

GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC
COVER SHEET PG 1

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|---|--|---|----------------------------------|
| The GPAC Instruction Guide explains how to complete this form. | | 1 Filer ID (Ethics Commission Filers) 00085821 | 2 Total pages filed: 7 |
| 3 COMMITTEE NAME Odessans For Ethical Leadership | | OFFICE USE ONLY | |
| | | Date Received ELECTRONICALLY FILED 12/25/2023 | |
| | | Date Hand-delivered or Date Postmarked | |
| | | Receipt # | Amount |
| | | Date Processed | |
| | | Date Imaged | |
| 4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2626 John Ben Shepperd Pkwy Ste B 200 Odessa , TX 76762 | | |
| 5 CAMPAIGN TREASURER NAME | MS / MRS / MR FIRST MI Mr. Ron <hr/> NICKNAME LAST SUFFIX Kirby | | |
| 6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2626 John Ben Shepperd Pkwy Ste B 200 Odessa, TX 76762 | | |
| 7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address | STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2626 John Ben Shepperd Pkwy Ste B 200 Odessa, TX 76762 | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION (432) 550-2708 | | |
| 9 REPORT TYPE | <input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input type="checkbox"/> July 15 <input 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 THROUGH Month Day Year 07/01/2023 12/31/2023 | | |
| 11 ELECTION | ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input 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 Odessans For Ethical Leadership | 13 Filer ID (Ethics Commission Filers) 00085821 |
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|---|--|--------------|
| 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 |
| | | 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) | \$ 2,000.00 |
| | <input checked="" type="checkbox"/> check here if this report qualifies for the higher itemization threshold | |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 4,000.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | \$ 0.00 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 0.00 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 2,436.47 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 0.00 |

16 AFFIDAVIT

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.

Mr. Ron Kirby

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

SUBTOTALS - GPAC

| | | |
|---|---|---|
| 17 COMMITTEE NAME Odessans For Ethical Leadership | | 18 Filer ID (Ethics Commission Filers) 00085821 |
| 19 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
| 1. | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 4,000.00 |
| 2. | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ |
| 3. | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. | <input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | \$ |
| 5. | <input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | \$ |
| 6. | <input type="checkbox"/> SCHEDULE 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 type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ |
| 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 checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ 6,569.97 |
| 15. | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

| | | |
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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 1/1 Rpt: 4/7 |
| 2 FILER NAME Odessans For Ethical Leadership | | 3 Filer ID (Ethics Commission Filers) 00085821 |
| 4 Date 07/03/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ODESSA'S FUTURE <hr/> 6 Contributor address; City; State; Zip Code ODESSA, TX 79761 | 7 Amount of Contribution (\$) \$2,000.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

| | | |
|---|---|--|
| 1 Total pages Schedule I: Sch: 1/3 Rpt: 5/7 | 2 FILER NAME Odessans For Ethical Leadership | 3 Filer ID (Ethics Commission Filers) 00085821 |
| 4 Date 09/26/2023 | 5 Payee name ENGAGE ODESSA | |
| 6 Amount (\$) 1,000.00 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee Address; City; State; Zip 2626 JBS PKWY STE B 200 ODESSA, TX 79761 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See instructions for examples of acceptable categories) Gift/Awards/Memorials Expense | (b) Description (See instructions regarding type of information required.) START UP FEES |
| Date 11/13/2023 | Payee name GO DADDY | |
| Amount (\$) 186.99 <input type="checkbox"/> Expenditure from corporate funds | Payee Address; City; State; Zip TX | |
| PURPOSE OF EXPENDITURE | (a) Category (See instructions for examples of acceptable categories) Fees | (b) Description (See instructions regarding type of information required.) WEB SITE |
| Date 12/05/2023 | Payee name GO DADDY | |
| Amount (\$) 102.21 <input type="checkbox"/> Expenditure from corporate funds | Payee Address; City; State; Zip TX | |
| PURPOSE OF EXPENDITURE | (a) Category (See instructions for examples of acceptable categories) Fees | (b) Description (See instructions regarding type of information required.) WEB SITE |
| Date 07/14/2023 | Payee name LEON STRATEGIES | |
| Amount (\$) 1,981.37 <input type="checkbox"/> Expenditure from corporate funds | Payee Address; City; State; Zip 2012 BEAR CREEK DR LEANDER, TX 78641 | |
| PURPOSE OF EXPENDITURE | (a) Category (See instructions for examples of acceptable categories) Consulting Expense | (b) Description (See instructions regarding type of information required.) WEB SITE |

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

| | | |
|--|---|--|
| 1 Total pages Schedule I: Sch: 2/3 Rpt: 6/7 | 2 FILER NAME Odessans For Ethical Leadership | 3 Filer ID (Ethics Commission Filers) 00085821 |
| 4 Date 08/15/2023 | 5 Payee name LEON STRATEGIES | |
| 6 Amount (\$) 1,500.00 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee Address; City; State; Zip 2012 BEAR CREEK DR LEANDER, TX 78641 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See instructions for examples of acceptable categories) Consulting Expense | (b) Description (See instructions regarding type of information required.) WEB SITE |
| Date 09/05/2023 | Payee name LEON STRATEGIES | |
| Amount (\$) 49.90 <input type="checkbox"/> Expenditure from corporate funds | Payee Address; City; State; Zip 2012 BEAR CREEK DR LEANDER, TX 78641 | |
| PURPOSE OF EXPENDITURE | (a) Category (See instructions for examples of acceptable categories) Fees | (b) Description (See instructions regarding type of information required.) ACCOUNT FEES |
| Date 09/14/2023 | Payee name LEON STRATEGIES | |
| Amount (\$) 1,500.00 <input type="checkbox"/> Expenditure from corporate funds | Payee Address; City; State; Zip 2012 BEAR CREEK DR LEANDER, TX 78641 | |
| PURPOSE OF EXPENDITURE | (a) Category (See instructions for examples of acceptable categories) Consulting Expense | (b) Description (See instructions regarding type of information required.) WEB SITE |
| Date 07/03/2023 | Payee name SOUTHWEST BANK | |
| Amount (\$) 49.90 <input type="checkbox"/> Expenditure from corporate funds | Payee Address; City; State; Zip 4800 E 42 ST ODESSA, TX 79761 | |
| PURPOSE OF EXPENDITURE | (a) Category (See instructions for examples of acceptable categories) Fees | (b) Description (See instructions regarding type of information required.) ACCOUNT FEE |

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

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|---|---|--|
| 1 Total pages Schedule I: Sch: 3/3 Rpt: 7/7 | 2 FILER NAME Odessans For Ethical Leadership | 3 Filer ID (Ethics Commission Filers) 00085821 |
| 4 Date 08/02/2023 | 5 Payee name SOUTHWEST BANK | |
| 6 Amount (\$) 49.90 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee Address; City; State; Zip 4800 E 42 ST ODESSA, TX 79761 | |
| PURPOSE OF EXPENDITURE | (a) Category (See instructions for examples of acceptable categories) Fees | (b) Description (See instructions regarding type of information required.) ACCOUNT FEES |
| Date 10/02/2023 | Payee name SOUTHWEST BANK | |
| Amount (\$) 49.90 <input type="checkbox"/> Expenditure from corporate funds | Payee Address; City; State; Zip 4800 E 42 ST ODESSA, TX 79761 | |
| PURPOSE OF EXPENDITURE | (a) Category (See instructions for examples of acceptable categories) Fees | (b) Description (See instructions regarding type of information required.) ACCOUNT FEE |
| Date 11/02/2023 | Payee name SOUTHWEST BANK | |
| Amount (\$) 49.90 <input type="checkbox"/> Expenditure from corporate funds | Payee Address; City; State; Zip 4800 E 42 ST ODESSA, TX 79761 | |
| PURPOSE OF EXPENDITURE | (a) Category (See instructions for examples of acceptable categories) Fees | (b) Description (See instructions regarding type of information required.) ACCOUNT FEE |
| Date 12/04/2023 | Payee name SOUTHWEST BANK | |
| Amount (\$) 49.90 <input type="checkbox"/> Expenditure from corporate funds | Payee Address; City; State; Zip 4800 E 42 ST ODESSA, TX 79761 | |
| PURPOSE OF EXPENDITURE | (a) Category (See instructions for examples of acceptable categories) Fees | (b) Description (See instructions regarding type of information required.) ACCOUNT FEE |