

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:

25

3 COMMITTEE NAME

Project Destiny San Angelo

OFFICE USE ONLY

Date Received

10/11/2022

1:42pm JAC

4 COMMITTEE
ADDRESS

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

☐ Change of Address

90 E. 14th St. San Angelo TX 76903

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

5 CAMPAIGN
TREASURER
NAME

MS/MRS MR

FIRST

MI

Tanya

NICKNAME

LAST

SUFFIX

Abbott

Date Processed

Date Imaged

6 CAMPAIGN
TREASURER
STREET ADDRESS
(Residence or Business)

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

201 Clover Drive San Angelo TX 76903

7 CAMPAIGN
TREASURER
MAILING ADDRESS

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

☐ Change of Address

201 Clover Drive San Angelo TX 76903

8 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION

(325) 656-1617

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

Month Day Year

06/01/2022

THROUGH

09/29/2022

11 ELECTION

ELECTION DATE

Month Day Year

11/8/2022

ELECTION TYPE

☐ Primary

☐ Runoff

☐ Other

☒ General

☐ Special

Description _____

GO TO PAGE 2

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

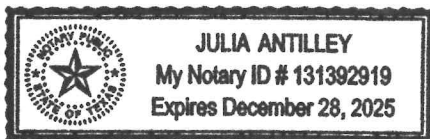
FORM SPAC
COVER SHEET PG 2

12 COMMITTEE NAME Project Destiny SanAngelo 13 Filer ID (Ethics Commission Filers) 001P

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 / #	ELECTION DATE Month Day Year <u>11 / 8 / 2022</u>
		DESCRIPTION <u>Sanctuary City for the Unborn</u>	

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u>1,176.00</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>47,357.00</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>1,878.99</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>45,478.01</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>

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.



Tanya Abbott
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 Tanya Abbott, this the 11th day of October, 20 22, to certify which, witness my hand and seal of office.

Julia Antilley Notary City Clerk
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath
OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____ (street) _____ (city) _____ (state) _____ (zip code) _____ (country).

Executed in _____ County, State of _____, on the _____ day of _____, 20_____.
(month) (year)

Signature of Campaign Treasurer (Declarant)

SUBTOTALS - SPAC**FORM SPAC
COVER SHEET PG 3****17** COMMITTEE NAME*Project Destiny San Angelo***18** Filer ID (Ethics Commission Filers)**19** SCHEDULE SUBTOTALS
NAME OF SCHEDULESUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 47,357.00
2.	<input checked="" type="checkbox"/>	SCHEDULE A2 : NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 750.00
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	\$ 1,878.99
9.	<input checked="" type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 38,504.88
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: 14
2 FILER NAME Project Destiny San Angelo		3 Filer ID (Ethics Commission Filers) 001P
4 Date 6-1-22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Delanna Herring	7 Amount of contribution (\$) 300.00
6 Contributor address; City; State; Zip Code 3005 Clearview Dr. San Angelo TX 76904		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 6-21-22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dwayne Welch	Amount of contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code 9854 State Hwy 208 Robert Lee San Angelo TX 76945		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 7-11-22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tanya Abbott	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 201 Clover Dr. San Angelo TX 76903		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8-8-22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beverly Dendle	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 205 Clover Dr. San Angelo TX 76903		
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.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 14
2 FILER NAME Project Destiny San Angelo		3 Filer ID (Ethics Commission Filers) 001P
4 Date 8-17-22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brandon Clark	7 Amount of contribution (\$) \$200.00
6 Contributor address; City; State; Zip Code 1211 Kenwood Dr. San Angelo TX 76903		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 8-18-22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Connie Stevens	Amount of contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code 5805 Normandy Lane San Angelo TX 76901		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8-17-22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paul Adam	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code 7393 S. Ratliff Rd. San Angelo TX 76904		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8-17-22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnny Coats	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code 3429 Silver Spur Dr. San Angelo TX 76904		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">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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3

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 14
2 FILER NAME Project Destiny San Angelo		3 Filer ID (Ethics Commission Filers) 001P
4 Date 8-17-22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robin Moon	7 Amount of contribution (\$) \$5,000.00
6 Contributor address; City; State; Zip Code 11441 WhiteTail Ln. San Angelo TX 76904		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 8-17-22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barbara Epperson	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 903 N. Main Unit 67 San Angelo TX 76903		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8-17-22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sandra Angle	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 2606 Briargrove #25 San Angelo TX 76904		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8-17-22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) B.A. Holubec	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code 2717 Vista del Arroyo San Angelo TX 76904		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">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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4

