# GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

The GPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:	
3 COMMITTEE NAME			OFFICE USE ONLY	
4 COMMITTEE ADDRESS  Change of Address	ADDRESS / PO BOX; APT / SUITE #; CIT 1005 N. Moss Ave Odessa. Texas 79	TY; STATE; ZIP CODE	RECEIVED NOV 0 4 2024	
			Texas Ethics Commission	
5 CAMPAIGN	MS / MRS / MR FIRST	MI	Date Hand-delivered or Date Postmarked postmarked 10/30/24	
TREASURER NAME	Linda		Receipt # Amount \$	
	NICKNAME LAST	SUFFIX	Date Processed 11/5/24  Date Imaged	
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUIT 1005 H. HOSS AVE DAISSE, TX 79763	TE #; CITY; STATE;	ZIP CODE	
7 CAMPAIGN TREASURER MAILING ADDRESS  Change of Address	STREET ADDRESS OR PO BOX; APT / SUI	TE #; CITY; STATE;	ZIP CODE	
8 CAMPAIGN TREASURER PHONE	(432) 559 - 7594	EXTENSION		
9 REPORTTYPE	July 15 8	Oth day before election th day before election Runoff	Dissolution Report (Attach PAC-DR)  10th day after campaign treasurer termination	
10 PERIOD COVERED	Month Day Year	THROUGH	Month Day Year	
11 ELECTION	ELECTION DATE	ELECTION TYPE		
	Month Day Year Primary		other Description————————————————————————————————————	
	GO TO P	PAGE 2		

# GENERAL-PURPOSE COMMITTEE PURPOSE AND TOTALS

12 COMMITTEE NAME 13 Filer ID (Ethics Commission Filers)					
Vote 4 A Better Odessa			00089034		
14 COMMITTEE	1. Candidates	A. Supported	- ECUAD Position		
ACTIVITY	(Identify by name or, if	Stephanie Sh	IAW 1		
(Attach lists on plain	applicable, classify by party.)	B. Opposed	Ecus Position		
paper to complete this report if necessary.)		Jesus Sancha	02 1		
	2. Measures	A. Supported	1		
	(Describe by date and location of election and	ECUB tosific	)n <u> </u>		
	nature of issue.)	B. Opposed	n		
		ECUO Positi	1 76		
	Officeholders     Assisted				
	(Identify by name or, if applicable, classify by party.)	No. constitution of minimal analysis and a second of the s			
15 CONTRIBUTION		POLITICAL CONTRIBUTIONS (OTHER THA	AN \$		
TOTALS		R GUARANTEES OF LOANS, OR DE ELECTRONICALLY)	Ψ		
		ort qualifies for the higher itemization thre	eshold		
	2. TOTAL POLITICAL O	CONTRIBUTIONS ES, LOANS, OR GUARANTEES OF LOAN	s) \$4800.00		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED F	POLITICAL EXPENDITURES	\$ ~		
	4. TOTAL POLITICAL E	XPENDITURES	\$ 3940.46		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CO OF THE REPORTING I	NTRIBUTIONS MAINTAINED AS OF THE L PERIOD	AST DAY \$		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AM LAST DAY OF THE RE	OUNT OF ALL OUTSTANDING LOANS AS	S OF THE \$		
16 SIGNATURE	I swear, or affirm, under per	nalty of perjury, that the accompany	/ing report is true and correct and		
		ired to be reported by me under Title			
(IV)	ERLA FLORES	Finda Will	(ilim e)		
Notary Notary	y ID #131801558	Signature of Camp	aign Treasurer (Declarant)		
My Cor	mmission Expires	omplete either enties below			
	Please C	omplete either option below:			
(1) Affidavit	<b>18</b>				
AFFIX NOTARY STAMP	/SEALABOVE				
		. 1. 1. 1. 1. 1	<b>1</b> \( \nabla \)		
Sworn to and subscri	bed before me, by the said $\underline{m{l}}$	-inda Williams	, this the 2 🔻		
day of Batober		ich, witness my hand and seal of off			
	JUNIO P.	ryla Dlaves	Notava		
Signature of officer adm	ninistering oath Printed	name of officer administering oath	Title of officer-administering oath		
Signature of officer adn	riiiled	OR			
(2) Unsworn Declarat	tion				
My name is	The state of the s	and my date of birth	is		
My address is		7-9-3	(state), (zip code), (country)		
<u></u>	(street)	(city)	(country)		
Executed in	County, State of		, 20 (month) (year)		
		,			
		Signature of	Campaign Treasurer (Declarant)		
:		Signature of	Campaign Treasurer (Decidianty		

