

**PERSONAL FINANCIAL STATEMENT**

**FORM PFS  
COVER SHEET  
PAGE 1**

Filed in accordance with chapter 572 of the Government Code.  
For filings required in 2024, covering calendar year ending December 31, 2023.  
Use FORM PFS--INSTRUCTION GUIDE when completing this form.

PAGE #  
35

ACCOUNT #  
00084408

**1** NAME

TITLE; FIRST; MI

The Honorable James D.

NICKNAME; LAST; SUFFIX

Jim Wright

**OFFICE USE ONLY**

Date Received

ELECTRONICALLY FILED  
06/28/2024

Receipt #

HD / PM

Amount

Date Processed

Date Imaged

**2** ADDRESS

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

**REDACTED PER 572.032(a-1), GOVT CODE**

(CHECK IF FILER'S HOME ADDRESS)

**3** TELEPHONE NUMBER

AREA CODE PHONE NUMBER; EXTENSION

**REDACTED PER 572.032(a-1), GOVT CODE**

**4** REASON FOR FILING STATEMENT

CANDIDATE \_\_\_\_\_ (INDICATE OFFICE)

ELECTED OFFICER Railroad Commission of Texas - Commissioner (INDICATE OFFICE)

APPOINTED OFFICER \_\_\_\_\_ (INDICATE AGENCY)

EXECUTIVE HEAD \_\_\_\_\_ (INDICATE AGENCY)

FORMER OR RETIRED JUDGE SITTING BY ASSIGNMENT

STATE PARTY CHAIR \_\_\_\_\_ (INDICATE PARTY)

OTHER \_\_\_\_\_ (INDICATE POSITION)

**5** Family members whose financial activity you are reporting (see instructions).

SPOUSE Sherry A. Wright

DEPENDENT CHILD 1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

In Parts 1 through 18, you will disclose your financial activity during the preceding calendar year. In Parts 1 through 14, you are required to disclose not only your own financial activity, but also that of your spouse or a dependent child (see instructions).

# SOURCES OF OCCUPATIONAL INCOME

PART 1A

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and **DO NOT** include this page in the report.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

<b>1</b> FILER INFORMATION	FILER NAME Wright, James D. (The Honorable)	FILER ID 00084408
<b>2</b> INFORMATION RELATES TO	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
<b>3</b> EMPLOYMENT <input checked="" type="checkbox"/> EMPLOYED BY ANOTHER	NAME AND ADDRESS OF EMPLOYER / POSITION HELD <input type="checkbox"/> (Check if Filer's Home Address) EMPLOYER Railroad Commission of Texas ADDRESS / PO BOX;    APT / SUITE #;    CITY;    STATE;    ZIP CODE P.O. Box 12967  Austin, TX 78711-2967  POSITION HELD Railroad Commissioner	
<input type="checkbox"/> SELF-EMPLOYED	NATURE OF OCCUPATION	

INFORMATION RELATES TO	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
EMPLOYMENT <input checked="" type="checkbox"/> EMPLOYED BY ANOTHER	NAME AND ADDRESS OF EMPLOYER / POSITION HELD <input type="checkbox"/> (Check if Filer's Home Address) EMPLOYER JW Rentals, Inc. dba Environmental Evolutions National ADDRESS / PO BOX;    APT / SUITE #;    CITY;    STATE;    ZIP CODE P.O. Box 709  Robstown, TX 78380  POSITION HELD CEO/President	
<input type="checkbox"/> SELF-EMPLOYED	NATURE OF OCCUPATION	

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# STOCK

## PART 2

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and **DO NOT** include this page in the report.

List each business entity in which you, your spouse, or a dependent child held or acquired stock during the calendar year and indicate the category of the number of shares held or acquired. If some or all of the stock was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

<b>1</b> FILER INFORMATION	FILER NAME Wright, James D. (The Honorable)	FILER ID 00084408
<b>2</b> BUSINESS ENTITY	NAME Clean Management, Inc.	
<b>3</b> STOCK HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
<b>4</b> NUMBER OF SHARES	<input type="checkbox"/> LESS THAN 100 <input type="checkbox"/> 100 TO 499 <input type="checkbox"/> 500 TO 999 <input type="checkbox"/> 1,000 TO 4,999 <input type="checkbox"/> LESS THAN 10K <input checked="" type="checkbox"/> 10,000 OR MORE	
<b>5</b> IF SOLD	<input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	

BUSINESS ENTITY	NAME Clean Management of Corpus Christi, LLC	
STOCK HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
NUMBER OF SHARES	<input type="checkbox"/> LESS THAN 100 <input type="checkbox"/> 100 TO 499 <input type="checkbox"/> 500 TO 999 <input type="checkbox"/> 1,000 TO 4,999 <input type="checkbox"/> LESS THAN 10K <input checked="" type="checkbox"/> 10,000 OR MORE	
IF SOLD	<input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	

BUSINESS ENTITY	NAME Cuero Land Management, LLC	
STOCK HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
NUMBER OF SHARES	<input type="checkbox"/> LESS THAN 100 <input type="checkbox"/> 100 TO 499 <input type="checkbox"/> 500 TO 999 <input type="checkbox"/> 1,000 TO 4,999 <input type="checkbox"/> LESS THAN 10K <input checked="" type="checkbox"/> 10,000 OR MORE	
IF SOLD	<input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	

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# STOCK

## PART 2

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and **DO NOT** include this page in the report.

List each business entity in which you, your spouse, or a dependent child held or acquired stock during the calendar year and indicate the category of the number of shares held or acquired. If some or all of the stock was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

<b>1</b> FILER INFORMATION	FILER NAME Wright, James D. (The Honorable)	FILER ID 00084408
<b>2</b> BUSINESS ENTITY	NAME Eagleford Recycling Services, LLC	
<b>3</b> STOCK HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
<b>4</b> NUMBER OF SHARES	<input checked="" type="checkbox"/> LESS THAN 100 <input type="checkbox"/> 100 TO 499 <input type="checkbox"/> 500 TO 999 <input type="checkbox"/> 1,000 TO 4,999 <input type="checkbox"/> LESS THAN 10K <input type="checkbox"/> 10,000 OR MORE	
<b>5</b> IF SOLD	<input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	

BUSINESS ENTITY	NAME EEES Energy Solutions, LLC	
STOCK HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
NUMBER OF SHARES	<input type="checkbox"/> LESS THAN 100 <input type="checkbox"/> 100 TO 499 <input type="checkbox"/> 500 TO 999 <input type="checkbox"/> 1,000 TO 4,999 <input checked="" type="checkbox"/> LESS THAN 10K <input type="checkbox"/> 10,000 OR MORE	
IF SOLD	<input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	

