## 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<br>(Ethics Commission Filers)<br>00069713 | 2 Total pages filed:<br>6                |  |
|----------------------------------------------------------------|------------------------------------------------------------------------------------------|--------------------------------------|------------------------------------------------------|------------------------------------------|--|
| 3                                                              | COMMITTEE NAME                                                                           |                                      |                                                      | OFFICE USE ONLY                          |  |
|                                                                | Small Gov Texas                                                                          |                                      |                                                      | Date Received                            |  |
|                                                                |                                                                                          |                                      |                                                      | ELECTRONICALLY FILED                     |  |
|                                                                |                                                                                          |                                      |                                                      | 01/12/2025                               |  |
| 4                                                              | COMMITTEE                                                                                | ADDRESS / PO BOX; APT / SUITE #; CIT | TY; STATE; ZIP CODE                                  |                                          |  |
|                                                                | ADDRESS                                                                                  | 108                                  |                                                      | Date Hand-delivered or Date Postmarked   |  |
|                                                                |                                                                                          | Sand Creek Circle                    |                                                      | Date Hand-delivered of Date Fostillarked |  |
|                                                                | Change of Address                                                                        | Sherman, TX 75092                    |                                                      | Receipt # Amount                         |  |
|                                                                |                                                                                          |                                      |                                                      |                                          |  |
|                                                                |                                                                                          |                                      |                                                      | Date Processed                           |  |
|                                                                |                                                                                          |                                      |                                                      | Date Imaged                              |  |
|                                                                |                                                                                          |                                      |                                                      | Date imageu                              |  |
| 5                                                              | CAMPAIGN                                                                                 | MS / MRS / MR FIRST                  |                                                      | MI                                       |  |
|                                                                | TREASURER<br>NAME                                                                        | Mr. Clint A.                         |                                                      |                                          |  |
|                                                                |                                                                                          |                                      |                                                      |                                          |  |
|                                                                |                                                                                          | NICKNAME LAST                        |                                                      | SUFFIX                                   |  |
|                                                                |                                                                                          | Long                                 |                                                      |                                          |  |
| 6                                                              | CAMPAIGN                                                                                 | STREET ADDRESS (NO PO BOX PLEASE);   | APT / SUITE #; CITY;                                 | STATE; ZIP CODE                          |  |
|                                                                | TREASURER<br>STREET                                                                      | 108                                  |                                                      |                                          |  |
|                                                                | ADDRESS                                                                                  | Sand Creek Circle                    |                                                      |                                          |  |
|                                                                | (Residence or Business)                                                                  | Sherman, TX 75092                    |                                                      |                                          |  |
| 7                                                              | CAMPAIGN                                                                                 | STREET OR PO BOX;                    | APT / SUITE #; CITY                                  | ; STATE; ZIP CODE                        |  |
|                                                                | TREASURER<br>MAILING                                                                     | 108 Sand Creek Cr.                   |                                                      |                                          |  |
|                                                                | ADDRESS                                                                                  |                                      |                                                      |                                          |  |
|                                                                | Change of Address                                                                        | Sherman, TX 75092                    |                                                      |                                          |  |
| 8                                                              | CAMPAIGN                                                                                 | AREA CODE PHONE NUMBER               | EXTENSION                                            |                                          |  |
|                                                                | TREASURER<br>PHONE                                                                       | (903) 816-1199                       |                                                      |                                          |  |
|                                                                |                                                                                          |                                      |                                                      |                                          |  |
| 9                                                              | REPORT<br>TYPE                                                                           | X January 15 30                      | Oth day before election                              | Dissolution (Attach PAC-DR)              |  |
|                                                                |                                                                                          | 81                                   | h day before election                                | 10th day after campaign treasurer        |  |
|                                                                |                                                                                          | July 15                              | unoff                                                | termination                              |  |
|                                                                |                                                                                          |                                      |                                                      |                                          |  |
| 10                                                             | PERIOD<br>COVERED                                                                        | Month Day Year                       | Month Day                                            | Year                                     |  |
|                                                                | COVERED                                                                                  | 07/01/2024 TI                        | HROUGH 12/31/2024                                    | 4                                        |  |
| 11                                                             | ELECTION                                                                                 | ELECTION DATE                        | ELECTION TYPE                                        |                                          |  |
|                                                                |                                                                                          | Month Day Year                       | Primary Runoff                                       | Other                                    |  |
|                                                                |                                                                                          | 11/05/2024                           | General Special                                      |                                          |  |
|                                                                |                                                                                          |                                      |                                                      |                                          |  |
|                                                                |                                                                                          | 1                                    |                                                      |                                          |  |
|                                                                |                                                                                          |                                      |                                                      |                                          |  |
|                                                                | GO TO PAGE 2                                                                             |                                      |                                                      |                                          |  |
| Foi                                                            | Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V4.1.0.5dd2ace2 |                                      |                                                      |                                          |  |

## GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

# FORM GPAC COVER SHEET PG 2

| 12 COMMITTEE NAME                                                         |                                                                                    |                                                                                                                                              | 13 Filer ID    | (Ethics Commission Filers) |
|---------------------------------------------------------------------------|------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|----------------|----------------------------|
| Small Gov Texas                                                           |                                                                                    |                                                                                                                                              | 00069713       |                            |
| 14 COMMITTEE                                                              | 1. Candidates                                                                      | A. Supported                                                                                                                                 |                |                            |
| ACTIVITY                                                                  | (Identify by name or, if applicable, classify by party.)                           |                                                                                                                                              |                |                            |
| (Attach lists on plain<br>paper to complete this<br>report if necessary.) |                                                                                    | B. Opposed                                                                                                                                   |                |                            |
|                                                                           |                                                                                    |                                                                                                                                              |                |                            |
|                                                                           | 2. Measures<br>(Describe by date and location<br>of election and nature of issue.) | A. Supported                                                                                                                                 |                |                            |
|                                                                           |                                                                                    | B. Opposed                                                                                                                                   |                |                            |
|                                                                           | <ol> <li>Officeholders<br/>Assisted</li> </ol>                                     |                                                                                                                                              |                |                            |
|                                                                           | (Identify by name or, if applicable, classify by party.)                           |                                                                                                                                              |                |                            |
| 15 CONTRIBUTION<br>TOTALS                                                 | PLEDGES, LOANS,<br>CONTRIBUTIONS M                                                 | D POLITICAL CONTRIBUTIONS (OTHER THAN<br>OR GUARANTEES OF LOANS, OR<br>ADE ELECTRONICALLY)<br>gualifies for the higher itemization threshold | \$             | 0.00                       |
|                                                                           | 2. TOTAL POLITICA                                                                  | · · · · ·                                                                                                                                    | \$             | 0.00                       |
|                                                                           | (OTHER THAN PLE                                                                    | DGES, LOANS, OR GUARANTEES OF LOANS)                                                                                                         | μ <sup>ψ</sup> | 0.00                       |
| EXPENDITURE<br>TOTALS                                                     | 3. TOTAL UNITEMIZED                                                                | POLITICAL EXPENDITURES                                                                                                                       | \$             | 0.00                       |
|                                                                           | 4. TOTAL POLITICA                                                                  | L EXPENDITURES                                                                                                                               | \$             | 0.00                       |
| CONTRIBUTION<br>BALANCE                                                   | 5. TOTAL POLITICAL C<br>OF THE REPORTING                                           | CONTRIBUTIONS MAINTAINED AS OF THE LAST<br>G PERIOD                                                                                          | DAY \$         | 1,958.63                   |
| OUTSTANDING<br>LOAN TOTALS                                                |                                                                                    | AMOUNT OF ALL OUTSTANDING LOANS AS OF T<br>REPORTING PERIOD                                                                                  | THE \$         | 0.00                       |
| 16 AFFIDAVIT                                                              | L                                                                                  |                                                                                                                                              | I              |                            |
|                                                                           |                                                                                    | I swear, or affirm, under penalty of pe<br>true and correct and includes all inforr<br>under Title 15, Election Code.                        |                |                            |
|                                                                           |                                                                                    |                                                                                                                                              |                |                            |
|                                                                           |                                                                                    |                                                                                                                                              | t A. Long      |                            |
|                                                                           |                                                                                    | Signature of Car                                                                                                                             | mpaign Treasu  | rer                        |
| AFFIX NOTARY                                                              | STAMP / SEAL ABOVE                                                                 |                                                                                                                                              |                |                            |
| Sworn to and subscribed                                                   | before me, by the said                                                             | , tł                                                                                                                                         | nis the        | day                        |
| of                                                                        | , 20, to certify v                                                                 | which, witness my hand and seal of office.                                                                                                   |                |                            |
|                                                                           |                                                                                    |                                                                                                                                              |                |                            |
| Signature of officer ad                                                   | ninistering oath                                                                   | Printed name of officer administering oath                                                                                                   | Title of offic | er administering oath      |
| Forms provided by Texas E                                                 | thics Commission                                                                   | www.ethics.state.tx.us                                                                                                                       |                | Version V4.1.0.5dd2ace2    |

| SUBTOTALS - GPAC                                                               | C                       | FOR          | M GPAC<br>EET PG 3<br>3 of 6 |
|--------------------------------------------------------------------------------|-------------------------|--------------|------------------------------|
| 17 COMMITTEE NAME<br>Small Gov Texas                                           | 18 Filer ID<br>00069713 | (Ethics Comr | nission Filers)              |
| 19 SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE                                      |                         | SUBTO        | TAL AMOUNT                   |
| 1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                             |                         | \$           | 0.00                         |
| 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 LABO                | )R                      | \$           |                              |
| 5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA              | ATION OR                | \$           |                              |
| 6. SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG                 | ANIZATION               | \$           |                              |
| 7. SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR<br>ORGANIZATION | 2                       | \$           |                              |
| 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                       | \$           | 0.00                         |
| 11. X SCHEDULE F2: UNPAID INCURRED OBLIGATIONS                                 |                         | \$           | 0.00                         |
| 12. X SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION         | ONS                     | \$           | 0.00                         |
| 13. X SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                            |                         | \$           | 0.00                         |
| 14. X SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION       | ONS                     | \$           | 683.12                       |
| 15. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER  | RETURNED                | \$           |                              |
|                                                                                |                         |              |                              |

