CORRECTION/AMENDMENT AFFIDAVIT FOR POLITICAL COMMITTEE

FORM COR-PAC

| 1 Filer ID (Ethics Commission Filers) | | 2 Total pages filed: | OFFICE USE ONLY | | |
|---------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|----------------------------------------------------------|----------------------------------------|--|--|
| 2 00MUTTEE ::::: | | <u></u> | Date Received | | |
| 3 COMMITTEE NAME | Vote 4 ABC | Her Odessa | RECEIVED | | |
| 4 TREASURER NAME | | | MAR 2 4 2025 | | |
| 5 ORIGINAL REPORT | January 15 | Runoff | Texas Ethics Commission | | |
| TYPE | | 1 10th day after campaign treasurer | Date Hand-delivered or Date Postmarked | | |
| | July 15 | termination | POST 3/20/2025 | | |
| | 30th day before election | Dissolution Report | Receipt # Amount \$ | | |
| | 8th day before election | Other (specify | 100 E86ED APR U 2 2025 | | |
| 6 ORIGINAL PERIOD | Month Day Year | Month Day Year | Date Imaged | | |
| COVERED | 10/29/24 | THROUGH 12/31/24 | | | |
| → EXPLANATION OF CO | PRRECTION 1 4 00 6-10-1 | the computer conversion. TEC advised to mail | Was unable to obted | | |
| Bank was go, | as through a computer | . TEC advised to mail | report by reporting peris | | |
| alcomate inform | nd a amendment | a sei da it | • | | |
| 8 SIGNATURE 1 | | jury, that this corrected report is true and c | correct I further affirm that I have | | |
| CO SIGNATURE 1 | omplied with Section 305.028, Govern | ment Code (Prohibited Conflicts of Interes | st). | | |
| С | heck ONLY if applicable: | | | | |
| | swear, or affirm, that I am filing this | corrected report not later than the 14th b | pusiness day after the date I learned | | |
| | nat the original report as originally filed ne report as originally filed was made | d is inaccurate or incomplete. I swear, or in good faith | affirm, that any error or omission in | | |
| u. | e report as originally filed was made | | / | | |
| | | Jind 4 Willia Signature of Camp | | | |
| • | | Signature or Carri | Jaigii Treasurei | | |
| | Please comp | olete either option below: | | | |
| (1) Affidavit | | | | | |
| NOTARY STAMP/SEA | AL | | | | |
| Sworn to and subscribed | , day of, | | | | |
| OO to soulife | | See | | | |
| 20, to certify | y which, witness my hand and seal of of | iide. | | | |
| Signature of officer administ | tering oath Printed name | e of officer administering oath | Title of officer administering oath | | |
| OR | | | | | |
| (2) Unsworn Declarat | ion | | | | |
| My name is Lind | - 1x1 11:00 5 | , and my date of birth is | | | |
| 100 1 1 0 0 0 0 | | | | | |
| My address is 1005 M. Moss Hve , Odesse , 1x , 19163 , Gcb / . (street) (city) (state) (zip code) (country) | | | | | |
| | | | | | |
| Executed in <u>Ector</u> County, State of <u>I (vs. s.</u> , on the <u>I O</u> day of <u>March</u> , 20 <u>35.</u> (year) | | | | | |
| Vinda William C | | | | | |
| | | Signature of Cam | palgn Treasurer (Declarant) | | |
| | | | | | |
| Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections | | | | | |
| | • • • • • • • • • • • • • • • • • • • | | | | |