BUSINESS ENTITY	NAME Environmental Evolutions Holdings, Inc.	
STOCK HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
NUMBER OF SHARES	<input type="checkbox"/> LESS THAN 100 <input type="checkbox"/> 100 TO 499 <input type="checkbox"/> 500 TO 999 <input type="checkbox"/> 1,000 TO 4,999 <input type="checkbox"/> LESS THAN 10K <input checked="" type="checkbox"/> 10,000 OR MORE	
IF SOLD	<input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	

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# STOCK

## PART 2

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List each business entity in which you, your spouse, or a dependent child held or acquired stock during the calendar year and indicate the category of the number of shares held or acquired. If some or all of the stock was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

<b>1</b> FILER INFORMATION	FILER NAME Wright, James D. (The Honorable)	FILER ID 00084408
<b>2</b> BUSINESS ENTITY	NAME Environmental Evolutions Transportation, Inc.	
<b>3</b> STOCK HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
<b>4</b> NUMBER OF SHARES	<input type="checkbox"/> LESS THAN 100 <input type="checkbox"/> 100 TO 499 <input type="checkbox"/> 500 TO 999 <input type="checkbox"/> 1,000 TO 4,999 <input type="checkbox"/> LESS THAN 10K <input checked="" type="checkbox"/> 10,000 OR MORE	
<b>5</b> IF SOLD	<input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	

BUSINESS ENTITY	NAME Environmental Tank Solutions, LLC	
STOCK HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
NUMBER OF SHARES	<input type="checkbox"/> LESS THAN 100 <input type="checkbox"/> 100 TO 499 <input checked="" type="checkbox"/> 500 TO 999 <input type="checkbox"/> 1,000 TO 4,999 <input type="checkbox"/> LESS THAN 10K <input type="checkbox"/> 10,000 OR MORE	
IF SOLD	<input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	

BUSINESS ENTITY	NAME Greenergy Companies, LLC dba Greenergy USA	
STOCK HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
NUMBER OF SHARES	<input type="checkbox"/> LESS THAN 100 <input checked="" type="checkbox"/> 100 TO 499 <input type="checkbox"/> 500 TO 999 <input type="checkbox"/> 1,000 TO 4,999 <input type="checkbox"/> LESS THAN 10K <input type="checkbox"/> 10,000 OR MORE	
IF SOLD	<input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	

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# STOCK

## PART 2

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and **DO NOT** include this page in the report.

List each business entity in which you, your spouse, or a dependent child held or acquired stock during the calendar year and indicate the category of the number of shares held or acquired. If some or all of the stock was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

<b>1</b> FILER INFORMATION	FILER NAME Wright, James D. (The Honorable)	FILER ID 00084408
<b>2</b> BUSINESS ENTITY	NAME GreEnergy Rentals, LLC	
<b>3</b> STOCK HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
<b>4</b> NUMBER OF SHARES	<input type="checkbox"/> LESS THAN 100 <input checked="" type="checkbox"/> 100 TO 499 <input type="checkbox"/> 500 TO 999 <input type="checkbox"/> 1,000 TO 4,999 <input type="checkbox"/> LESS THAN 10K <input type="checkbox"/> 10,000 OR MORE	
<b>5</b> IF SOLD	<input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	

BUSINESS ENTITY	NAME JW Rentals, Inc. dba Environmental Evolutions National	
STOCK HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
NUMBER OF SHARES	<input type="checkbox"/> LESS THAN 100 <input type="checkbox"/> 100 TO 499 <input type="checkbox"/> 500 TO 999 <input type="checkbox"/> 1,000 TO 4,999 <input type="checkbox"/> LESS THAN 10K <input checked="" type="checkbox"/> 10,000 OR MORE	
IF SOLD	<input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	

BUSINESS ENTITY	NAME GreEnergy Field Services, LLC	
STOCK HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
NUMBER OF SHARES	<input type="checkbox"/> LESS THAN 100 <input checked="" type="checkbox"/> 100 TO 499 <input type="checkbox"/> 500 TO 999 <input type="checkbox"/> 1,000 TO 4,999 <input type="checkbox"/> LESS THAN 10K <input type="checkbox"/> 10,000 OR MORE	
IF SOLD	<input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	

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# PERSONAL NOTES AND LEASE AGREEMENTS

## PART 6

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and **DO NOT** include this page in the report.

Identify each guarantor of a loan and each person or financial institution to whom you, your spouse, or a dependent child had a total financial liability of more than \$2,020 in the form of a personal note or notes or lease agreement at any time during the calendar year and indicate the category of the amount of the liability. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 FILER INFORMATION	FILER NAME Wright, James D. (The Honorable)	FILER ID 00084408
2 PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	First State Bank of Odem	
3 LIABILITY OF	<input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
4 GUARANTOR	Wright, James D.	
5 AMOUNT	At least \$50540 or more	

PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Capitol Credit Union	
LIABILITY OF	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
GUARANTOR	Wright, James D.	
AMOUNT	At least \$50540 or more	

PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	1ST COMMUNITY BANK	
LIABILITY OF	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
GUARANTOR	Wright, James D.	
AMOUNT	At least \$50540 or more	

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# PERSONAL NOTES AND LEASE AGREEMENTS

## PART 6

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and **DO NOT include this page in the report.**

Identify each guarantor of a loan and each person or financial institution to whom you, your spouse, or a dependent child had a total financial liability of more than \$2,020 in the form of a personal note or notes or lease agreement at any time during the calendar year and indicate the category of the amount of the liability. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 FILER INFORMATION	FILER NAME Wright, James D. (The Honorable)	FILER ID 00084408
2 PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Plains State Bank	
3 LIABILITY OF	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
4 GUARANTOR	Wright, James D.	
5 AMOUNT	At least \$50540 or more	

PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Volvo Financial Services	
LIABILITY OF	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
GUARANTOR	Wright, James D.	
AMOUNT	At least \$20,220 but less than \$50,540	

PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Commercial Fleet Financing, Inc.	
LIABILITY OF	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
GUARANTOR	Wright, James D.	
AMOUNT	At least \$20,220 but less than \$50,540	

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# PERSONAL NOTES AND LEASE AGREEMENTS

## PART 6

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and **DO NOT** include this page in the report.

