/18	Grassroots America - We the People PAC						00065835	`	,
4 Date	5 Payee name								
10/07/2024	Taylor CPA,	Jimmie (Mr.)							
6 Amount (\$)	7 Payee address	; City;	State; Zip Co	de					
\$600.00	275 VZ Cour	ty Road 4906							
Expenditure from corporate funds	Ben Wheeler	, TX 75754							
8 PURPOSE	(a) Category (See	Categories listed at the top of t	his schedule)	(b)	Description				
OF EXPENDITURE	Accounting/Banking Check if travel outside of Te								
				ļ	TEC report pr		officeholder living		
					TEC Teport pi	СР	aration & iiii	ng .	
9 Complete ONLY if direct	Candidate/Offic	eholder name	Office sou	ght			Office he	eld	
expenditure to benefit C/OI	4								
Date	Payee name								
10/08/2024	Xpresso Prin	t Cafe							
Amount (\$)	Payee address	; City;	State; Zip Co	de					
\$192.50	111 Universi	y Place							
Expenditure from corporate funds	Tyler, TX 75	702							
PURPOSE	(a) Category (See	Categories listed at the top of t	his schedule)	(b)	Description				
OF EXPENDITURE	Printing Expe	ense			<u>—</u>		de of Texas. Comp		
					_		officeholder living	expense	
					Tyler meeting	Hic	แนงนเร		
Complete ONLY if direct	Candidate/Offic	eholder name	Office sou	aht			Office he	ald.	
expenditure to benefit C/OI		choider hame	Omee sea	giit			Office file	, id	
Date	Payee name								
10/15/2024	Xpresso Prin	t Cafe							
Amount (\$)	Payee address		State; Zip Co	de					
\$4,531.00	111 Universi								
Ψ 1,002.00	111 011110101	y 1 1000							
Expenditure from corporate funds	Tyler, TX 75	'02							
PURPOSE	(a) Category (See	Categories listed at the top of t	his schedule)	(b)	Description				
OF EXPENDITURE	Printing Expe	ense					de of Texas. Comp		
EXI ENDITORE							officeholder living	expense	
					General Elect	uor	ımaliers		
			- 40						
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Office	eholder name	Office sou	ght			Office he	eld	