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 14
2 FILER NAME Project Destiny San Angelo		3 Filer ID (Ethics Commission Filers) 001P
4 Date 8-17-22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Muriel Emerson	7 Amount of contribution (\$) \$200.00
6 Contributor address; City; State; Zip Code 11161 Twin Lakes Lane San Angelo TX 76904		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 8-17-22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Susie Willyard	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 50 Southridge Dr. San Angelo TX 76904		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8-17-22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charles Perry	Amount of contribution (\$) \$2,500.00
Contributor address; City; State; Zip Code P.O. Box 94806 Lubbock TX 79493		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8-17-22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sarah Lipsett	Amount of contribution (\$) \$1,124.00
Contributor address; City; State; Zip Code P.O. Box 60247 San Angelo TX 76903		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">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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5

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 14
2 FILER NAME Project Destiny San Angelo		3 Filer ID (Ethics Commission Filers) 001P
4 Date 8-17-22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ronda Johnson	7 Amount of contribution (\$) \$10,400.00
6 Contributor address; City; State; Zip Code 2251 Lineman Lane Christoval, TX 76935		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 8-17-22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joe M. Self	Amount of contribution (\$) \$3,000.00
Contributor address; City; State; Zip Code 206 Clover Dr. San Angelo TX 76903		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 8-17-22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael Dane	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code 3410 Silver Spur San Angelo TX 76904		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 8-17-22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brandy Helton	Amount of contribution (\$) \$300.00
Contributor address; City; State; Zip Code 6400 Spy Glass Dr. San Angelo TX 76904		
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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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6

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 14
2 FILER NAME Project Destiny San Angelo		3 Filer ID (Ethics Commission Filers) 001P
4 Date 8-17-22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: The Garden Gathering Church	7 Amount of contribution (\$) \$200.00
6 Contributor address; City; State; Zip Code 1700 N. Chadbourne San Angelo TX 76903		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 8-17-22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Lynn McFadden	Amount of contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code 9278 N. Valley Dr. San Angelo TX 76905		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8-17-22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Patsy Shero	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code 307 N. Jackson San Angelo TX 76901		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8-17-22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Ginger Moore	Amount of contribution (\$) \$175.00
Contributor address; City; State; Zip Code 4178 Ruby Leelane San Angelo TX 76904		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">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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7

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <div style="text-align: right;">14</div>
2 FILER NAME <div style="font-size: 1.2em;">Project Destiny SanAngelo</div>		3 Filer ID (Ethics Commission Filers) <div style="font-size: 1.2em;">001P</div>
4 Date <div style="font-size: 1.2em;">8-17-22</div>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="font-size: 1.2em;">Mary Rogers</div>	7 Amount of contribution (\$) <div style="font-size: 1.2em;">\$100.00</div>
6 Contributor address; City; State; Zip Code <div style="font-size: 1.2em;">5913 Owl's Nest Dr. SanAngelo TX 76901</div>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <div style="font-size: 1.2em;">8-17-22</div>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="font-size: 1.2em;">Gloria Henderson</div>	Amount of contribution (\$) <div style="font-size: 1.2em;">\$100.00</div>
Contributor address; City; State; Zip Code <div style="font-size: 1.2em;">5929 Pinto Path SanAngelo TX 76904</div>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <div style="font-size: 1.2em;">8-17-22</div>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="font-size: 1.2em;">Kimberly Mull</div>	Amount of contribution (\$) <div style="font-size: 1.2em;">\$1,500.00</div>
Contributor address; City; State; Zip Code <div style="font-size: 1.2em;">771 Abernathy Rd SanAngelo TX 76905</div>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <div style="font-size: 1.2em;">8-17-22</div>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="font-size: 1.2em;">Perry Buck</div>	Amount of contribution (\$) <div style="font-size: 1.2em;">\$100.00</div>
Contributor address; City; State; Zip Code <div style="font-size: 1.2em;">1829 Castle Pines Dr. SanAngelo TX 76904</div>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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8

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2 FILER NAME Project Destiny San Angelo		3 Filer ID (Ethics Commission Filers) 001P
4 Date 8-17-22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Bonnie Reed	7 Amount of contribution (\$) \$500.00
6 Contributor address; City; State; Zip Code 902 N. Main Unit 24 San Angelo TX 76903		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 8-17-22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Ernestina Vasquez	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 3037 Champion Circle San Angelo TX 76904		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8-22-22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jackie Droll	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code 1036 Abernathy Rd. San Angelo TX 76905		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8-23-22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Rebecca Long	Amount of contribution (\$) \$200.00
Contributor address; City; State; Zip Code 517 S. Jefferson San Angelo TX 76901		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">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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9