Identify each guarantor of a loan and each person or financial institution to whom you, your spouse, or a dependent child had a total financial liability of more than \$2,020 in the form of a personal note or notes or lease agreement at any time during the calendar year and indicate the category of the amount of the liability. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 FILER INFORMATION	FILER NAME Wright, James D. (The Honorable)	FILER ID 00084408
2 PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	BMO Transportation Finance	
3 LIABILITY OF	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
4 GUARANTOR	Wright, James D.	
5 AMOUNT	At least \$50540 or more	

PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Crestmark Vendor Finance	
LIABILITY OF	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
GUARANTOR	Wright, James D.	
AMOUNT	At least \$50540 or more	

PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Simmons Bank	
LIABILITY OF	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
GUARANTOR	Wright, James D.	
AMOUNT	At least \$50540 or more	

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# PERSONAL NOTES AND LEASE AGREEMENTS

## PART 6

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and **DO NOT include this page in the report.**

Identify each guarantor of a loan and each person or financial institution to whom you, your spouse, or a dependent child had a total financial liability of more than \$2,020 in the form of a personal note or notes or lease agreement at any time during the calendar year and indicate the category of the amount of the liability. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

<b>1</b> FILER INFORMATION	FILER NAME Wright, James D. (The Honorable)	FILER ID 00084408
<b>2</b> PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	CNH Industrial	
<b>3</b> LIABILITY OF	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
<b>4</b> GUARANTOR	Wright, James D.	
<b>5</b> AMOUNT	At least \$50540 or more	

PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Wells Fargo Equipment Finance, Inc.	
LIABILITY OF	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
GUARANTOR	Wright, James D.	
AMOUNT	At least \$50540 or more	

PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	21st Mortgage Corp	
LIABILITY OF	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
GUARANTOR	Wright, James D.	
AMOUNT	At least \$50540 or more	

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# INTERESTS IN REAL PROPERTY

PART 7A

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and **DO NOT** include this page in the report.

Describe all beneficial interests in real property held or acquired by you, your spouse, or a dependent child during the calendar year. If the interest was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For an explanation of "beneficial interest" and other specific directions for completing this section, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 FILER INFORMATION	FILER NAME Wright, James D. (The Honorable) FILER ID 00084408
2 HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
3 STREET ADDRESS <input type="checkbox"/> NOT AVAILABLE <input type="checkbox"/> CHECK IF FILER'S HOME ADDRESS	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE 1634 FM 534 Sandia, TX 78383
4 DESCRIPTION <input type="checkbox"/> LOTS <input checked="" type="checkbox"/> ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED 88.90000 acres Jim Wells
5 NAMES OF PERSONS RETAINING AN INTEREST <input checked="" type="checkbox"/> NOT APPLICABLE (SEVERED MINERAL INTEREST)	
6 IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	

# OWNERSHIP OF BUSINESS ASSOCIATIONS

## PART 11A

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and **DO NOT** include this page in the report.

Describe each corporation, firm, partnership, limited partnership, limited liability partnership, professional corporation, professional association, joint venture, or other business association in which you, your spouse, or a dependent child held, acquired, or sold 5 percent or more of the outstanding ownership. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 FILER INFORMATION	FILER NAME Wright, James D. (The Honorable)  FILER ID 00084408
2 BUSINESS ASSOCIATION	NAME AND ADDRESS <input type="checkbox"/> (Check If Filer's Home Address)  Clean Management, Inc. P.O. Box 709  Robstown, TX 78380
3 BUSINESS TYPE	<input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Professional Association <input type="checkbox"/> Firm <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> Partnership <input type="checkbox"/> Professional Corporation <input type="checkbox"/> Other _____
4 HELD, ACQUIRED, OR SOLD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____

BUSINESS ASSOCIATION	NAME AND ADDRESS <input type="checkbox"/> (Check If Filer's Home Address)  Clean Management of Corpus Christi, LLC 4525 FM 892  Robstown, TX 78380
BUSINESS TYPE	<input type="checkbox"/> Corporation <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Professional Association <input type="checkbox"/> Firm <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> Partnership <input type="checkbox"/> Professional Corporation <input checked="" type="checkbox"/> Other _____
HELD, ACQUIRED, OR SOLD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____

BUSINESS ASSOCIATION	NAME AND ADDRESS <input type="checkbox"/> (Check If Filer's Home Address)  Cuero Land Management, LLC P.O. Box 709  Robstown, TX 78380
BUSINESS TYPE	<input type="checkbox"/> Corporation <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Professional Association <input type="checkbox"/> Firm <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> Partnership <input type="checkbox"/> Professional Corporation <input checked="" type="checkbox"/> Other _____
HELD, ACQUIRED, OR SOLD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____

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# OWNERSHIP OF BUSINESS ASSOCIATIONS

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Describe each corporation, firm, partnership, limited partnership, limited liability partnership, professional corporation, professional association, joint venture, or other business association in which you, your spouse, or a dependent child held, acquired, or sold 5 percent or more of the outstanding ownership. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 FILER INFORMATION	FILER NAME Wright, James D. (The Honorable) FILER ID 00084408
2 BUSINESS ASSOCIATION	NAME AND ADDRESS <input type="checkbox"/> (Check If Filer's Home Address) Eagleford Recycling Services, LLC 32 South Osprey Avenue Suite 102 Sarasota, FL 34236
3 BUSINESS TYPE	<input type="checkbox"/> Corporation <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Professional Association <input type="checkbox"/> Firm <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> Partnership <input type="checkbox"/> Professional Corporation <input checked="" type="checkbox"/> Other _____
4 HELD, ACQUIRED, OR SOLD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____

BUSINESS ASSOCIATION	NAME AND ADDRESS <input type="checkbox"/> (Check If Filer's Home Address) EEES ENERGY SOLUTIONS, LLC 4525 FM 892 Robstown, TX 78380
BUSINESS TYPE	<input type="checkbox"/> Corporation <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Professional Association <input type="checkbox"/> Firm <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> Partnership <input type="checkbox"/> Professional Corporation <input checked="" type="checkbox"/> Other _____
HELD, ACQUIRED, OR SOLD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____

BUSINESS ASSOCIATION	NAME AND ADDRESS <input checked="" type="checkbox"/> (Check If Filer's Home Address) ENVIRONMENTAL EVOLUTIONS HOLDINGS, INC.  <b>REDACTED PER 572.032(a-1), GOV'T CODE</b>
BUSINESS TYPE	<input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Professional Association <input type="checkbox"/> Firm <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> Partnership <input type="checkbox"/> Professional Corporation <input type="checkbox"/> Other _____
HELD, ACQUIRED, OR SOLD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____

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# OWNERSHIP OF BUSINESS ASSOCIATIONS

## PART 11A

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and **DO NOT** include this page in the report.

