

SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM SPAC
COVER SHEET PG 1

The SPAC Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

4

3 COMMITTEE NAME

Building A Better Future in Healthcare

OFFICE USE ONLY

FILED FOR RECORD

At 3:30 o'clock P M

NOV 24 2025

Kari French, Walker County, Texas
by K French Deputy

4 COMMITTEE
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

☐ Change of Address

470 ELKINS LAKE
Huntsville, TX 77340

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

5 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

Mr.

William

B.

NICKNAME

LAST

SUFFIX

Green

6 CAMPAIGN
TREASURER
STREET ADDRESS
(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

1923 East Lake Dr. Huntsville, TX 77340

7 CAMPAIGN
TREASURER
MAILING ADDRESS

STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

☐ Change of Address

470 ELKINS LAKE
Huntsville, TX 77340

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(936) 661-5791

9 REPORT TYPE

☐

January 15

☒

30th day before election

☐

Exceeded Modified Reporting Limit

☐

July 15

☐

8th day before election

☐

Dissolution Report (Attached PAC-FR)

☐

Runoff

☐

10th day after campaign treasurer termination

10 PERIOD
COVERED

Month Day Year

9 / 04 / 25

THROUGH

Month Day Year

10 / 05 / 25

11 ELECTION

ELECTION DATE

Month Day Year

11 / 04 / 25

ELECTION TYPE

☐

Primary

☐

Runoff

☐

Other

☒

General

☐

Special

Description _____

GO TO PAGE 2

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC
COVER SHEET PG 2

12 COMMITTEE NAME <u>Building A Better Future in Healthcare</u>		13 Filer ID (Ethics Commission Filers)	
14 COMMITTEE PURPOSE (Attach lists on plain paper to complete this report if necessary.) <input checked="" type="checkbox"/> SUPPORT (Candidate or Measure) <input type="checkbox"/> OPPOSE (Candidate or Measure) <input type="checkbox"/> ASSIST (Officeholder)	<input type="checkbox"/> CANDIDATE <input type="checkbox"/> OFFICEHOLDER	CANDIDATE / OFFICEHOLDER NAME OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder) BALLOT IDENTIFICATION / # ELECTION DATE Month Day Year <u>11 / 04 / 25</u>	
	<input checked="" type="checkbox"/> MEASURE	DESCRIPTION <u>BOND Election to build a new Hospital</u>	
	15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u>1,000.00</u>
	EXPENDITURE TOTALS	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>1,000.00</u>
3. TOTAL UNITEMIZED POLITICAL EXPENDITURES		\$	
CONTRIBUTION BALANCE	4. TOTAL POLITICAL EXPENDITURES	\$ <u>0</u>	
	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>1,000.00</u>	
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.

William B. Green

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 William B. Green, and my date of birth is 10/04/1942

My address is 470 ELKINS LAKE (street), Huntsville (city), TX (state), 77340 (zip code)(country)

Executed in Walker County, State of Texas, on the 24 day of Nov., 20 25.
(month) (year)

W B Green

Signature of Campaign Treasurer (Declarant)

SUBTOTALS - SPAC

FORM SPAC COVER SHEET PG 3

17 COMMITTEE NAME Building A Better Future in Healthcare		18 Filer ID (Ethics Commission Filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,000⁰⁰ XX
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 D: PLEDGED CONTRIBUTIONS FROM CORPORATON OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
8.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0r
9.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
10.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
11.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
12.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
13.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
14.	<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 Building A Better Future in Acahtheare		3 Filer ID (Ethics Commission Filers)
4 Date 9/4/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: William B & Diane Green	7 Amount of contribution (\$) \$100
6 Contributor address; City; State; Zip Code [REDACTED]		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 9/4/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Walter M. Woodward	Amount of contribution (\$) \$250
Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 9/4/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Walter Bennett	Amount of contribution (\$) \$500
Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) First National Bank
Date 9/4/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: William B. & Diane Green	Amount of contribution (\$) \$150
Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation / Job title (See Instructions)		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.