# GENERAL-PURPOSE COMMITTEE PURPOSE AND TOTALS

12 COMMITTEE NAME	111 1112 11		13 Filer ID (Ethics Commission Filers)			
	Vote 4 A Dette	er Odessa	00089034			
14 COMMITTEE ACTIVITY	Candidates     Identify by name or, if	A. Supported				
(Attach lists on plain	applicable, classify by party.)	B. Opposed				
paper to complete this report if necessary.)		Darrell Panlo				
roport ii noocssary.	2. Measures	A. Supported				
	(Describe by date and location of election and	ECUD tosition	5			
	nature of issue.)	B. Opposed	ス			
	3. Officeholders	LUUTOSATO	<u> </u>			
	Assisted					
	(Identify by name or, if applicable, classify by party.)					
15 CONTRIBUTION TOTALS		OLITICAL CONTRIBUTIONS (OTHER THA R GUARANTEES OF LOANS, OR	N			
	CONTRIBUTIONS MAD	DE ELECTRONICALLY)				
		ort qualifies for the higher itemization thre	shold			
	2. TOTAL POLITICAL O	CONTRIBUTIONS ES, LOANS, OR GUARANTEES OF LOANS	\$			
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED P	OLITICAL EXPENDITURES	\$			
,	4. TOTAL POLITICAL E	XPENDITURES	\$			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CON OF THE REPORTING P	ST DAY \$				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMO LAST DAY OF THE REI	OF THE \$				
16 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and						
i	ncludes all information requir	red to be reported by me under Title	15, Election Code.			
		Simplify of Course	ign Treasurer (Declarant)			
			ign Treasurer (Declarant)			
	Please co	emplete either option below:				
(1) Affidavit						
AFFIX NOTARY STAMP /	SEALABOVE					
Common Annual and a sub-a sub-			Ab to Ab o			
Sworn to and subscribed before me, by the said, this the, this the, day of, 20, to certify which, witness my hand and seal of office.						
day of	_, 20, to certify which	cn, witness my hand and seal of office	ce.			
Signature of officer admi	injectoring seth Printed n	ame of officer administering oath	Title of officer administering oath			
Signature of officer admit	mistering patri Frinted III	OR	Title of officer administering oath			
(2) Unsworn Declarati	on	and the second of the second o				
My name is		, and my date of birth is	·			
My address is						
Formula 11	(street)	(city)				
Executed in	County, State of	, on theday of (me	onth) (year)			
		Signature of C	ampaign Treasurer (Declarant)			

# GENERAL-PURPOSE COMMITTEE PURPOSE AND TOTALS

10 COMMITTEE NAME	4				
12 COMMITTEE NAME	Vote 4 A Be	Her Odessa	Filer ID (Ethics Commission Filers)		
14 COMMITTEE	1. Candidates	A. Supported			
ACTIVITY	(Identify by name or, if	Linda HAII			
(Attach lists on plain	applicable, classify by party.)	B. Opposed			
paper to complete this report if necessary.)		John Kelley			
report in necessary.)	2. Measures	A. Supported	\$		
	(Describe by date and	FOID PACK	100 4		
	location of election and nature of issue.)	B. Opposed	1011		
	Hattie of issue.	ECUD Posit	tion 4		
	3. Officeholders				
	Assisted				
	(Identify by name or, if applicable, classify by party.)				
ME CONTRIBUTION	1 TOTAL UNITERAIZED E	COLITICAL CONTRIBUTIONS (OTHER THAN			
5 CONTRIBUTION TOTALS		OLITICAL CONTRIBUTIONS (OTHER THAN REGULATION OF CONTRIBUTIONS).	\$		
	CONTRIBUTIONS MAD	DE ELECTRONICALLY)			
	Check here if this repo	ort qualifies for the higher itemization thresh	old		
	2. TOTAL POLITICAL O	ONTRIBUTIONS			
		ES, LOANS, OR GUARANTEES OF LOANS)	\$		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED F	OLITICAL EXPENDITURES	\$		
	4. TOTAL POLITICAL E	XPENDITURES	\$		
CONTRIBUTION	5. TOTAL POLITICAL CON	TRIBUTIONS MAINTAINED AS OF THE LAST	MAY .		
BALANCE	OF THE REPORTING F		\$		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD				
	Zioi ziii ziii ziii	TOTAL MEDICAL PROPERTY OF THE			
16 SIGNATURE	l swear, or affirm, under pen	alty of perjury, that the accompanying	report is true and correct and		
i	includes all information requi	red to be reported by me under Title 15	5, Election Code.		
		Signature of Campaigr	n Treasurer (Declarant)		
	Please co	omplete either option below:			
	i icase co	omplete ettier option below.			
(1) Affidavit					
AFFIX NOTARY STAMP /	SEALABOVE				
Sworn to and subscrib	oed before me, by the said		, this the		
day of	20 tø certify whi	ch, witness my hand and seal of office			
	,,,,	in, manager my hand and dear or office	•		
*****					
Signature of officer adm	inistering fath Printed n	ame of officer administering oath	Title of officer administering oath		
(2)		OR			
(2) Unsworn Declarat	ion				
My name is		, and my date of birth is _			
My address is					
	(street)	, , , ,	ate) (zip code) (country)		
Executed in	County, State of	, on the day of (mon	, 20		
		(mon	in) (year)		
		Signature of Car	mpaign Treasurer (Declarant)		