Describe each corporation, firm, partnership, limited partnership, limited liability partnership, professional corporation, professional association, joint venture, or other business association in which you, your spouse, or a dependent child held, acquired, or sold 5 percent or more of the outstanding ownership. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 FILER INFORMATION	FILER NAME Wright, James D. (The Honorable)  FILER ID 00084408
2 BUSINESS ASSOCIATION	NAME AND ADDRESS <input type="checkbox"/> (Check If Filer's Home Address) ENVIRONMENTAL EVOLUTIONS TRANSPORTATION, INC. 1634 FM 534  Sandia, TX 78383
3 BUSINESS TYPE	<input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Professional Association <input type="checkbox"/> Firm <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> Partnership <input type="checkbox"/> Professional Corporation <input type="checkbox"/> Other _____
4 HELD, ACQUIRED, OR SOLD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____

BUSINESS ASSOCIATION	NAME AND ADDRESS <input type="checkbox"/> (Check If Filer's Home Address) Environmental Tank Solutions, LLC P.O. Box 23035  Corpus Christi, TX 78403
BUSINESS TYPE	<input type="checkbox"/> Corporation <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Professional Association <input type="checkbox"/> Firm <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> Partnership <input type="checkbox"/> Professional Corporation <input checked="" type="checkbox"/> Other _____
HELD, ACQUIRED, OR SOLD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____

BUSINESS ASSOCIATION	NAME AND ADDRESS <input type="checkbox"/> (Check If Filer's Home Address) Greenergy Companies, LLC dba Greenergy USA 3355 Bee Caves Road Suite 609 West Lake Hills, TX 78746-6681
BUSINESS TYPE	<input type="checkbox"/> Corporation <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Professional Association <input type="checkbox"/> Firm <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> Partnership <input type="checkbox"/> Professional Corporation <input checked="" type="checkbox"/> Other _____
HELD, ACQUIRED, OR SOLD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____

# OWNERSHIP OF BUSINESS ASSOCIATIONS

## PART 11A

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and **DO NOT** include this page in the report.

Describe each corporation, firm, partnership, limited partnership, limited liability partnership, professional corporation, professional association, joint venture, or other business association in which you, your spouse, or a dependent child held, acquired, or sold 5 percent or more of the outstanding ownership. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 FILER INFORMATION	FILER NAME Wright, James D. (The Honorable) FILER ID 00084408
2 BUSINESS ASSOCIATION	NAME AND ADDRESS <input type="checkbox"/> (Check If Filer's Home Address) GreEnergy Rentals, LLC 3355 Bee Caves Road Suite 609 West Lake Hills, TX 78746-6681
3 BUSINESS TYPE	<input type="checkbox"/> Corporation <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Professional Association <input type="checkbox"/> Firm <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> Partnership <input type="checkbox"/> Professional Corporation <input checked="" type="checkbox"/> Other _____
4 HELD, ACQUIRED, OR SOLD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____

BUSINESS ASSOCIATION	NAME AND ADDRESS <input type="checkbox"/> (Check If Filer's Home Address) JW Rentals, Inc. dba Environmental Evolutions National P.O. Box 709 Robstown, TX 78380
BUSINESS TYPE	<input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Professional Association <input type="checkbox"/> Firm <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> Partnership <input type="checkbox"/> Professional Corporation <input type="checkbox"/> Other _____
HELD, ACQUIRED, OR SOLD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____

BUSINESS ASSOCIATION	NAME AND ADDRESS <input type="checkbox"/> (Check If Filer's Home Address) GreEnergy Field Services, LLC 5444 Westheimer Rd Suite 1000 Houston, TX 77056
BUSINESS TYPE	<input type="checkbox"/> Corporation <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Professional Association <input type="checkbox"/> Firm <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> Partnership <input type="checkbox"/> Professional Corporation <input checked="" type="checkbox"/> Other _____
HELD, ACQUIRED, OR SOLD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____

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# ASSETS OF BUSINESS ASSOCIATIONS

## PART 11B

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and **DO NOT** include this page in the report.

Describe all assets of each corporation, firm, partnership, limited partnership, limited liability partnership, professional corporation, professional association, joint venture, or other business association in which you, your spouse, or a dependent child held, acquired, or sold 50 percent or more of the outstanding ownership and indicate the category of the amount of the assets. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 FILER INFORMATION	FILER NAME Wright, James D. (The Honorable) FILER ID 00084408												
2 BUSINESS ASSOCIATION	NAME AND ADDRESS <input type="checkbox"/> (Check If Filer's Home Address) Clean Management, Inc. P.O. Box 709 Robstown, TX 78380												
3 BUSINESS TYPE	Corporation												
4 HELD, ACQUIRED, OR SOLD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____												
5 ASSETS	<table border="1"> <thead> <tr> <th data-bbox="435 852 982 892">DESCRIPTION</th> <th data-bbox="982 852 1531 892">CATEGORY</th> </tr> </thead> <tbody> <tr> <td data-bbox="435 892 982 1008">Accounts Receivable.</td> <td data-bbox="982 892 1531 1008">Less than \$10,110</td> </tr> <tr> <td data-bbox="435 1008 982 1123">Fixed Assets including furniture, office equipment, leasehold improvements less depreciation.</td> <td data-bbox="982 1008 1531 1123">Less than \$10,110</td> </tr> <tr> <td data-bbox="435 1123 982 1239">Other assets including organizational fees and security deposits less accumulated amortization.</td> <td data-bbox="982 1123 1531 1239">Less than \$10,110</td> </tr> <tr> <td data-bbox="435 1239 982 1354">Checking/Savings.</td> <td data-bbox="982 1239 1531 1354">Less than \$10,110</td> </tr> <tr> <td data-bbox="435 1354 982 1491"> </td> <td data-bbox="982 1354 1531 1491"> </td> </tr> </tbody> </table>	DESCRIPTION	CATEGORY	Accounts Receivable.	Less than \$10,110	Fixed Assets including furniture, office equipment, leasehold improvements less depreciation.	Less than \$10,110	Other assets including organizational fees and security deposits less accumulated amortization.	Less than \$10,110	Checking/Savings.	Less than \$10,110		
DESCRIPTION	CATEGORY												
Accounts Receivable.	Less than \$10,110												
Fixed Assets including furniture, office equipment, leasehold improvements less depreciation.	Less than \$10,110												
Other assets including organizational fees and security deposits less accumulated amortization.	Less than \$10,110												
Checking/Savings.	Less than \$10,110												



# ASSETS OF BUSINESS ASSOCIATIONS

## PART 11B

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and **DO NOT** include this page in the report.