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 14
2 FILER NAME Project Destiny San Angelo		3 Filer ID (Ethics Commission Filers) 001P
4 Date 8-23-22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leslie Smith	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 3718 Briargrove Ln. San Angelo TX 76904		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 8-23-22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oran Berry	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code 5606 Grey Charles Court San Angelo TX 76904		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8-23-22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jerry Peters	Amount of contribution (\$) \$170.00
Contributor address; City; State; Zip Code 401 Searcy Rd. Mertzon TX 76941		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8-23-22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ron Landers	Amount of contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code 2613 Princeton San Angelo TX 76901		
Principal occupation / Job title (See Instructions)		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: 14
2 FILER NAME Project Destiny San Angelo		3 Filer ID (Ethics Commission Filers) 001P
4 Date 8-23-22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jay Dickens	7 Amount of contribution (\$) \$3,000.00
6 Contributor address; City; State; Zip Code 5517 Columbine San Angelo TX 76904		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 8-31-22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lyleann Thee	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 5107 Lawndale San Angelo TX 76903		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8-31-22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fayne Clark	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code P.O. Box 62014 San Angelo TX 76902		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8-31-22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vicky Fisher	Amount of contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code 2105 Hillside Dr. San Angelo TX 76904		
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.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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11

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 14
2 FILER NAME Project Destiny San Angelo		3 Filer ID (Ethics Commission Filers) 001P
4 Date 8-31-22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ruth McPherson	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 410 S. Bishop San Angelo TX 76901		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 8-31-22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brent McCasland	Amount of contribution (\$) \$2,000.00
Contributor address; City; State; Zip Code 940 Arroyo San Angelo TX 76903		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9-13-22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Katherine Hearn	Amount of contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code 6229 Pueblo Pass San Angelo TX 76901		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9-21-22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephan Nelle	Amount of contribution (\$) \$150.00
Contributor address; City; State; Zip Code 807 Westland San Angelo TX 76901		
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.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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12

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 14
2 FILER NAME Project Destiny San Angelo		3 Filer ID (Ethics Commission Filers) 001P
4 Date 9-21-22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cross Road Assembly of God	7 Amount of contribution (\$) \$1,677.00
6 Contributor address; City; State; Zip Code 317 N. Marie San Angelo TX 76905		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 9-21-22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bobby Zesch	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code P.O. Box 431 San Angelo TX 76902		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9-28-22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramona Oliver	Amount of contribution (\$) \$150.00
Contributor address; City; State; Zip Code 3034 W. Beauregard San Angelo TX 76903		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9-28-22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Calvary Baptist Church	Amount of contribution (\$) \$435.00
Contributor address; City; State; Zip Code 2321 Armstrong San Angelo TX 76903		
Principal occupation / Job title (See Instructions)		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

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

13

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 14
2 FILER NAME Project Destiny San Angelo		3 Filer ID (Ethics Commission Filers) 001P
4 Date 9-28-22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Larry Socha	7 Amount of contribution (\$) \$ 500.00
6 Contributor address; City; State; Zip Code 3409 Silver Spur San Angelo TX 76904		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 9-28-22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vera Kirkpatrick	Amount of contribution (\$) \$ 300.00
Contributor address; City; State; Zip Code 5221 Corral Way San Angelo TX 76904		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9-28-22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Susie Willyard	Amount of contribution (\$) \$ 150.00
Contributor address; City; State; Zip Code 50 Southridge San Angelo TX 76904		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9-28-22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Loann Baker	Amount of contribution (\$) \$ 100.00
Contributor address; City; State; Zip Code 214 Clover Dr. San Angelo TX 76903		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

14

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 14
2 FILER NAME Project Destiny San Angelo		3 Filer ID (Ethics Commission Filers) 001P
4 Date 9-28-22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael McEligot	7 Amount of contribution (\$) \$250.00
6 Contributor address; City; State; Zip Code 1265 Tres Rios Dr. San Angelo TX 76903		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 9-28-22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wesley Mikeska	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code P.O. Box 651 San Angelo TX 76902		
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)
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)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2: <u>1</u>	
2 FILER NAME <u>Project Destiny San Angelo</u>		3 Filer ID (Ethics Commission Filers) <u>001P</u>	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <u>750.00</u>	
5 Date	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) 7 Contributor address; City; State; Zip Code	8 Amount of Contribution \$	9 In-kind contribution description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.			

