# 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)			2 Total pages filed:	
3	COMMITTEE NAME			-			OFFICE	JSE ONLY
	Our Water Our	Future					Date Received	
4	COMMITTEE ADDRESS  Change of Address	ADDRESS / PO BOX; APT / SUITE # 201 Main St., #2500		<sub>ITY;</sub> North	STATE;	ZIP CODE 76102	received by Eilie 2, 2024 at 3:51P	
_		MC (MDC (MD					Date Hand-delivered	or Date Postmarked
5	CAMPAIGN TREASURER NAME	Mr. Wesley R. Turne				Mi	Receipt #	Amount \$
		NICKNAME LAST				SUFFIX	Date Processed	
							Date Imaged	
6	CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEAS 201 Main St., #2500	,,	·	CITY;	STATE; 76102	ZIP CODE	
7	CAMPAIGN TREASURER MAILING ADDRESS  Change of Address	STREET ADDRESS OR PO BOX; 201 Main St., #2500	APT/SUI		СІТУ;	STATE; 76102	ZIP CODE	
8	CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUME ( 817 ) 878-3595	BER		EXTENSION	N		
9	REPORT TYPE	January 15		Oth day before th day before			Exceeded Modified Rep Dissolution Report (Atta	ched PAC-FR)
10	PERIOD COVERED	Month Day Ye		THROUG	ЗН		Month Day	<sup>Year</sup> ∕2024
11	ELECTION	ELECTION DATE ELECTION TYPE						
		Month Day Year	Primary  General		Runoff	Otl	ner escription	a - 2422 - 30
GO TO PAGE 2								

## SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

### FORM SPAC COVER SHEET PG 2

12 COMMITTEE NAME Our Water Our	r ID (Ethics Commission Filers)					
14 COMMITTEE PURPOSE (Attach lists on plain paper to complete this report if necessary.)		CANDIDATE	CANDIDATE/OFFICEHOLDER NAME			
		OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)  OFFICEHOLDER		eholder)		
SUPPORT (Candidate or Measure)			BALLOTIDENTIFICATION / #	ELECTIC		
OPPOSE (Candidate or Measure)  ASSIST (Officeholder)			NO		y Teal	
		MEASURE	DESCRIPTION			
15 CONTRIBUTION TOTALS				\$ 0.00		
	2.	. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)			\$ 0.00	
EXPENDITURE TOTALS		. TOTAL UNITEMIZED POLITICAL EXPENDITURES			\$ 0.00	
	4. TOTAL POLITICAL EXPENDITURES				\$ 474.50	
CONTRIBUTION 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY BALANCE OF THE REPORTING PERIOD			DAY	\$ 5,222.48		
OUTSTANDING 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD				THE	\$ 0.00	
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and melin Melin Da Mark Mark Mark Mark Melin Da Mark Melin Da Mark Melin Da Mark Mark Melin Da Ma						
(1) Affidavit						
AFFIX NOTARY STAMP / SEALABOVE						
Sworn to and subscrib	Sworn to and subscribed before me, by the said Wesley R. Turner, this the 2nd					
day of July, 20 24, to certify which, witness my hand and seal of office.						
melinda Marquez Motary						
Signature of officer administering oath  Printed name of officer administering oath  Title of officer administering oath						
OR						
(2) Unsworn Declaration						
My name is, and my date of birth is  My address is,,,,,						
iviy address is		(street)	(city)	(state	e) (zip code)(country)	
Executed in		County, State of	on the day of (mont	th)	20 (year)	
			Signature of Cam	npaign Tre	easurer (Declarant)	

#### **SUBTOTALS-SPAC**

## FORM SPAC COVER SHEET PG 3

17 COMMITTEE NAME 18 Filer ID (Ethics Commission Filers)							
17	nmission Filers)						
0							
19	9 SCHEDULE SUBTOTALS NAME OF SCHEDULE						
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS						
2.	2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS						
3.	3. SCHEDULE B: PLEDGED CONTRIBUTIONS						
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LA	BOR ORGANIZATION	\$				
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORGANIZATION	ORATION OR LABOR	\$				
6.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATON OR LABOR	R ORGANIZATION	\$				
7.	SCHEDULE E: LOANS		\$				
8.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CON	ITRIBUTIONS	\$474.50				
9.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$				
10.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL C	ONTRIBUTIONS	\$				
11.	11. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD						
12.	2. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH						
13.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CON	NTRIBUTIONS	\$				
14.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION TO FILER	IS RETURNED	\$				

## POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)			
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)			
	Our Water Our Future					
4 Date May 5, 2024	<b>5</b> Payee name Kelly Hart & Hallman					
6 Amount (\$)	7 Payee address;	City;	State; Zip Code			
474.50	201 Main St., Suite 2500 Fort Worth TX 76102					
8	(a) Category (See Categories listed at the top of this sci	nedule) (b) Description				
PURPOSE OF	Legal Fees	Legal Fees				
EXPENDITURE						
	Check if travel outside of Texas. Complete Sche		in, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held			
Date	Payee name					
Amount (\$)	Payee address;	City;	State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sch	edule) Description				
	Check if travel outside of Texas. Complete Sche	edule T. Check if Austi	stin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held			
Date	Payee name					
Amount (\$)	Payee address;	City;	State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sch	edule) Description				
	Check if travel outside of Texas. Complete Sche	edule T. Check if Austi	in, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held			
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS NEE	EDED			