Describe all assets of each corporation, firm, partnership, limited partnership, limited liability partnership, professional corporation, professional association, joint venture, or other business association in which you, your spouse, or a dependent child held, acquired, or sold 50 percent or more of the outstanding ownership and indicate the category of the amount of the assets. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 FILER INFORMATION	FILER NAME Wright, James D. (The Honorable) FILER ID 00084408												
2 BUSINESS ASSOCIATION	NAME AND ADDRESS <input type="checkbox"/> (Check If Filer's Home Address) Clean Management of Corpus Christi, LLC 4525 FM 892 Robstown, TX 78380												
3 BUSINESS TYPE	Other Business Association												
4 HELD, ACQUIRED, OR SOLD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____												
5 ASSETS	<table border="1"> <thead> <tr> <th data-bbox="435 854 982 884">DESCRIPTION</th> <th data-bbox="982 854 1531 884">CATEGORY</th> </tr> </thead> <tbody> <tr> <td data-bbox="435 884 982 1003">Checking/Savings.</td> <td data-bbox="982 884 1531 1003">Less than \$10,110</td> </tr> <tr> <td data-bbox="435 1003 982 1123">Accounts Receivable and/or undeposited funds.</td> <td data-bbox="982 1003 1531 1123">At least \$50540 or more</td> </tr> <tr> <td data-bbox="435 1123 982 1243">Fixed Assets including concrete pit, machinery and equipment.</td> <td data-bbox="982 1123 1531 1243">At least \$50540 or more</td> </tr> <tr> <td data-bbox="435 1243 982 1362"> </td> <td data-bbox="982 1243 1531 1362"> </td> </tr> <tr> <td data-bbox="435 1362 982 1486"> </td> <td data-bbox="982 1362 1531 1486"> </td> </tr> </tbody> </table>	DESCRIPTION	CATEGORY	Checking/Savings.	Less than \$10,110	Accounts Receivable and/or undeposited funds.	At least \$50540 or more	Fixed Assets including concrete pit, machinery and equipment.	At least \$50540 or more				
DESCRIPTION	CATEGORY												
Checking/Savings.	Less than \$10,110												
Accounts Receivable and/or undeposited funds.	At least \$50540 or more												
Fixed Assets including concrete pit, machinery and equipment.	At least \$50540 or more												

# ASSETS OF BUSINESS ASSOCIATIONS

## PART 11B

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and **DO NOT** include this page in the report.

Describe all assets of each corporation, firm, partnership, limited partnership, limited liability partnership, professional corporation, professional association, joint venture, or other business association in which you, your spouse, or a dependent child held, acquired, or sold 50 percent or more of the outstanding ownership and indicate the category of the amount of the assets. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 FILER INFORMATION	FILER NAME		FILER ID
	Wright, James D. (The Honorable)		00084408
2 BUSINESS ASSOCIATION	NAME AND ADDRESS		
	<input type="checkbox"/> (Check If Filer's Home Address)		
	Cuero Land Management, LLC		
	P.O. Box 709		
	Robstown, TX 78380		
3 BUSINESS TYPE	Other Business Association		
4 HELD, ACQUIRED, OR SOLD BY	<input checked="" type="checkbox"/> FILER		
	<input type="checkbox"/> SPOUSE		<input type="checkbox"/> DEPENDENT CHILD _____
5 ASSETS	DESCRIPTION	CATEGORY	
	NO ASSETS.	Less than \$10,110	
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# ASSETS OF BUSINESS ASSOCIATIONS

PART 11B

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and **DO NOT** include this page in the report.

Describe all assets of each corporation, firm, partnership, limited partnership, limited liability partnership, professional corporation, professional association, joint venture, or other business association in which you, your spouse, or a dependent child held, acquired, or sold 50 percent or more of the outstanding ownership and indicate the category of the amount of the assets. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 FILER INFORMATION	FILER NAME		FILER ID
	Wright, James D. (The Honorable)		00084408
2 BUSINESS ASSOCIATION	NAME AND ADDRESS		
	<input checked="" type="checkbox"/> (Check If Filer's Home Address)		
	ENVIRONMENTAL EVOLUTIONS HOLDINGS, INC.		
	<b>REDACTED PER 572.032(a-1), GOV'T CODE</b>		
3 BUSINESS TYPE	Corporation		
4 HELD, ACQUIRED, OR SOLD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____		
5 ASSETS	DESCRIPTION	CATEGORY	
	Checking/Savings.	Less than \$10,110	
	Accounts Receivable.	Less than \$10,110	
	Fixed Assets including loan origination fees, office building, parking lot, land, machinery & equip.	At least \$50540 or more	
	Building/facility for Clean Management, Inc. ("CMI"); machinery and equipment for CMI.	At least \$50540 or more	
	Building/facility for Clean Mgmt of Corpus Christi, Inc. ("CMICC"); mach., equip, land for CMICC.	At least \$50540 or more	
	Other assets: Settlements.	At least \$50540 or more	

# ASSETS OF BUSINESS ASSOCIATIONS

## PART 11B

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and **DO NOT** include this page in the report.

Describe all assets of each corporation, firm, partnership, limited partnership, limited liability partnership, professional corporation, professional association, joint venture, or other business association in which you, your spouse, or a dependent child held, acquired, or sold 50 percent or more of the outstanding ownership and indicate the category of the amount of the assets. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 FILER INFORMATION	FILER NAME Wright, James D. (The Honorable)	FILER ID 00084408
2 BUSINESS ASSOCIATION	NAME AND ADDRESS <input type="checkbox"/> (Check If Filer's Home Address) ENVIRONMENTAL EVOLUTIONS TRANSPORTATION, INC. 1634 FM 534  Sandia, TX 78383	
3 BUSINESS TYPE	Corporation	
4 HELD, ACQUIRED, OR SOLD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
5 ASSETS	DESCRIPTION	CATEGORY
	Fixed assets: Airplane less depreciation.	At least \$50540 or more
	Checking/Savings	Less than \$10,110

# ASSETS OF BUSINESS ASSOCIATIONS

## PART 11B

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and **DO NOT** include this page in the report.

Describe all assets of each corporation, firm, partnership, limited partnership, limited liability partnership, professional corporation, professional association, joint venture, or other business association in which you, your spouse, or a dependent child held, acquired, or sold 50 percent or more of the outstanding ownership and indicate the category of the amount of the assets. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 FILER INFORMATION	FILER NAME		FILER ID
	Wright, James D. (The Honorable)		00084408
2 BUSINESS ASSOCIATION	NAME AND ADDRESS		
	<input type="checkbox"/> (Check If Filer's Home Address)		
	Environmental Tank Solutions, LLC		
	P.O. Box 23035		
	Corpus Christi, TX 78403		
3 BUSINESS TYPE	Other Business Association		
4 HELD, ACQUIRED, OR SOLD BY	<input checked="" type="checkbox"/> FILER		
	<input type="checkbox"/> SPOUSE		<input type="checkbox"/> DEPENDENT CHILD _____
5 ASSETS	DESCRIPTION	CATEGORY	
	Checking/Savings.	Less than \$10,110	
	Fixed Assets: Frac tanks.	At least \$50540 or more	
	Fixed Assets: Machinery and equipment less depreciation.	Less than \$10,110	

# ASSETS OF BUSINESS ASSOCIATIONS

## PART 11B

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and **DO NOT** include this page in the report.