### SUBTOTALS - GPAC

17	committee NAME Vote 4 A Beffer Odessa	18 Filer ID (Ethics Com	•
19	SCHEDULE SUBTOTALS NAME OF SCHEDULE	<u> </u>	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$48000
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LA	ABOR ORGANIZATION	\$
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORF	PORATION OR LABOR	\$
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR C	DRGANIZATION	\$
7.	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LAB	BOR ORGANIZATION	\$
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LAB	OR ORGANIZATION	\$
9.	SCHEDULE E: LOANS		\$
10.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CON	NTRIBUTIONS	\$3940.46
11.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
12.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL OF	CONTRIBUTIONS	\$
13.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	TIONS RETURNED	\$
			· ·

### 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	v to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME	Vote 4 A Better Odessa			3 Filer ID (Ethics Commission Filers)
<b>4</b> Date	<b>5</b> Full name of contributor	out-of-state PAG	C (ID#:)	7 Amount of contribution (\$)
10/15/24				9, 500
	6 Contributor address;	City;	State; Zip Code	\$ 15100
		Odessa	Texas 79765	
8 Principal occup	pation / Job title (See Instructions)	)	9 Employer (See Instruc	tions)
retire	ed			
Date	Full name of contributor	out-of-state PAG	C (ID#:)	Amount of contribution (\$)
10/18/24	Scott Sib	ert		
10/10/-1	Contributor address;	City;	State; Zip Code	\$1500.00
		Odessa	TX 79765	21300.00
Principal occup	eation / Job title (See Instructions)		Employer (See Instruc	tions)
retire	d			
Date	Full name of contributor	ut-of-state PA	C (ID#:)	Amount of contribution (\$)
10/21/24	Ronnie Lew W	City;	State; Zip Code	30000
Principal occup	loation / Job title (See Instructions)		Employer (See Instruc	tions)
Self er				
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)
10/21/54	TORMY ETVIY Contributor address;	City;	State; Zip Code	\$ 1500°°
		Odessa	N 79763	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)
self	employed			
	1			

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

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made B	•	Food/Beverage Expense Polling Expens Gift/Awards/Memorials Expense Printing Expense Lagal Services Salaries Wage		pense Travel Out Of District			
Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above)  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)							
. 515.	Vot	e 4 A Bette	r Ode	55a	000290	34	
4 Date	5 Payee na						
10/28/24	Kine	as Image					
6 Amount (\$) 1407.35	7 Payee ad	ddress;		City;	State;	Zip Code	
Expenditure from corporate funds	300	E. 5745+ 00	tesso	TX 7971	62		
8	(a) Categor	y (See Categories listed at the top of the	nis schedule)	(b) Description			
PURPOSE							
OF EXPENDITURE	Adve	rfising Expen	se	Signs			
	(c)	Check if travel outside of Texas, Complete	e Schedule T.	Check if Aust	tin, TX, officeholder livin	g expense	
9 Complete ONLY if direct expenditure to benefit C/Oh		date / Officeholder name		Office sought		Office held	
Date	Payee na	ame					
10/24/34	Alpha	Graphics					
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code	
Expenditure from corporate funds	1333	E. Sth St.	Odess	a Texas	79761		
	Category	(See Categories listed at the top of thi	is schedule)	Description			
PURPOSE		, ground					
OF EXPENDITURE	Adver	tising Expense	3	Mailers			
		Check if travel outside of Texas. Complete	e Schedule T.	Check if Aust	tin, TX, officeholder livin	g expense	
Complete ONLY if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held	
Date	Payee n	ame					
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code	
Expenditure from							
corporate funds							
	Category	(See Categories listed at the top of thi	is schedule)	Description			
PURPOSE OF							
EXPENDITURE							
		Check if travel outside of Texas. Complete	e Schedule T.	Check if Aust	tin, TX, officeholder livin	g expense	
Complete ONLY if direct		date / Officeholder name		Office sought		Office held	
expenditure to benefit C/O	H						
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							
	AI	IACITADDITIONAL COFIL		OCTIEDOLL AO NE			



RECEIVED

Texas Ethics Commission

70 Box 12070

Austr Texas 78711-2070

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Unde Williams 1005 Moss Odesse TX 797 63

