

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:

10

3 COMMITTEE NAME

Building A Better Future in Healthcare

OFFICE USE ONLY

FILED FOR RECORD
A 3:30 o'clock P M

4 COMMITTEE
ADDRESS

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

☐ Change of Address

470 ELKINS LAKE Huntsville, Tx
77340

NOV 24 2025

Kari French, Walker County, Texas
by K French Deputy

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 DRIVE

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) 661-5797

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

10 / 06 / 25

THROUGH

Month Day Year

10 / 28 / 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 Building A Better Future in Healthcare 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	CANDIDATE / OFFICEHOLDER NAME	
	<input type="checkbox"/> OFFICEHOLDER	OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)	
	<input checked="" type="checkbox"/> MEASURE	BALLOT IDENTIFICATION / # <div style="text-align: right;"> ELECTION DATE Month Day Year <u>11 / 04 / 25</u> </div>	
		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)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>10,995</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>1,500</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>9,495</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 9,495

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 Oct 4, 1942

My address is 1923 East Lake Drive, Huntsville, TX 77340
(street) (city) (state) (zip code)(country)

Executed in Walker County, State of Texas, on the 24 day of November, 2025
(month) (year)

W B Green
Signature of Campaign Treasurer (Declarant)

SUBTOTALS - SPAC

FORM SPAC
COVER SHEET PG 3

17 COMMITTEE NAME <i>Building A Better Future in Healthcare</i>		18 Filer ID (Ethics Commission Filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>9,875</i>
2.	<input type="checkbox"/> SCHEDULE A2 : NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$ <i>120</i>
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	\$ <i>1,500</i>
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: <div style="text-align: center; font-size: 1.5em;">5</div>
2 FILER NAME <div style="font-size: 1.2em;">Building A Better Future in Healthcare</div>		3 Filer ID (Ethics Commission Filers)
4 Date <div style="font-size: 1.2em;">10/09/25</div>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="font-size: 1.2em;">Judy Koehl</div>	7 Amount of contribution (\$) <div style="font-size: 1.5em;">\$200</div>
6 Contributor address; City; State; Zip Code <div style="background-color: black; color: black;">P.O. Box 1424 Huntsville, Tx 77320</div>		
8 Principal occupation / Job title (See Instructions) <div style="font-size: 1.2em;">Retired</div>		9 Employer (See Instructions)
Date <div style="font-size: 1.2em;">10/17/25</div>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="font-size: 1.2em;">Zennamaude S. Smith</div>	Amount of contribution (\$) <div style="font-size: 1.5em;">\$50</div>
Contributor address; City; State; Zip Code <div style="background-color: black; color: black;">2112 Avenue M Huntsville, Tx 77346</div>		
Principal occupation / Job title (See Instructions) <div style="font-size: 1.2em;">Retired</div>		Employer (See Instructions)
Date <div style="font-size: 1.2em;">10/14/25</div>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="font-size: 1.2em;">Rosalyn V. Kelly</div>	Amount of contribution (\$) <div style="font-size: 1.5em;">\$25</div>
Contributor address; City; State; Zip Code <div style="background-color: black; color: black;">329 FM 247 Huntsville, Tx 77320</div>		
Principal occupation / Job title (See Instructions) <div style="font-size: 1.2em;">Retired</div>		Employer (See Instructions)
Date <div style="font-size: 1.2em;">10/14/25</div>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="font-size: 1.2em;">Arthur Hill</div>	Amount of contribution (\$) <div style="font-size: 1.5em;">\$25</div>
Contributor address; City; State; Zip Code <div style="background-color: black; color: black;">2432 FM 1375 H 77340</div>		
Principal occupation / Job title (See Instructions) <div style="font-size: 1.2em;">Retired</div>		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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Building A Better Future in Healthcare</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>10/14/25</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Edward Tan and Lindsay Gibson</i>	7 Amount of contribution (\$) <i>\$200</i>
6 Contributor address; City; State; Zip Code <i>554 ELKINS LAKE HUNTSVILLE, TX 77340</i>		
8 Principal occupation / Job title (See Instructions) <i>COO</i>		9 Employer (See Instructions) <i>Healthcare</i>
Date <i>10/14/25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Dee Howard Mullins</i>	Amount of contribution (\$) <i>\$50</i>
Contributor address; City; State; Zip Code <i>P.O. Box 6790 Huntsville, TX 77340</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>10/14/25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Steve H. Covington</i>	Amount of contribution (\$) <i>\$50</i>
Contributor address; City; State; Zip Code <i>919 OAK DR HUNTSVILLE, TX 77320</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>10/14/25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Dorothy and Herbert Willett</i>	Amount of contribution (\$) <i>\$100</i>
Contributor address; City; State; Zip Code <i>19 Bawden Road Huntsville, TX 77320</i>		
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Building A Better Future in Healthcare</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>10/14/25</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Cynthia CUNNINGHAM</i>	7 Amount of contribution (\$) <i>\$25</i>
6 Contributor address; City; State; Zip Code <i>77 Young Rd Huntsville, Tx 77320</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>10/14/25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Vishnu V. Reddy</i>	Amount of contribution (\$) <i>\$5,000⁰⁰</i>
Contributor address; City; State; Zip Code <i>4802 Ocean Dr. Corpus Christi, TX 78412</i>		
Principal occupation / Job title (See Instructions) <i>Physician</i>		Employer (See Instructions)
Date <i>10/15/25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Greg Smith</i>	Amount of contribution (\$) <i>\$500</i>
Contributor address; City; State; Zip Code <i>1700 Normal Park Huntsville, TX 77340</i>		
Principal occupation / Job title (See Instructions) <i>OWNER</i>		Employer (See Instructions) <i>SAM HANCOCK MEM. FUNERAL HOME</i>
Date <i>10/15/25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Gibbs Brothers</i>	Amount of contribution (\$) <i>\$500</i>
Contributor address; City; State; Zip Code <i>1118 1/2 11th ST Huntsville, TX 77340</i>		
Principal occupation / Job title (See Instructions) <i>Family Partnership</i>		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME <i>Building A Better Future in Healthcare</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>10/15/25</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Charles and Jane Monday</i>	7 Amount of contribution (\$) <i>\$1,500.00</i>
6 Contributor address; City; State; Zip Code <i>130 Hickory Huntsville Tx 77320</i>		
8 Principal occupation / Job title (See Instructions) <i>Retired</i>		9 Employer (See Instructions)

