

# GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC  
COVER SHEET PG 1

The GPAC Instruction Guide explains how to complete this form.		<b>1</b> Filer ID (Ethics Commission Filers) 00089034	<b>2</b> Total pages filed: 7
<b>3</b> COMMITTEE NAME  Vote 4 A Better Odessa		<b>OFFICE USE ONLY</b> Date Received <div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>                      NOV 04 2024                      Texas Ethics Commission                 </div> Date Hand-delivered or Date Postmarked postmarked 10/30/24 Receipt #      Amount \$ Date Processed      11/5/24 Date Imaged	
<b>4</b> COMMITTEE ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;    APT / SUITE #;    CITY;    STATE;    ZIP CODE 1005 N. Moss Ave Odessa, Texas 79763		
<b>5</b> CAMPAIGN TREASURER NAME  <input type="checkbox"/> Change of Address	MS / MRS / MR                      FIRST                      MI Linda NICKNAME                      LAST                      SUFFIX Williams		
<b>6</b> CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);    APT / SUITE #;    CITY;    STATE;    ZIP CODE 1005 N. Moss Ave Odessa, TX 79763		
<b>7</b> CAMPAIGN TREASURER MAILING ADDRESS  <input type="checkbox"/> Change of Address	STREET ADDRESS OR PO BOX;                      APT / SUITE #;                      CITY;                      STATE;                      ZIP CODE		
<b>8</b> CAMPAIGN TREASURER PHONE	AREA CODE                      PHONE NUMBER                      EXTENSION (432) 559-7594		
<b>9</b> REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution Report (Attach PAC-DR) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff		
<b>10</b> PERIOD COVERED	Month                      Day                      Year                      Month                      Day                      Year 10 / 9 / 24                      THROUGH                      10 / 28 / 24		
<b>11</b> ELECTION	ELECTION DATE                      ELECTION TYPE Month                      Day                      Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other 11 / 5 / 24 <input checked="" type="checkbox"/> General <input type="checkbox"/> Special                      Description _____		

**GO TO PAGE 2**

# GENERAL-PURPOSE COMMITTEE PURPOSE AND TOTALS

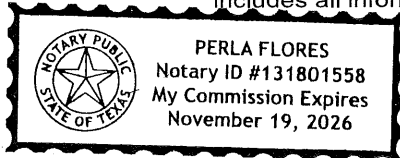
FORM GPAC  
COVER SHEET PG 2

12 COMMITTEE NAME Vote 4 A Better Odessa 13 Filer ID (Ethics Commission Filers) 00089034

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 <u>Stephanie SHAW</u> <u>ECUD Position 1</u>
		B. Opposed <u>Jesus Sanchez</u> <u>ECUD Position 1</u>
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported <u>ECUD Position 1</u>
		B. Opposed <u>ECUD Position 1</u>
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	<u>---</u>

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> Check here if this report qualifies for the higher itemization threshold	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>4800.00</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>3940.46</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>

16 SIGNATURE 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.



Linda Williams  
Signature of Campaign Treasurer (Declarant)

Please complete either option below:

(1) Affidavit

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Linda Williams, this the 28 day of October, 20 24, to certify which, witness my hand and seal of office.

Perla Flores Perla Flores Notary  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.  
My address is \_\_\_\_\_ (street), \_\_\_\_\_ (city), \_\_\_\_\_ (state), \_\_\_\_\_ (zip code), \_\_\_\_\_ (country).  
Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(month) (year)

Signature of Campaign Treasurer (Declarant)

# GENERAL-PURPOSE COMMITTEE PURPOSE AND TOTALS

FORM GPAC  
COVER SHEET PG 2

12 COMMITTEE NAME Vote 4 A Better Odessa 13 Filer ID (Ethics Commission Filers) 00089034

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 <u>Penny Wilkerson</u>
		B. Opposed <u>Darrell Parlo</u>
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported <u>ECUO Position 3</u>
		B. Opposed <u>ECUO Positio 3</u>
	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) <input 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)	\$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$
	4. TOTAL POLITICAL EXPENDITURES	\$
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