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 6	2 FILER NAME Project Destiny San Angelo	3 Filer ID (Ethics Commission Filers) 001P
4 Date 6-15-22	5 Payee name Texas State Bank	
6 Amount (\$) \$27.65	7 Payee address; City; State; Zip Code 2201 Sherwood Way San Angelo TX 76901	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) banking (checks)	(b) Description checks
	(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 6-30-22	Payee name Texas State Bank		
Amount (\$) \$0.35	Payee address; City; State; Zip Code 2201 Sherwood Way San Angelo TX 76901		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) banking	Description service charge	
	<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 7-29-22	Payee name Texas State Bank		
Amount (\$) \$0.70	Payee address; City; State; Zip Code 2201 Sherwood Way San Angelo TX 76901		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) banking	Description service charge	
	<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			

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: 6	2 FILER NAME Project Destiny San Angelo	3 Filer ID (Ethics Commission Filers) 001P
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4 Date 8-15-22	5 Payee name Wal-Mart
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6 Amount (\$) \$7.87	7 Payee address; 610 W. 29th City: San Angelo State: TX Zip Code: 76903
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) printing expense	(b) Description cardstock
	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8-16-22	Payee name U.S. Postal Service
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Amount (\$) \$60.00	Payee address; 1 N. Abe Street City: San Angelo State: TX Zip Code: 76902
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) advertising expense	Description stamps
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8-31-22	Payee name Texas State Bank
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Amount (\$) \$0.70	Payee address; 2201 Sherwood Way City: San Angelo State: TX Zip Code: 76901
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) banking	Description service charge
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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: 6	2 FILER NAME Project Destiny San Angelo	3 Filer ID (Ethics Commission Filers) 001P
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4 Date 9-9-22	5 Payee name Tom Green County
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6 Amount (\$) \$4.88	7 Payee address; 112 W. Beauregard Ave	City; San Angelo	State; TX	Zip Code 76903
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) other	(b) Description election data
	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9-16-22	Payee name Special Event Insurance
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Amount (\$) \$130.00	Payee address; gatherguard.com	City; 844.747.6240	State; TX	Zip Code 76903
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) event expense	Description insurance
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9-19-22	Payee name Wal-Mart
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Amount (\$) \$246.81	Payee address; 610 W. 29th	City; San Angelo	State; TX	Zip Code 76903
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) printing expense	Description invitations
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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: 6	2 FILER NAME Project Destiny San Angelo	3 Filer ID (Ethics Commission Filers) 001P
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4 Date 9-19-22	5 Payee name Wal-Mart
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6 Amount (\$) \$246.81	7 Payee address; 3440 S. Bryant	City; San Angelo	State; TX	Zip Code 76904
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) printing expense	(b) Description invitations
	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9-19-22	Payee name Wal-Mart
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Amount (\$) \$329.08	Payee address; 5501 Sherwood Way	City; San Angelo	State; TX	Zip Code 76904
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) printing expense	Description invitations
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9-19-22	Payee name U.S. Postal Service
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Amount (\$) \$600.00	Payee address; 1 N. Abe St.	City; San Angelo	State; TX	Zip Code 76902
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) advertising expense	Description stamps
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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: 6	2 FILER NAME Project Destiny San Angelo	3 Filer ID (Ethics Commission Filers) 001P
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4 Date 9-19-22	5 Payee name City of San Angelo
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6 Amount (\$) \$100.00	7 Payee address; 72 W. College	City; San Angelo	State; TX	Zip Code 76901
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) event expense	(b) Description Paseo rental
	(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
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Date 9-27-22	Payee name Wal-Mart
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Amount (\$) \$9.87	Payee address; 610 W. 29th	City; San Angelo	State; TX	Zip Code 76903
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) event expense	Description clipboards
	<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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Date 9-27-22	Payee name UPS Store
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Amount (\$) \$41.22	Payee address; 3524 Knickerbocker Rd.	City; San Angelo	State; TX	Zip Code 76904
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) event expense	Description banners/signs
	<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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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: 6	2 FILER NAME Project Destiny San Angelo		3 Filer ID (Ethics Commission Filers) 001P	
4 Date 9-27-22	5 Payee name Sam's Club			
6 Amount (\$) \$73.05	7 Payee address; City; State; Zip Code 5749 Sherwood Way San Angelo TX 76904			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) event expense		(b) Description drinks	
	(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 (\$)	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 (\$)	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				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2: 1	2 FILER NAME Project Destiny San Angelo	3 Filer ID (Ethics Commission Filers) 001P
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		\$ 38,500.00 to

5 Date 9-16-22	6 Payee name Mike Stevens
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7 Amount (\$) \$38,500.00	8 Payee address; 6923 Indiana Ave. Box 292	City; Lubbock	State; TX	Zip Code 79413
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) printing/consulting	(b) Description pastor packets, Catholic data & postcards, mailer, consulting
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9-22-22	Payee name Tom Green County
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Amount (\$) \$4.88	Payee address; 112 W. Beauregard	City; San Angelo	State; TX	Zip Code 76903
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) other	Description election data
	<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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED