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) 00085821 3 COMMITTEE NAME **OFFICE USE ONLY** Odessans For Ethical Leadership Date Received **ELECTRONICALLY FILED** 07/11/2024 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 2626 John Ben Shepperd Pkwy Ste B 200 Date Hand-delivered or Date Postmarked Change of Address Odessa, TX 76762 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Ron NAME NICKNAME LAST **SUFFIX** Kirby STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 2626 John Ben Shepperd Pkwy Ste B 200 STREET **ADDRESS** (Residence or Business) Odessa, TX 76762 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 2626 John Ben Shepperd Pkwy Ste B 200 MAILING **ADDRESS** Odessa, TX 76762 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (432) 550-2708 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) Χ **TYPE** 8th day before election 10th day after campaign treasurer July 15 Х Runoff 10 PERIOD Year Month Day Year Day Month **COVERED** 01/01/2024 **THROUGH** 06/30/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Other Runoff General Special

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME	12 COMMITTEE NAME			13 Filer ID (Ethics Commission Filers)	
Odessans For Ethical Leadership			00085821		
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported			
(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 IADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00	
	2. TOTAL POLITICA (OTHER THAN PLE	IL CONTRIBUTIONS DOGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.00	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES		0.00	
	4. TOTAL POLITICA	L EXPENDITURES	\$	2,588.58	
CONTRIBUTION BALANCE	1	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD		0.00	
OUTSTANDING LOAN TOTALS	I -	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 per true and correct and includes all inforr under Title 15, Election Code.			
		Mr. Ro	n Kirby		
		Signature of Car	mpaign Treasur	er	
AFFIX NOTAR	RY STAMP / SEAL ABOVE				
Sworn to and subscrib	ed before me, by the said	, tr	nis the	day	
		which, witness my hand and seal of office.			
Signature of officer	administering oath	Printed name of officer administering oath	Title of office	er administering oath	

SUBTOTALS - GPAC

FORM **GPAC**COVER SHEET PG 3

					3 of 7
		EE NAME For Ethical Leadership	18 Filer ID 00085821	(Ethics Commiss	sion Filers)
		E SUBTOTALS SCHEDULE		SUBTOTAL	_ AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	0.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	R	\$	
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	TION OR	\$	
6.		SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGA	ANIZATION	\$	
7.		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$	
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR C	ORGANIZATION	\$	
9.		SCHEDULE E: LOANS		\$	
10.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$	2,588.58
11.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
12.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
13.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
14.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$	
				1	

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

EXPENDITURE CATEGORIES FOR BOX 8(a) 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/Officenoider/Politica	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 1/3 Rpt: 4/7	Odessans For Ethical Leadership 00085821
4 Date	5 Payee name
01/01/2024	GO DADDY
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$102.21	2626 JBS PKWY
	STE B 200
Expenditure from corporate funds	ODESSA, TX 79761
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense web site
	web site
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
05/01/2024	LEON STRATEGIES
Amount (\$)	Payee address; City; State; Zip Code
\$2,236.30	2012 BEAR CREEK DR
Expenditure from corporate funds	LEANDER, TX 78641
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 web site
	Web site
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
01/01/2024	SOUTHWEST BANK
Amount (\$)	Payee address; City; State; Zip Code
\$49.90	4800 E 42 ST
— Forest diture from	
Expenditure from corporate funds	ODESSA, TX 79761
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE	Check if Austin, TX, officeholder living expense
	service charge
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experience to benefit 6/61	<u> </u>

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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)		
Sch: 2/3 Rpt: 5/7	Odessans For Ethical Leadership 00085821		
4 Date	5 Payee name		
01/02/2024	SOUTHWEST BANK		
6 Amount (\$) \$49.90	7 Payee address; City; State; Zip Code 4800 E 42 ST		
Expenditure from corporate funds	ODESSA, TX 79761		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.		
	Check if Austin, TX, officeholder living expense		
	sercie charge		
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
expenditure to benefit C/O			
Date	Payee name		
02/02/2024	SOUTHWEST BANK		
Amount (\$)	Payee address; City; State; Zip Code		
\$49.90	4800 E 42 ST		
Expenditure from corporate funds	ODESSA, TX 79761		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.		
	Check if Austin, TX, officeholder living expense		
	service charge		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held		
Date	Payee name		
03/02/2024	SOUTHWEST BANK		
Amount (\$)	Payee address; City; State; Zip Code		
\$49.90	4800 E 42 ST		
\$ 10.00			
Expenditure from corporate funds	ODESSA, TX 79761		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.		
LA LABITORE	Check if Austin, TX, officeholder living expense		
	service charge		
0 1 . 0			
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		

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

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/Officenoider/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: 3/3 Rpt: 6/7	Odessans For Ethical Leadership 00085821
4 Date	5 Payee name
04/03/2024	SOUTHWEST BANK
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$49.90	4800 E 42 ST
Expenditure from corporate funds	ODESSA, TX 79761
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense service charge
	Service charge
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
05/03/2024	SOUTHWEST BANK
Amount (\$)	Payee address; City; State; Zip Code
\$0.57	4800 E 42 ST
φ0.57	4000 E 42 31
Expenditure from corporate funds	ODESSA, TX 79761
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE	Check if Austin, TX, officeholder living expense
	final service charge
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1

POLITICAL COMMITTEE AFFIDAVIT OF DISSOLUTION

FORM PAC-DR

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The Instruction Guide explains how to complete only if "Report Type" on page 1 is marked "Diss		
COMMITTEE NAME		2 Filer ID (Ethics Commission Filers)
Odessans For Ethical Leadership		00085821
Affidavit of Dissolution		
I, the undersigned campaign treasurer, do not expect committee for this or any other campaign or election		
declare that all of the information required to be rep		
report as a dissolution report terminates the appoin		
committee may not make or authorize political expeappointment of campaign treasurer on file.	enditures or accept political co	ontributions without naving an
appointment of campaign troubards on me.		
	Me	Don Kirby
		Ron Kirby Campaign Treasurer
	Signature of	Campaign Treasurer
	DO NOT CION UNI FOO DOLUTIO	ALL COMMITTEE IS TO BE DISSOLVED
	DO NOT SIGN UNLESS POLITIC	CAL COMMITTEE IS TO BE DISSOLVED
AFFIX NOTARY STAMP / SEAL ABOVE		
Sworn to and subscribed before me, by the said	, this	s the day of
20, to certify which, witness my hand and seal of office		
Signature of officer administering oath Printed nan	ne of officer administering oath	Title of officer administering oath