R: 100995751

Revised 8/11/2022

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: |
|------------------------------------------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | 00 089034 | |
| 3 COMMITTEE NAME | • | OFFICE USE ONLY |
| Vote 4 A Better Oduse | | Date Received |
| 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CIT | Y; STATE; ZIP CODE | RECEIVED |
| ADDRESS Change of Address 1005 M. Moss. Aug | OLE TX | The state of the s |
| Change of Address | 200essa 170 | MAR 2 4 2025 |
| | 79763 | Texas Ethics Commission |
| | | Date Hand-delivered or Date Postmarked |
| 5 CAMPAIGN MS / MRS / MR FIRST TREASURER | MI | Receipt # Amount \$ |
| NAME | | |
| NICKNAME LAST W. W. Aus | SUFFIX | Date Processed |
| | d. | Date Imaged |
| 6 CAMPAIGN TREASURER STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE STREET ADDRESS (Residence of Rusiness) | , , , , , , , , , , , , , , , , , , , , | 79763 |
| (Residence or Business) | - Wessa 14 | 1-1083 |
| | | |
| 7 CAMPAIGN STREET ADDRESS OR PO BOX; APT / SUITE | #; CITY; STATE; | ZIP CODE |
| TREASURER MAILING ADDRESS | , | ZA GGDE |
| Change of Address | | |
| Orange of Address | | |
| 8 CAMPAIGN AREA CODE PHONE NUMBER | EXTENSION | |
| TREASURER PHONE (432) 559-7594 | | |
| (120) 331 | | |
| 9 REPORTTYPE January 15 30th | day before election | Dissolution Report (Attach PAC-DR) |
| | t t | Oth day after campaign treasurer ermination |
| 10 PERIOD | .ff | |
| COVERED Month Day Year | | Month Day Year |
| 10/29/24 | THROUGH | 12/31/2024 |
| 1 FIFTON | | |
| Month Day Year Primary | ELECTION TYPE Runoff Othe | r |
| 11/5/a4 Li General | | cription |
| | | |
| | | |
| GO TO PAC | SE 2 | |
| | | |

GENERAL-PURPOSE COMMITTEE FORM GPAC PURPOSE AND TOTALS **COVER SHEET PG 2** 12 COMMITTEE NAME 13 Filer ID (Ethics Commission Filers) 14 COMMITTEE A. Supported Candidates ACTIVITY (Identify by name or, if applicable, classify by party.) (Attach lists on plain B. Opposed paper to complete this report if necessary.) A. Supported 2. Measures (Describe by date and location of election and B. Opposed nature of issue,) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 15 CONTRIBUTION TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR TOTALS \$ CONTRIBUTIONS MADE ELECTRONICALLY) Check here if this report qualifies for the higher itemization threshold 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) **EXPENDITURE** TOTAL UNITEMIZED POLITICAL EXPENDITURES \$ TOTALS **TOTAL POLITICAL EXPENDITURES** CONTRIBUTION TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY BALANCE OF THE REPORTING PERIOD TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE OUTSTANDING LOAN TOTALS 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 / SEALABOVE Sworn to and subscribed before me, by the said ___ ____, this the _ ____, 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 (2) Unsworn Declaration My name is Linda Williams , and my date of birth is My address is 100 \$ Tue q 179763 ELL.

Executed in

was

County, State of

, on the <u>10</u> day of March

(month

Signature of Campaign Treasurer (Declarant)

(country)

(zip code)

GENERAL-PURPOSE COMMITTEE PURPOSE AND TOTALS

| 12 COMMITTEE NAME | Vote 4 A B | etter Odesse 13 File | r ID (Ethics Commission Filers) | |
|-----------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 14 COMMITTEE | 1. Candidates | A. Supported | | |
| ACTIVITY | (Identify by name or, if applicable, classify by party.) | Stephanie Shaw | | |
| (Attach lists on plain paper to complete this | applicable, classify by party.) | Stephanie Shaw B. Opposed Jesus Sanchez | | |
| report if necessary.) | 2. Measures | A. Supported | | |
| | (Describe by date and | ECUD Position 1 | | |
| | location of election and nature of issue,) | B. Opposed | The state of the s | |
| | | ECUD Position 1 | | |
| | Officeholders Assisted | | | |
| | (Identify by name or, if | , | | |
| | applicable, classify by party.) | | | |
| 16 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED P PLEDGES, LOANS, OF | OLITICAL CONTRIBUTIONS (OTHER THAN COURRANTEES OF LOANS, OR | s | |
| | CONTRIBUTIONS MAD | DE ELECTRONICALLY) | * / | |
| | Check here if this repo | ort qualifies for the higher itemization threshold | | |
| | 2. TOTAL POLITICAL C | ONTRIBUTIONS ES, LOANS, OR GUARANTEES OF LOANS) | \$ | |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED P | OLITICAL EXPENDITURES | \$ | |
| | 4. TOTAL POLITICAL E | XPENDITURES | \$ | |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ | | | |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ | | | |
| 16 SIGNATURE | swear, or affirm, under pena | alty of perjury, that the accompanying repor | t is true and correct and | |
| | | ed to be reported by me under Title 15, Elec | | |
| | | | | |
| | \ | Signature of Campaign Treas | urer (Declarant) | |
| | Please co | mplete either option below: | | |
| (1) Affidavit | | | | |
| AFFIX NOTARY STAMP / S | SEALABOVE | | | |
| | | | | |
| Sworn to and subscribe | ed before me, by the said | | _, this the | |
| day of | _, 20, to certify whic | h, witness my hand and seal of office. | | |
| | | | | |
| Signature of officer admir | nistering oath Printed na | me of officer administering cath Titl | e of officer administering path | |
| | | OR . | | |
| (2) Unsworn Declaration | on | | | |
| 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(month) | , 20 (year) | |
| | | mount | (100.) | |
| | | Signature of Campaign | (Declarant) | |