| PLEDGED CONTRIBU                                | TIONS                   |                         |                                 | SCHEDULE B                                   |
|-------------------------------------------------|-------------------------|-------------------------|---------------------------------|----------------------------------------------|
| The Instruction Guide exp                       | lains how to comple     | ete this form.          | 1 Total pages S<br>Sch: 1/1 Rpt |                                              |
| 2 FILER NAME<br>Small Gov Texas                 |                         |                         | 3 Filer ID<br>00069713          | (Ethics Commission Filers)                   |
| <sup>4</sup> TOTAL OF UNITEMIZED PLEDG          | JES                     |                         | \$                              | 0.00                                         |
| 5 Date 6 Full name of pledgor                   | out-of-state PAC (ID#:_ | )                       | 8 Amount of pledge (\$)         | 9 In-kind description<br>(If applicable)     |
| 7 Pledgor Address;                              | City; State; Zip Code   |                         |                                 |                                              |
|                                                 |                         |                         | Check if travel                 | l<br>I outside of Texas. Complete Schedule T |
| 10 Principal occupation / Job title (See Instru | ctions)                 | 11 Employer (See Instru | uctions)                        |                                              |
|                                                 |                         |                         |                                 |                                              |

| LOANS                                                                                        |                     | SCHED                                       | ULE E      |
|----------------------------------------------------------------------------------------------|---------------------|---------------------------------------------|------------|
| The Instruction Guide explains how to complete this form.                                    |                     | ages Schedule E:<br>/1 Rpt: 5/6             |            |
| 2 FILER NAME<br>Small Gov Texas                                                              | 3 Filer ID<br>00069 | (Ethics Commissio<br>713                    | on Filers) |
| <sup>4</sup> TOTAL OF UNITEMIZED LOANS                                                       |                     | \$                                          | 0.00       |
| 5 Date of loan 7 Name of lender out-of-state PAC (ID#:                                       |                     | 9 Loan Amount (                             | 6)         |
| 6 Is lender a 8 Lender address; City; State; Zip Code financial institution?                 |                     | 10 Interest Rate                            |            |
|                                                                                              |                     | <b>11</b> Maturity Date                     |            |
| 12 Principal occupation / Job title (See Instructions)         13 Employer (See Instruction) | ns)                 |                                             |            |
| 14 Description of Collateral     15 Check if personal funds       None                       | were deposite       | d into political accour<br>(See Instructior |            |
| 16 GUARANTOR 17 Name of guarantor<br>INFORMATION                                             |                     | 19 Amount Guarar                            | nteed (\$) |
| not applicable <b>18</b> Guarantor address; City; State; Zip Code                            |                     |                                             |            |
|                                                                                              |                     |                                             |            |
| 20 Principal occupation     21 Employer (See Instruction)                                    | ns)                 | 1                                           |            |
|                                                                                              |                     |                                             |            |
|                                                                                              |                     |                                             |            |
|                                                                                              |                     |                                             |            |
|                                                                                              |                     |                                             |            |
|                                                                                              |                     |                                             |            |
|                                                                                              |                     |                                             |            |
|                                                                                              |                     |                                             |            |
|                                                                                              |                     |                                             |            |
|                                                                                              |                     |                                             |            |
|                                                                                              |                     |                                             |            |
|                                                                                              |                     |                                             |            |
|                                                                                              |                     |                                             |            |

## NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

| The Instruction Guide explains how to complete this form.  |                                                                                                                                                                                                        |  |  |  |
|------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| Total pages Schedule I:<br>Sch: 1/1 Rpt: 6/6               | 2     FILER NAME     3     Filer ID     (Ethics Commission Filers 00069713)                                                                                                                            |  |  |  |
| Date<br>12/31/2024                                         | 5 Payee name<br>Bank of Texas                                                                                                                                                                          |  |  |  |
| Amount (\$)<br>2.00<br>Expenditure from<br>corporate funds | 7 Payee Address; City; State; Zip<br>PO Box 2300<br>Tulsa, OK 74192                                                                                                                                    |  |  |  |
| PURPOSE<br>OF<br>EXPENDITURE                               | (a) Category (See instructions for examples of acceptable categories)       (b) Description       (See instructions regarding type of information required.         Fees       Bank service charge fee |  |  |  |
| Date<br>12/17/2024                                         | Payee name<br>GoDaddy.com, LLC                                                                                                                                                                         |  |  |  |
| Amount (\$)<br>681.12                                      | Payee Address;     City; State; Zip       2155 E GoDaddy Way                                                                                                                                           |  |  |  |
| Expenditure from corporate funds                           | Tempe, AZ 85284                                                                                                                                                                                        |  |  |  |
| PURPOSE<br>OF<br>EXPENDITURE                               | (a) Category (See instructions for examples of acceptable categories)       (b) Description       (See instructions regarding type of information required.         Fees       Website expense for PAC |  |  |  |
|                                                            |                                                                                                                                                                                                        |  |  |  |
|                                                            |                                                                                                                                                                                                        |  |  |  |