Describe all assets of each corporation, firm, partnership, limited partnership, limited liability partnership, professional corporation, professional association, joint venture, or other business association in which you, your spouse, or a dependent child held, acquired, or sold 50 percent or more of the outstanding ownership and indicate the category of the amount of the assets. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 FILER INFORMATION	FILER NAME Wright, James D. (The Honorable) FILER ID 00084408																				
2 BUSINESS ASSOCIATION	NAME AND ADDRESS <input type="checkbox"/> (Check If Filer's Home Address) JW Rentals, Inc. dba Environmental Evolutions National P.O. Box 709 Robstown, TX 78380																				
3 BUSINESS TYPE	Corporation																				
4 HELD, ACQUIRED, OR SOLD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____																				
5 ASSETS	<table border="1"> <thead> <tr> <th data-bbox="435 852 984 890">DESCRIPTION</th> <th data-bbox="984 852 1531 890">CATEGORY</th> </tr> </thead> <tbody> <tr> <td data-bbox="435 890 984 1003">Checking/Savings.</td> <td data-bbox="984 890 1531 1003">At least \$20,220 but less than \$50,540</td> </tr> <tr> <td data-bbox="435 1003 984 1117">Note receivable from Cuero Land Management, LLC.</td> <td data-bbox="984 1003 1531 1117">Less than \$10,110</td> </tr> <tr> <td data-bbox="435 1117 984 1230">Account Receivable: Environmental Evolutions Transportation, Inc.</td> <td data-bbox="984 1117 1531 1230">At least \$20,220 but less than \$50,540</td> </tr> <tr> <td data-bbox="435 1230 984 1344">Note Receivable: Environmental Evolutions, National oil inventory.</td> <td data-bbox="984 1230 1531 1344">At least \$50540 or more</td> </tr> <tr> <td data-bbox="435 1344 984 1457">Note Receivable: Clean Management of Corpus Christi, LLC.</td> <td data-bbox="984 1344 1531 1457">At least \$50540 or more</td> </tr> <tr> <td data-bbox="435 1457 984 1570">Note Receivable: Environmental Evolutions Transportation, Inc.</td> <td data-bbox="984 1457 1531 1570">At least \$50540 or more</td> </tr> <tr> <td data-bbox="435 1570 984 1684">Note Receivable: Jim Wright, as shareholder.</td> <td data-bbox="984 1570 1531 1684">At least \$50540 or more</td> </tr> <tr> <td data-bbox="435 1684 984 1797">Fixed Assets: Leasehold improvements.</td> <td data-bbox="984 1684 1531 1797">At least \$10,110 but less than \$20,220</td> </tr> <tr> <td data-bbox="435 1797 984 1961">Fixed Assets: Machinery &amp; equipment.</td> <td data-bbox="984 1797 1531 1961">At least \$50540 or more</td> </tr> </tbody> </table>	DESCRIPTION	CATEGORY	Checking/Savings.	At least \$20,220 but less than \$50,540	Note receivable from Cuero Land Management, LLC.	Less than \$10,110	Account Receivable: Environmental Evolutions Transportation, Inc.	At least \$20,220 but less than \$50,540	Note Receivable: Environmental Evolutions, National oil inventory.	At least \$50540 or more	Note Receivable: Clean Management of Corpus Christi, LLC.	At least \$50540 or more	Note Receivable: Environmental Evolutions Transportation, Inc.	At least \$50540 or more	Note Receivable: Jim Wright, as shareholder.	At least \$50540 or more	Fixed Assets: Leasehold improvements.	At least \$10,110 but less than \$20,220	Fixed Assets: Machinery & equipment.	At least \$50540 or more
DESCRIPTION	CATEGORY																				
Checking/Savings.	At least \$20,220 but less than \$50,540																				
Note receivable from Cuero Land Management, LLC.	Less than \$10,110																				
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Note Receivable: Environmental Evolutions Transportation, Inc.	At least \$50540 or more																				
Note Receivable: Jim Wright, as shareholder.	At least \$50540 or more																				
Fixed Assets: Leasehold improvements.	At least \$10,110 but less than \$20,220																				
Fixed Assets: Machinery & equipment.	At least \$50540 or more																				

# ASSETS OF BUSINESS ASSOCIATIONS

## PART 11B

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and **DO NOT** include this page in the report.

Describe all assets of each corporation, firm, partnership, limited partnership, limited liability partnership, professional corporation, professional association, joint venture, or other business association in which you, your spouse, or a dependent child held, acquired, or sold 50 percent or more of the outstanding ownership and indicate the category of the amount of the assets. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

	Fixed Assets: Office equipment.	At least \$50540 or more
	Fixed Assets: Tractors.	At least \$50540 or more
	Fixed Assets: Trailers.	At least \$50540 or more
	Fixed Assets: Other vehicles.	At least \$50540 or more
	Other Assets:	Less than \$10,110

Large empty rectangular area for reporting details.

# LIABILITIES OF BUSINESS ASSOCIATIONS

## PART 11C

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and **DO NOT** include this page in the report.

Describe all liabilities of each corporation, firm, partnership, limited partnership, limited liability partnership, professional corporation, professional association, joint venture, or other business association in which you, your spouse, or a dependent child held, acquired, or sold 50 percent or more of the outstanding ownership and indicate the category of the amount of the assets. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 FILER INFORMATION	FILER NAME Wright, James D. (The Honorable) FILER ID 00084408												
2 BUSINESS ASSOCIATION	NAME AND ADDRESS <input type="checkbox"/> (Check If Filer's Home Address) Clean Management, Inc. P.O. Box 709 Robstown, TX 78380												
3 BUSINESS TYPE	Corporation												
4 HELD, ACQUIRED, OR SOLD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____												
5 LIABILITIES	<table border="1"> <thead> <tr> <th data-bbox="435 856 982 892">DESCRIPTION</th> <th data-bbox="982 856 1533 892">CATEGORY</th> </tr> </thead> <tbody> <tr> <td data-bbox="435 892 982 1008">Accounts Payable.</td> <td data-bbox="982 892 1533 1008">Less than \$10,110</td> </tr> <tr> <td data-bbox="435 1008 982 1123"> </td> <td data-bbox="982 1008 1533 1123"> </td> </tr> <tr> <td data-bbox="435 1123 982 1239"> </td> <td data-bbox="982 1123 1533 1239"> </td> </tr> <tr> <td data-bbox="435 1239 982 1354"> </td> <td data-bbox="982 1239 1533 1354"> </td> </tr> <tr> <td data-bbox="435 1354 982 1495"> </td> <td data-bbox="982 1354 1533 1495"> </td> </tr> </tbody> </table>	DESCRIPTION	CATEGORY	Accounts Payable.	Less than \$10,110								
DESCRIPTION	CATEGORY												
Accounts Payable.	Less than \$10,110												