Date <i>10/20/25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Wayne and Fern Frosch</i>	Amount of contribution (\$) <i>\$250.</i>
Contributor address; City; State; Zip Code <i>233 Noah Dr. Huntsville, Tx 77320</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <i>10/22/25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Vickie McKenzie</i>	Amount of contribution (\$) <i>\$50</i>
Contributor address; City; State; Zip Code <i>341 Forrest Lane Huntsville, Tx 77320</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <i>10/22/25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Robert T. HART</i>	Amount of contribution (\$) <i>\$560</i>
Contributor address; City; State; Zip Code <i>350 Promenade St. W. Houston, TX 77356</i>		
Principal occupation / Job title (See Instructions) <i>Physician</i>		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Building A Better Future in Healthcare</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>10/22/25</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>PATRICK SHANNON</i>	7 Amount of contribution (\$) <i>\$500</i>
6 Contributor address; City; State; Zip Code <i>21 Canyon Run Rd, Huntsville, TX 77320</i>		
8 Principal occupation / Job title (See Instructions) <i>CEO</i>		9 Employer (See Instructions) <i>Healthcare</i>

Date <i>10/24/25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Dorothy Cummings</i>	Amount of contribution (\$) <i>\$100</i>
Contributor address; City; State; Zip Code <i>217 Magnolia Way Huntsville, TX 77320</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <i>10/14/25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Walter M. Woodward</i>	Amount of contribution (\$) <i>\$250</i>
Contributor address; City; State; Zip Code <i>1565 Veterans Memorial Hwy, Houston, TX 77057</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C1

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 C1: 1
2 FILER NAME Building A Better Future in Healthcare		3 Filer ID (Ethics Commission Filers)
4 Date	5 Corporation / Labor Organization name Tripple J, Logging LLC	7 Amount of contribution (\$) \$120
	6 Corporation / Labor Organization address; City; State; Zip Code P.O. Box 7440 Nashville, TN 37240	
Date	Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution (\$)
Date	Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution (\$)
Date	Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution (\$)
Date	Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution (\$)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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.

1 Total pages Schedule F1:	2 FILER NAME <i>Building A Better Future in</i> <i>Heathcane</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>10/15/25</i>	5 Payee name <i>Matthew Lahey</i>		
6 Amount (\$) <i>1,500</i> <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code <i>99 Sky Terrace Blvd The Woodlands TX 77381</i>		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>		(b) Description <i>Video</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 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		
PURPOSE OF EXPENDITURE	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			
Date	Payee name		
Amount (\$) <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	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			

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