16 SIGNATURE 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.

\_\_\_\_\_  
Signature of Campaign Treasurer (Declarant)

Please complete either option below:

**(1) Affidavit**

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 \_\_\_\_\_

OR

**(2) Unsworn Declaration**

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_ (street) \_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip code) \_\_\_\_\_ (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ (month) (year)

\_\_\_\_\_  
Signature of Campaign Treasurer (Declarant)

# GENERAL-PURPOSE COMMITTEE PURPOSE AND TOTALS

FORM GPAC  
COVER SHEET PG 2

12 COMMITTEE NAME Vote 4 A Better Odessa 13 Filer ID (Ethics Commission Filers) 00089034

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 <u>Linda Hall</u>
		B. Opposed <u>John Kelley</u>
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported <u>ECUD Position 4</u>
		B. Opposed <u>ECUD Position 4</u>
	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)	\$
	<input type="checkbox"/> Check here if this report qualifies for the higher itemization threshold	
EXPENDITURE TOTALS	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$
CONTRIBUTION BALANCE	4. TOTAL POLITICAL EXPENDITURES	\$
	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

16 SIGNATURE 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.

\_\_\_\_\_  
Signature of Campaign Treasurer (Declarant)

Please complete either option below:

**(1) Affidavit**

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

OR

**(2) Unsworn Declaration**

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_ (street) \_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip code) \_\_\_\_\_ (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.  
(month) (year)

\_\_\_\_\_  
Signature of Campaign Treasurer (Declarant)

# SUBTOTALS - GPAC

# FORM GPAC COVER SHEET PG 3

17 COMMITTEE NAME <i>Vote 4 A Better Odessa</i>		18 Filer ID (Ethics Commission Filers) <i>00089034</i>
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ <i>4800.00</i>
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 checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ <i>3940.46</i>
11. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
12. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$
13. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
14. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
15. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 1
2 FILER NAME Vote 4 A Better Odessa		3 Filer ID (Ethics Commission Filers) 00089034
4 Date 10/15/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Minka Sibert	7 Amount of contribution (\$) \$1500 <sup>00</sup>
6 Contributor address; City; State; Zip Code [Redacted] Odessa Texas 79765		
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions)
Date 10/18/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott Sibert	Amount of contribution (\$) \$1500.00
Contributor address; City; State; Zip Code [Redacted] Odessa TX 79765		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 10/21/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ronnie Lewis	Amount of contribution (\$) 300 <sup>00</sup>
Contributor address; City; State; Zip Code [Redacted] Odessa Texas 79768		
Principal occupation / Job title (See Instructions) self employed		Employer (See Instructions)
Date 10/21/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tommy Ervin	Amount of contribution (\$) \$1500 <sup>00</sup>
Contributor address; City; State; Zip Code [Redacted] Odessa TX 79763		
Principal occupation / Job title (See Instructions) self employed		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# 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/Political Committee  
Credit Card Payment

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 1	<b>2</b> FILER NAME Vote 4 A Better Odessa	<b>3</b> Filer ID (Ethics Commission Filers) 00089034
<b>4</b> Date 10/23/24	<b>5</b> Payee name Kings Image	
<b>6</b> Amount (\$) 1407.35 <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 300 E. 5th St Odessa TX 79762	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description Signs
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

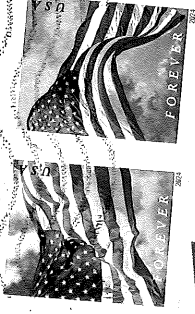
Date 10/24/24	Payee name Alpha Graphics	
Amount (\$) 2533.11 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1333 E. 5th St. Odessa Texas 79761	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Mailers
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, 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 (\$) <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

Linda Williams  
1005 Moss  
Odessa TX 79743

MIDLAND TX  
7:37 PM 10/30  
30 OCT 2024



RECEIVED

NOV 04 2024

Texas Ethics Commission

TEC  
PO Box 12070  
Austin Texas 78711-2070

7871132070