GENERAL-PURPOSE COMMITTEE PURPOSE AND TOTALS

| 12 COMMITTEE NAME | Vote 4 A | Better Odessa (| 000 89034 | | |
|-----------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|------------------------------------|--|--|
| 14 COMMITTEE | 1. Çandidates | A. Supported | | | |
| ACTIVITY (Attach lists on plain paper to complete this | (Identify by name or, if applicable, classify by party.) | Linda HAVI | | | |
| | applicable, classify by party./ | B. Opposed John Kelley | | | |
| report if necessary.) | 2. Measures | A. Supported | | | |
| | (Describe by date and | ECUD Posi | 450- 4 | | |
| | location of election and nature of issue.) | B. Opposed | 11. | | |
| | | ECUD Mosit | io- T | | |
| | 3. Officeholders Assisted | | | | |
| | (Identify by name or, if applicable, classify by party.) | | , | | |
| 15 CONTRIBUTION TOTALS | PLEDGES, LOANS, O | POLITICAL CONTRIBUTIONS (OTHER THAN R GUARANTEES OF LOANS, OR DE ELECTRONICALLY) | \$ | | |
| | | ort qualifies for the higher itemization threshold | | | |
| | 2. TOTAL POLITICAL (OTHER THAN PLEDG | CONTRIBUTIONS ES, LOANS, OR GUARANTEES OF LOANS) | \$ | | |
| EXPENDITURE | 3. TOTAL UNITEMIZED I | POLITICAL EXPENDITURES | \$ | | |
| TOTALS | | | | | |
| | 4. TOTAL POLITICAL E | 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 requ | ired to be reported by me under Title 15, Elec | ction Code. | | |
| | | Signature of Campaign Treas | surer (Declarant) | | |
| | Disease | omplete either option below: | | | |
| | Please C | omplete entier option below. | | | |
| (1) Affidavit | | | · | | |
| AFFIX NOTARY STAMP | /SEALABOVE | | | | |
| Sworn to and subscr | ibed before me, by the said _ | | , this the | | |
| day of, 20, to certify which, witness my hand and seal of office. | | | | | |
| | | | · . | | |
| Signature of officer adr | ninistering eath Printed | Harrie of officer dominione and a series | itle of officer administering oath | | |
| | | OR | | | |
| (2) Unsworn Declara | / | | | | |
| My name is | / | and my date of birth is | | | |
| My address is | (street) | (city) (state) | (zip code) (country) | | |
| Executed in | , , | , on the day of (month) | , 20 (year) | | |
| | | , , | 4 | | |
| | | Signature of Campaigr | Treasurer (Declarant) | | |

SUBTOTALS - GPAC

| 17 | COMMITTEE NAME 18 Filer ID (Ethics Con | Filer ID (Ethics Commission Filers) | |
|-----|------------------------------------------------------------------------------------------|-------------------------------------|--|
| | Vote 4 Detter Odessa DO089 | 034 | |
| 19 | SCHEDULE SUBTOTALS NAME OF SCHEDULE | SUBTOTAL AMOUNT | |
| 1. | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 2356 °° | |
| 2. | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ | |
| 3. | SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ | |
| 4. | SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | \$ | |
| 5. | SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | \$ | |
| 6. | SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION | \$ | |
| 7. | SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION | \$ | |
| 8. | SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | \$ | |
| 9. | SCHEDULE E: LOANS | \$ | |
| 10. | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 3064.59 | |
| 11. | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ | |
| 12. | SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | \$ | |
| 13. | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ | |
| 14. | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ | |
| 15. | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ | |
| | | | |
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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 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

| Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) | | | | | ory not listed above) |
|-----------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|--------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-----------------------------------------|
| Credit Card Payment The Instruction Guide explains how to complete this form. | | | | | |
| 1 Total pages Schedule F1: | 2 FILER NAME | Agains- | | 3 Filer ID (Ethics | s Commission Filers) |
| 4 Date 11-6-3-4 | 5 Payee name Al Pha | Graphics | | | |
| 6 Amount (\$) | 7 Payee address; | Graphics 54 St. O | city: Ucssa | State; | 79761 |
| 8 | (a) Category (See Categories listed at the | e top of this schedule) (b) De | escription | | |
| PURPOSE OF EXPENDITURE | Advertising | . \ | nailers | \$ | |
| | (c) Check if travel outside of Texas. | . Complete Schedule T. | Check if Austin, | TX, officeholder living | expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | e Offi | ice sought | | Office held |
| Date | Payee name | Appendix | magamin Mana | | |
| | Payee address; | rage | | 9 | t- |
| Amount (\$) 712,35 | Payee address; | ė | City; | State; | Zip Code |
| Expenditure from corporate funds | 300 E 57 | 1 87 O |)dus - | TX | 79762 |
| | Category (See Categories listed at the | top of this schedule) Des | scription | | |
| PURPOSE | · · | « | THE STATE OF THE S | | |
| OF EXPENDITURE | Advutising | | a)igns | | <u></u> |
| | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living exp | | | - | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | e Offic | ice sought | | Office held |
| Date | Payee name | | | *************************************** | *************************************** |
| | | • | | | |
| Amount (\$) | Payee address; | | City; | State; | Zip Code |
| Expenditure from corporate funds | | | | | |
| | Category (See Categories listed at the | top of this schedule) Des | scription | | |
| PURPOSE | | | • | | |
| OF EXPENDITURE | , | | | | |
| | Check if travel outside of Texas. Complete Schedule T. | | Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder nam | ne Offi | ice sought | | Office held |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | | | | |

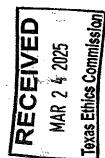
MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

| in the requested with medical restriction of the remoderation page in the report. | | | | | |
|-----------------------------------------------------------------------------------|----------------------------------------------------------------|------------------|---------------------------------------|---------------------------------------|--|
| The Instruction Guide explains how to complete this form. | | | | 1 Total pages Schedule A1: | |
| 2 FILER NAME | | | · · · · · · · · · · · · · · · · · · · | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date | 5 Full name of contributor S. B. Pur. 6 Contributor address; | | C (ID#:) | 7 Amount of contribution (\$) | |
| | Government address, | Midland | TX 75708 | | |
| 8 Principal occu | pation / Job title (See Instructions) | | 9 Employer (See Instruc | I otions) | |
| Date | Full name of contributor | out-of-state PA | C (ID#:) | Amount of contribution (\$) | |
| 11/4/2024 | Contributor address; | City; | State; Zip Code | 3.50 3.50 | |
| Principal occup | pation / Job title (See Instructions) | (Call | Employer (See Instruc | tions) | |
| | , | | | , | |
| Date | Full name of contributor | out-of-state PAC | C (ID#:) | Amount of contribution (\$) | |
| Principal occur | Contributor address; pation / Job title (See Instructions) | City; | State; Zip Code | tional | |
| 1 mopal occup | value (See Instituctions) | | Employer (See Instruc | uons) | |
| Date | Full name of contributor | out-of-state PAC | C (ID#:) | Amount of contribution (\$) | |
| | Contributor address; | City; | State; Zip Code | | |
| Principal occup | pation / Job title (See Instructions) | | Employer (See Instruct | ions) | |
| | ATTACH ADDITI | ONAL COPIES O | OF THIS SCHEDULE AS N | EEDED | |
| | If contributor is out-of-state PAC | | | | |

Linde Williams
1005 N. Moss Ave
Clesse TX 79763



Texas Ethics Counission Po Box 12070 Austin, TV 78711-2070

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