# LIABILITIES OF BUSINESS ASSOCIATIONS

## PART 11C

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Describe all liabilities of each corporation, firm, partnership, limited partnership, limited liability partnership, professional corporation, professional association, joint venture, or other business association in which you, your spouse, or a dependent child held, acquired, or sold 50 percent or more of the outstanding ownership and indicate the category of the amount of the assets. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 FILER INFORMATION	FILER NAME Wright, James D. (The Honorable) FILER ID 00084408												
2 BUSINESS ASSOCIATION	NAME AND ADDRESS <input type="checkbox"/> (Check If Filer's Home Address) Clean Management of Corpus Christi, LLC 4525 FM 892 Robstown, TX 78380												
3 BUSINESS TYPE	Other Business Association												
4 HELD, ACQUIRED, OR SOLD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____												
5 LIABILITIES	<table border="1"> <thead> <tr> <th data-bbox="435 856 982 892">DESCRIPTION</th> <th data-bbox="982 856 1533 892">CATEGORY</th> </tr> </thead> <tbody> <tr> <td data-bbox="435 892 982 1008">Accounts Payable.</td> <td data-bbox="982 892 1533 1008">At least \$50540 or more</td> </tr> <tr> <td data-bbox="435 1008 982 1123">Long term liabilities.</td> <td data-bbox="982 1008 1533 1123">At least \$50540 or more</td> </tr> <tr> <td data-bbox="435 1123 982 1239"> </td> <td data-bbox="982 1123 1533 1239"> </td> </tr> <tr> <td data-bbox="435 1239 982 1354"> </td> <td data-bbox="982 1239 1533 1354"> </td> </tr> <tr> <td data-bbox="435 1354 982 1491"> </td> <td data-bbox="982 1354 1533 1491"> </td> </tr> </tbody> </table>	DESCRIPTION	CATEGORY	Accounts Payable.	At least \$50540 or more	Long term liabilities.	At least \$50540 or more						
DESCRIPTION	CATEGORY												
Accounts Payable.	At least \$50540 or more												
Long term liabilities.	At least \$50540 or more												

# LIABILITIES OF BUSINESS ASSOCIATIONS

## PART 11C

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and **DO NOT** include this page in the report.

Describe all liabilities of each corporation, firm, partnership, limited partnership, limited liability partnership, professional corporation, professional association, joint venture, or other business association in which you, your spouse, or a dependent child held, acquired, or sold 50 percent or more of the outstanding ownership and indicate the category of the amount of the assets. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 FILER INFORMATION	FILER NAME		FILER ID
	Wright, James D. (The Honorable)		00084408
2 BUSINESS ASSOCIATION	NAME AND ADDRESS		
	<input type="checkbox"/> (Check If Filer's Home Address)		
	Cuero Land Management, LLC		
	P.O. Box 709		
	Robstown, TX 78380		
3 BUSINESS TYPE	Other Business Association		
4 HELD, ACQUIRED, OR SOLD BY	<input checked="" type="checkbox"/> FILER		
	<input type="checkbox"/> SPOUSE		<input type="checkbox"/> DEPENDENT CHILD _____
5 LIABILITIES	DESCRIPTION	CATEGORY	
	Note payable to JW Rentals.	Less than \$10,110	
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	.....		
	.....		

# LIABILITIES OF BUSINESS ASSOCIATIONS

## PART 11C

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When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 FILER INFORMATION	FILER NAME Wright, James D. (The Honorable) FILER ID 00084408												
2 BUSINESS ASSOCIATION	NAME AND ADDRESS <input checked="" type="checkbox"/> (Check If Filer's Home Address) ENVIRONMENTAL EVOLUTIONS HOLDINGS, INC.  <b>REDACTED PER 572.032(a-1), GOV'T CODE</b>												
3 BUSINESS TYPE	Corporation												
4 HELD, ACQUIRED, OR SOLD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____												
5 LIABILITIES	<table border="1"> <thead> <tr> <th data-bbox="435 854 982 892">DESCRIPTION</th> <th data-bbox="982 854 1531 892">CATEGORY</th> </tr> </thead> <tbody> <tr> <td data-bbox="435 892 982 1008">Accounts Payable.</td> <td data-bbox="982 892 1531 1008">At least \$20,220 but less than \$50,540</td> </tr> <tr> <td data-bbox="435 1008 982 1123">Long Term Liabilities: First State Bank of Odem - Land and Structures.</td> <td data-bbox="982 1008 1531 1123">At least \$50540 or more</td> </tr> <tr> <td data-bbox="435 1123 982 1239">Long Term Liabilities: 21st Mortgage Corporation - Office Building.</td> <td data-bbox="982 1123 1531 1239">At least \$20,220 but less than \$50,540</td> </tr> <tr> <td data-bbox="435 1239 982 1354"> </td> <td data-bbox="982 1239 1531 1354"> </td> </tr> <tr> <td data-bbox="435 1354 982 1491"> </td> <td data-bbox="982 1354 1531 1491"> </td> </tr> </tbody> </table>	DESCRIPTION	CATEGORY	Accounts Payable.	At least \$20,220 but less than \$50,540	Long Term Liabilities: First State Bank of Odem - Land and Structures.	At least \$50540 or more	Long Term Liabilities: 21st Mortgage Corporation - Office Building.	At least \$20,220 but less than \$50,540				
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# LIABILITIES OF BUSINESS ASSOCIATIONS

## PART 11C

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When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 FILER INFORMATION	FILER NAME <span style="float: right;">FILER ID</span> Wright, James D. (The Honorable) <span style="float: right;">00084408</span>															
2 BUSINESS ASSOCIATION	NAME AND ADDRESS <input type="checkbox"/> (Check If Filer's Home Address) ENVIRONMENTAL EVOLUTIONS TRANSPORTATION, INC. 1634 FM 534  Sandia, TX 78383															
3 BUSINESS TYPE	Corporation															
4 HELD, ACQUIRED, OR SOLD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____															
5 LIABILITIES	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;">DESCRIPTION</th> <th style="width: 40%;">CATEGORY</th> </tr> </thead> <tbody> <tr> <td>Current liabilities: notes payable.</td> <td>At least \$20,220 but less than \$50,540</td> </tr> <tr> <td>Long term liabilities: notes payable.</td> <td>Less than \$10,110</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </tbody> </table>		DESCRIPTION	CATEGORY	Current liabilities: notes payable.	At least \$20,220 but less than \$50,540	Long term liabilities: notes payable.	Less than \$10,110								
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1 FILER INFORMATION	<table> <tr> <td>FILER NAME</td> <td>FILER ID</td> </tr> <tr> <td>Wright, James D. (The Honorable)</td> <td>00084408</td> </tr> </table>	FILER NAME	FILER ID	Wright, James D. (The Honorable)	00084408										
FILER NAME	FILER ID														
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2 BUSINESS ASSOCIATION	<table> <tr> <td colspan="2">NAME AND ADDRESS</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> (Check If Filer's Home Address)</td> </tr> <tr> <td colspan="2">Environmental Tank Solutions, LLC</td> </tr> <tr> <td colspan="2">P.O. Box 23035</td> </tr> <tr> <td colspan="2">Corpus Christi, TX 78403</td> </tr> </table>	NAME AND ADDRESS		<input type="checkbox"/> (Check If Filer's Home Address)		Environmental Tank Solutions, LLC		P.O. Box 23035		Corpus Christi, TX 78403					
NAME AND ADDRESS															
<input type="checkbox"/> (Check If Filer's Home Address)															
Environmental Tank Solutions, LLC															
P.O. Box 23035															
Corpus Christi, TX 78403															
3 BUSINESS TYPE	Other Business Association														
4 HELD, ACQUIRED, OR SOLD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____														
5 LIABILITIES	<table border="1"> <thead> <tr> <th>DESCRIPTION</th> <th>CATEGORY</th> </tr> </thead> <tbody> <tr> <td>Current Liabilities: Account Payable - JW Rentals, Inc.</td> <td>At least \$50540 or more</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </tbody> </table>	DESCRIPTION	CATEGORY	Current Liabilities: Account Payable - JW Rentals, Inc.	At least \$50540 or more										
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1 FILER INFORMATION	FILER NAME Wright, James D. (The Honorable) FILER ID 00084408																				
2 BUSINESS ASSOCIATION	NAME AND ADDRESS <input type="checkbox"/> (Check If Filer's Home Address) JW Rentals, Inc. dba Environmental Evolutions National P.O. Box 709 Robstown, TX 78380																				
3 BUSINESS TYPE	Corporation																				
4 HELD, ACQUIRED, OR SOLD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____																				
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Long Term Liabilities: First State Bank of Odem - Centrifuge.	At least \$50,540 or more
Long Term Liabilities: Simmons Bank - Ford F250s.	At least \$50,540 or more
Long Term Liabilities: Crestmark Vendor Finance - Shredder.	At least \$50,540 or more
Long Term Liabilities: BMO Transportation Finance.	At least \$50,540 or more
Long Term Liabilities: CNH Industrial Retail.	At least \$20,220 but less than \$50,540
Long Term Liabilities: 1st Community Bank - SBA Loan.	At least \$50,540 or more
Long Term Liabilities: Note Payable - Jim & Sherry Wright.	At least \$50,540 or more
Current Liabilities - Volvo	At least \$20,220 but less than \$50,540
Long Term Liabilities - Volvo	At least \$20,220 but less than \$50,540

# BOARDS AND EXECUTIVE POSITIONS

## PART 12

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and **DO NOT** include this page in the report.

List all boards of directors of which you, your spouse, or a dependent child are a member and all executive positions you, your spouse, or a dependent child hold in corporations, firms, partnerships, limited partnerships, limited liability partnerships, professional corporations, professional associations, joint ventures, other business associations, or proprietorships, stating the name of the organization and the position held. For more information, see FORM PFS--INSTRUCTION GUIDE.

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1 FILER INFORMATION	FILER NAME Wright, James D. (The Honorable)	FILER ID 00084408
2 ORGANIZATION	Clean Management, Inc.	
3 POSITION HELD	Director	
4 POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	

ORGANIZATION	Clean Management of Corpus Christi, LLC	
POSITION HELD	Manager	
POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	

ORGANIZATION	Cuero Land Management, LLC	
POSITION HELD	Managing Member/Director	
POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	

ORGANIZATION	EEES Energy Solutions, LLC	
POSITION HELD	Director	
POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	

ORGANIZATION	Environmental Evolutions Holdings, Inc.	
POSITION HELD	President/Director	
POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	

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# BOARDS AND EXECUTIVE POSITIONS

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1 FILER INFORMATION	FILER NAME Wright, James D. (The Honorable)	FILER ID 00084408
2 ORGANIZATION	Environmental Evolutions Transportation, Inc.	
3 POSITION HELD	President/Director	
4 POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	

ORGANIZATION	Greenergy Companies, LLC dba Greenergy USA	
POSITION HELD	Member/Director	
POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	

ORGANIZATION	GreEnergy Rentals, LLC	
POSITION HELD	Member/Director	
POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	

ORGANIZATION	JW Rentals, Inc. dba Environmental Evolutions National	
POSITION HELD	President/Director	
POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	

ORGANIZATION	GreEnergy Field Services, LLC	
POSITION HELD	Member/Director	
POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	

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# PERSONAL FINANCIAL STATEMENT

PARTS MARKED "NOT APPLICABLE" BY FILER

FORM PFS  
COVER SHEET  
PAGE 2

On this page, indicate any Parts of Form PFS that are not applicable to you. If you do not place a check in a box, then pages for that Part must be included in the report. ***If you place a check in a box, do NOT include pages for that Part in the report.***

## 6 PARTS NOT APPLICABLE TO FILER

- N/A Part 1A - Sources of Occupational Income
- N/A Part 1B - Retainers
- N/A Part 2 - Stock
- N/A Part 3 - Bonds, Notes & Other Commercial Paper
- N/A Part 4 - Mutual Funds
- N/A Part 5 - Income from Interest, Dividends, Royalties & Rents
- N/A Part 6 - Personal Notes and Lease Agreements
- N/A Part 7A - Interests in Real Property
- N/A Part 7B - Interests in Business Entities
- N/A Part 8 - Gifts
- N/A Part 9 - Trust Income
- N/A Part 10A - Blind Trusts
- N/A Part 10B - Trustee Statement
- N/A Part 11A - Business Associations
- N/A Part 11B - Assets of Business Associations
- N/A Part 11C - Liabilities of Business Associations
- N/A Part 12 - Boards and Executive Positions
- N/A Part 13 - Expenses Accepted Under Honorarium Exception
- N/A Part 14 - Interest in Business in Common with Lobbyist
- N/A Part 15 - Fees Received for Services Rendered to a Lobbyist or Lobbyist's Employer
- N/A Part 16 - Representation by Legislator Before State Agency
- N/A Part 17 - Benefits Derived from Functions Honoring Public Servant
- N/A Part 18 - Legislative Continuances
- N/A Part 19 - Contracts with Governmental Entity
- N/A Part 20 - Bond Counsel Services Provided by a Legislator

# PERSONAL FINANCIAL STATEMENT AFFIDAVIT

The law requires the personal financial statement to be verified. Without proper verification, the statement is not considered filed.

The verification page on a personal statement filed electronically with the Texas Ethics Commission must have the electronic signature of the individual required to file the personal financial statement.

The verification page on a personal financial statement filed with an authority other than the Texas Ethics Commission must have the signature of the individual required to file the personal financial statement as well as the signature and stamp or seal of office of a notary public or other person authorized by law to administer oaths and affirmations.

I swear, or affirm, under penalty of perjury, that this financial statement covers calendar year ending December 31, 2023, and is true and correct and includes all information required to be reported by me under chapter 572 of the Government Code.

The Honorable James D. Wright

\_\_\_\_\_  
Signature of Filer

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