SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM SPAC COVER SHEET PG 1

The SPAC Instruction Gu	ide explains how to complete this form. 1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 COMMITTEE NAME Project De	estiny San Angelo	OFFICE USE ONLY Date Received
4 COMMITTEE ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 90 E. 14th St. San Angelo TX 76903	1:42 pma gua
5 CAMPAIGN TREASURER NAME	MS(MRS) MR FIRST MI Tanya NICKNAME LAST SUFFIX Abbott	Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged
6 CAMPAIGN TREASURER STREETADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY; STATE; 201 Clover Drive San Angelo TX	ZIP CODE 76903
7 CAMPAIGN TREASURER MAILING ADDRESS Change of Address	STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; 201 Clover Drive San Angelo TX	76903
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (325) 656-1617	
9 REPORTTYPE	January 15 July 15 Sth day before election Runoff	Exceeded Modified Reporting Limit Dissolution Report (Attached PAC-FR) 10th day after campaign treasurer termination
10 PERIOD COVERED	Month Day Year 06/01/2022 THROUGH	Month Day Year 09/29 /2022
11 ELECTION	ELECTION DATE Month Day Year Primary Runoff Oth 11 / 8 / 2022 General Special Dec	er scription———

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC COVER SHEET PG 2

12 COMMITTEE NAME	Pr	piect Destin	y San Angelo	13 F	iler ID (Ethics Commission Filers)
44 0014		Deer Destin	y sariffingelo		001P
14 COMMITTEE PURPOSE (Attach lists on plain paper	er to	CANDIDATE	CANDIDATE / OFFICEHOLDER NAME		
complete this report if necessary.)			OFFICE SOUGHT (candidate) / OFFICE HELD (c	officeholder)	
		OFFICEHOLDER			
SUPPORT (Candidate or Measur	e)		BALLOTIDENTIFICATION/#	ELECT	ION DATE
OPPOSE				. /	Day Year
(Candidate or Measu	re)	MEASURE	DESCRIPTION	11/8	/ 2032
ASSIST (Officeholder)			Sanctuary City for t	the Ur	nborn
15 CONTRIBUTION TOTALS	1.	PLEDGES, LOANS, OF	OLITICAL CONTRIBUTIONS (OTHER THAI R GUARANTEES OF LOANS, OR DE ELECTRONICALLY)	N	\$ 1,176.00
	2.	TOTAL POLITICAL O	CONTRIBUTIONS ES, LOANS, OR GUARANTEES OF LOANS)	\$ 47,357.00
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED P	OLITICAL EXPENDITURES		\$ 0
	4.	TOTAL POLITICAL E	XPENDITURES	Andrews Andrews	\$ 1,878.99
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CON OF THE REPORTING P	ITRIBUTIONS MAINTAINED AS OF THE LA	ST DAY	\$ 45,478.01
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMO LAST DAY OF THE REI	OUNT OF ALL OUTSTANDING LOANS AS (PORTING PERIOD	OF THE	\$ 0
JULIA My Notary Expires De	ANTIL ID#13 cember	LEY 1392919 28, 2025 Please co	alty of perjury, that the accompanying the double reported by me under Title and the second s	15, Election Bott	on Code.
Sworn to and subscrib	ed bef	ore me, by the said	Tanya Aboth		, this the
alliano	20	Cleck Antil	excity clerk	April 1980	
Signature of officer admir	nisterin	g oath Printed na	ame of officer administering oath	Title	of officer administering oath
(2) Unsworn Declaration	on		OR		
()			, and my date of birth is		
My address is			, and my date of bitti is		
		(street)	(city)	(state	e) (zip code)(country)
Executed in		County, State of	, on theday of(mo	nth)	20 (year)
			Signature of Ca	ampaign Tro	easurer (Declarant)

SUBTOTALS-SPAC

FORM SPAC COVER SHEET PG 3

17	COMMITTEE NAME	18 Filer ID (Ethics Cor	mmission Filers)
+	Project Destiny San Angelo		
19	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTR	RIBUTIONS	\$ 47,357.00
2.	SCHEDULE A2 : NON-MONETARY (IN-KIND) PO	OLITICAL CONTRIBUTIONS	\$ 750.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS	FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	SCHEDULE C2 : NON-MONETARY (IN-KIND) CORGANIZATION	ONTRIBUTIONS FROM CORPORATION OR LABOR	\$
6.	SCHEDULE D: PLEDGED CONTRIBUTIONS FR	ROM CORPORATON OR LABOR ORGANIZATION	\$
7.	SCHEDULE E: LOANS		\$
8.	SCHEDULE F1: POLITICAL EXPENDITURES IN	MADE FROM POLITICAL CONTRIBUTIONS	\$ 1,878.99
9.	SCHEDULE F2: UNPAID INCURRED OBLIGATION	ONS	\$ 38,504.88
10.	SCHEDULE F3: PURCHASE OF INVESTMENT	S MADE FROM POLITICAL CONTRIBUTIONS	\$
11.	SCHEDULE F4: EXPENDITURES MADE BY C	REDIT CARD	\$
12.	SCHEDULE H: PAYMENT MADE FROM POLITI	ICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
13.	SCHEDULE I: NON-POLITICAL EXPENDITURES	S MADE FROM POLITICAL CONTRIBUTIONS	\$
14.	SCHEDULE K: INTEREST, CREDITS, GAINS, RE TO FILER	FUNDS, AND CONTRIBUTIONS RETURNED	\$

SCHEDULE A1

Th	e Instruction Guide explains how to complete th	is form.	1 Total pages Schedule A1:
2 FILER NAME	Project Destiny San Ange	lo	3 Filer ID (Ethics Commission Filers)
4 Date 6-1-22	5 Full name of contributor out-of-state PA Delanna Herring 6 Contributor address; City;	AC (ID#:) State; Zip Code	7 Amount of contribution (\$)300.00
	3005 Clearview Dr. San Ange		
8 Principal occւ	upation / Job title (See Instructions)	9 Employer (See Instruct	tions)
Date	Full name of contributor out-of-state PA Dwayne Welch	C (ID#:)	Amount of contribution (\$) \$\f\ \ 000.00
6-21-22	Contributor address; City; Robert Le 9854 State Hwy 208 SanAng	State; Zip Code e 76945 geto TX 76903	
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
7-11-22	Tanya Abbott Contributor address; City; 201 Clover Dr. San Angelo	State; Zip Code	\$100.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor out-of-state PAC Beverly Dendle	(ID#:)	Amount of contribution (\$)
8-8-22	Contributor address; City; 205 Clover Dr. San Angelo	State; Zip Code	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS NE	EDED

SCHEDULE A1

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

The	Instruction Guide explains how to complete th	is form.	1 Total pages Schedule A1:
2 FILER NAME Proje	ct Destiny San Angelo		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	\C (ID#:)	7 Amount of contribution (\$)
	Brandon Clark	• • • • • • • • • • • • • • • • • • • •	\$ 200.00
8-17-22	6 Contributor address; City;	State; Zip Code	¥ 800.00
	1211 Kenwood Dr. San Angele	TX 76903	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date	Full name of contributor	C (ID#:)	A
	1 annia Stavana		Amount of contribution (\$)
0-10-11	Connie Stevens Contributor address; City;	*******	\$ 1,000.00
0-10-00	Contributor address; City;	State; Zip Code	•
	5805 Normandy Lane San Ang	jelo IX 76901	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
	Paul Adam Contributor address; City;		\$ 500.00
8-17-22	Contributor address; City;	State; Zip Code	
	7393 S. Ratliff Rd. San Argelo	TX 76904	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
	Johnny Coats	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$ 500.00
8-17-22	Contributor address; City;	State; Zip Code	~ 4
	3429 Silver Spur Dr. San An	igelo TX 76904	
Principal occupa	ation / Job title (See Instructions)	Employer (See Instruction	ons)

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If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

SCHEDULE A1

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

		3
Th	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 14
2 FILER NAME Project	t Destiny San Angelo	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor ut-of-state PAC (ID#:) Robin Moon	7 Amount of contribution (\$) \$5,000.00
8-17-22	6 Contributor address; City; State; Zip Code 11441 White Tail Ln. San Argelo TX 76904	
8 Principal occu	upation / Job title (See Instructions) 9 Employer (See Instructions)	etions)
Date	Full name of contributor out-of-state PAC (ID#:) Barbara Epperson	Amount of contribution (\$)
8-17-22	Contributor address; City; State; Zip Code 903 N. Main Unit 67 San Angelo TX 76903	
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	tions)
Date 3-11- 22	Full name of contributor out-of-state PAC (ID#:) Sandra Angle Contributor address; City; State; Zip Code 2606 Briargrove #25 San Angelo TX 76904	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	ions)
Date	Full name of contributor out-of-state PAC (ID#:) B. A. Holubec Contributor address; City: State: Zip Code	Amount of contribution (\$) \$500.00
3-17-22	2717 Vista del Arroyo San Angelo TX 76904	: <u>\$</u>
Principal occup	ation / Job title (See Instructions) Employer (See Instructions)	ons)
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Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

SCHEDULE A1

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Th	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAMI Projec	2+ Destiny San Angelo	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:) Muriel Emerson	7 Amount of contribution (\$)
8-17-22	6 Contributor address; City; State; Zip Code 11161 Twin Lakes Lane San Angelo TX 76904	*
Principal occ	upation / Job title (See Instructions) 9 Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (ID#:) Susie Willyard	Amount of contribution (\$) \$ 100.00
Principal occur	Contributor address; City; State; Zip Code 50 Southridge Dr. San Angelo TX 76904 Deation / Job title (See Instructions) Employer (See Instruct	
T Tiricipal occu	pation / Job title (See Instructions) Employer (See Instruct	ions)
Date 3-17-22	Full name of contributor out-of-state PAC (ID#:) Charles Perry Contributor address; City; State; Zip Code P.O. Box 94806 Lubbock TX 79493	Amount of contribution (\$) \$ a,500.00
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	ons)
Date -17-22	Full name of contributor out-of-state PAC (ID#:) Sarah Lipsett Contributor address; City; State; Zip Code P.O. Box 60247 San Angelo TX 769026	Amount of contribution (\$) \$1,124.00
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	ons)
	,	

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SCHEDULE A1

			5
Th	e Instruction Guide explains how to complete this	i form.	1 Total pages Schedule A1:
2 FILER NAM Projec	et Destiny San Angelo		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC	; (ID#:)	7 Amount of contribution (\$)
	Ronda Johnson		\$10,400.00
8-17-22	6 Contributor address; City;	State; Zip Code	
	2251 Lineman Lane Chri	stoval, TR 76935	
8 Principal occ	upation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
	Joe M. Self		\$3,000.00
8-17-22	Contributor address; City;	State; Zip Code	
	206 Clover Dr. San Angel	lo TR 76903	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor uut-of-state PAC ((ID#:)	Amount of contribution (\$)
	Michael Dane		\$ 250.00
8-17-22	Contributor address; City;	State; Zip Code	
,	3410 Silver Spur San Ange	10 TX 76904	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor	ID#:)	Amount of contribution (\$)
	Brandy Helton		\$300.00
8-17-22	Contributor address; City;	State; Zip Code	
0-11-42	6400 Spy Glass Dr. San Angelo	o TX 76904	. A
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ins)
	ATTACH ADDITIONAL COPIES OF If contributor is out-of-state PAC, please see Instruct		

SCHEDULE A1

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

Th	e Instruction Guide explains how to complete this for		1 Total pages Schedule A1:
		m,	14
2 FILER NAM			3 Filer ID (Ethics Commission Filers)
	t Destiny San Angelo		001P
4 Date	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of contribution (\$)
	The Garden Gathering Church	<u>^</u>	\$200.00
3-17-22	6 Contributor address; City; St	ate; Zip Code	
	1700 N. Chadbourne San Angel	OTX 76903	
Principal occ	unation / lab site /O lab site	Employer (See Instructi	ions)
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of contribution (\$)
	Lynn Mc Fadden		\$1,000.00
17 22			. 1,000.00
-17-22		ate; Zip Code	
	9278 N. Valley Dr. San Angelo	TX 76905	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor)	Amount of contribution (\$)
	Patsy Shero		\$500.00
-17-22	Contributor address; City; Sta	te; Zip Code	
	307 N. Jackson San Angelo T	V 7/95/	
Principal occur	-ti / l-b titl (0		
. morpar occup	Edition / God title (Gee manuclions)	mployer (See Instruction	ons)
Date	Full name of contributor ut-of-state PAC (ID#:_		Amount of contribution (\$)
	A .	,	\$ 175.00
17 00	angerMoore		
-17-22		te; Zip Code	* # **
	4178 Ruby Leelane San Angelo TX	76904	
Principal occup	ation / Job title (See Instructions)	mployer (See Instructio	ns)
•			
	ø.		

SCHEDULE A1

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

8-17-22 6 Co 591 8-17-22 6 Co 591 Date Full Gl 3-17-22 Co 592	esting San Ange all name of contributor ary Rogers ontributor address; 3 Owl's Nest Dr. Job title (See Instructions) Il name of contributor oria Henderson intributor address;	City; San Angel	State; Zip Code O TX 7690 9 Employer (See Ins	
Date 5 Fu	Ill name of contributor ary Rogers Intributor address; I Owl's Nest Dr. Job title (See Instructions) Ill name of contributor Oria Henderson Intributor address;	City; San Angel	State; Zip Code O TX 7690 9 Employer (See Ins	\$100.00 Structions) Amount of contribution (\$)
Principal occupation / Date Fu G 3-17-22 Co 592	Job title (See Instructions) Il name of contributor Oria Henderson Intributor address;	San Angel	9 Employer (See Ins	Amount of contribution (\$)
Date Fu G 7-17-22 Co 592	Il name of contributor Oria Henderson Intributor address;	n		Amount of contribution (\$)
-17-22 Co 592	oria Henderson	n	; (ID#:	1 10 10 10 10 10 10 10 10 10 10 10 10 10
592	1. / 1.			4100.00
Principal occupation / J	1 1 1110 100111	city; San Angelo	State; Zip Code 76.90	4
	lob title (See Instructions)		Employer (See Ins	tructions)
-17-22 Kin	mberly Mull	out-of-state PAC	State; Zip Code	Amount of contribution (\$) \$1,500.00
	1 Abernathy Root title (See Instructions)	sa SanAng	Employer (See Inst	ructions)
Per	ry Buck	out-of-state PAC	(ID#:	Amount of contribution (\$)
	castle Pines D	oity; Or. San Ang	State; Zip Code Jelo TZ 76904	* . £ *
Principal occupation / Jo	ob title (See Instructions)		Employer (See Instr	ructions)

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SCHEDULE A1

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

2 FILER NAME	nstruction Guide explains how to complete	this form	
		uns form,	1 Total pages Schedule A1:
Project 4 Date			3 Filer ID (Ethics Commission Filers)
4 Date	Destiny San Angelo 5 Full name of contributor ut-of-state		001P
	5 Full name of contributor out-of-state	PAC (ID#:)	7 Amount of contribution (\$) \$500.00
8-17-22	6 Contributor address; City;	State; Zip Code	
5-11-00	902 N. Main Unita4 San	Angelo TX 76903	
Principal occupa	ation / Job title (See Instructions)	9 Employer (See Instruct	tions)
Date	Full name of contributor ut-of-state	PAC (ID#:)	Amount of contribution (\$)
	Ernestina Vasquez		\$100.00
-17-22	Contributor address; City;	State; Zip Code	
	3037 Champion Circle San	Angelo TX 76904	
Principal occupat	ion / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor	PAC (ID#:)	Amount of contribution (\$)
	Jackie Droll		\$500.00
1-22-22	Contributor address; City;	State; Zip Code	
- 1	036 AbernathyRd. San Ar	rgelo TX 76905	
Principal occupat	ion / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor	AC (ID#:)	Amount of contribution (\$)
	Rebecca Long		\$ 200.00
	Contributor address; City;	State; Zip Code	
-23-22	5175. Jefferson San Ange	10 TX 76901	
		Employer (See Instruction	nns)

SCHEDULE A1

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

Principal occupation / Job title (See Instructions) Principal occupation / Job title		e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
Solution			3 Filer ID (Ethics Commission Filer
Solution	Proje	ct Destiny San Angelo	001P
State Stat		5 Full name of contributor out-of-state PAC (ID#:	
3718 Briargrove Ln. San Angelo TX 76904	8 -23-22	6 Contributor address; City; State; Z	Zip Code
Date Full name of contributor out-of-state PAC (ID#:	0.50	3718 Briargrove Ln. San Angelo TX	76904
Oran Berry 3-23-22 Contributor address; City; State; Zip Code 5606 Grey Charles Court San Angelo TX 76904 Principal occupation / Job title (See Instructions) Date Full name of contributor Jerry Peters Contributor address; City; State; Zip Code 401 Searcy Rd. Mertzon TX 76941 Principal occupation / Job title (See Instructions) Date Full name of contributor Out-of-state PAC (ID#:	Principal occ	upation / Job title (See Instructions) 9 Employe	∍r (See Instructions)
Oran Berry Contributor address; City; State; Zip Code 5606 Grey Charles Court San Angelo TX 76904 Principal occupation / Job title (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) -23-22 Contributor address; City; State; Zip Code HOI Searcy Rd. Mertzon TX 76941 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) \$1,000.00	Date	Full name of contributor	Amount of contribution (\$)
Show Grey Charles Court San Angelo TX 76904		Oran Berry	
Principal occupation / Job title (See Instructions) Date Full name of contributor Jerry Peters Contributor address; City; State; Zip Code 401 Searcy Rd. Mertzon Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) \$170.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Ron Landers Contributor address; City; State; Zip Code \$1,000.00 \$1	8-23-22	Contributor address; City; State; Zi	ip Code
Date Full name of contributor Jerry Peters Contributor address; City; State; Zip Code 401 Searcy Rd. Mertzon TX 76941 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Ron Landers City; State; Zip Code 4 Mount of contribution (\$) Amount of contribution (\$) Employer (See Instructions) Amount of contribution (\$) \$1,000.00		5606 Grey Charles Court San Angelo	TX 76904
Jerry Peters \$170.00 Jerry Peters \$170.00 Contributor address; City; State; Zip Code 401 Searcy Rd. Mertzon TX 76941 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) Ron Landers \$1,000.00 23-22 Contributor address; City; State; Zip Code 2613 Princeton San Angelo TX 76901	Principal occu	pation / Job title (See Instructions) Employer	r (See Instructions)
Contributor address; City; State; Zip Code 401 Searcy Rd. Mertzon TX 76941 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Ron Landers City; State; Zip Code 2613 Princeton San Angelo TX 76901	Date	Full name of contributor	Amount of contribution (\$)
HOI Searcy Rd. Mertzon TX 76941 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) Ron Landers Contributor address; City; State; Zip Code 2613 Princeton San Angelo TX 76901		Jerry Peters	
Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Out-of-state PAC (ID#:	-23-22	Contributor address; City; State; Ziı	p Code
Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$) Ron Landers Contributor address; City; State; Zip Code 2613 Princeton San Angelo TX 76901		401 Searcy Rd. Mertzon TX 76	941
Ron Landers Contributor address; City; State; Zip Code 2613 Princeton San Angelo TX 76901	Principal occu	pation / Job title (See Instructions) Employer	r (See Instructions)
-23-22 Contributor address; City; State; Zip Code 2613 Princeton San Angelo TX 76901	Date	Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$)
2613 Princeton San Angelo TX 76901		RonLanders	\$1,000.00
District Annual Control of the Contr	-23-22	Contributor address; City; State; Zip) Code
Delegation of the Control of the Con		2613 Princeton San Angelo TX 7	6901
	Principal occup	A Laboratory of the state of th	(See Instructions)
<u> </u>			

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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:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	t Destiny San Angelo		001P
4 Date	5 Full name of contributor out-of-state PAC Jay Dickens	7 Amount of contribution (\$) \$3,000.00	
8-23-22	6 Contributor address; City;	State; Zip Code	
	5517 Columbine San Angelo	TX 76904	
Principal occu	notion / leb siste /Combined	9 Employer (See Instructi	ions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
	Lyleann Thee		\$100.00
?-31-aa	Contributor address; City;	State; Zip Code	
	5107 Lawndale San Angelo	TX 76903	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor	D#:)	Amount of contribution (\$)
	Fayne Clark		\$500.00
3-31-22	Contributor address; City;	State; Zip Code	
	P.O. Box 62014 San Angelo	TX 76902	
Principal occupa	ation / Job title (See Instructions)	Employer (See Instruction	ns)
Date	Full name of contributor out-of-state PAC (IE	D#:)	Amount of contribution (\$)
	Vicky Fisher		\$1,000.00
-31-22	Contributor address; City;	State; Zip Code	i x
	2105 Hillside Dr. San Angel	loTX 76904	
Principal occupa	tion / Job title (See Instructions)	Employer (See Instruction	ns)
	<u> </u>		

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SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
	ct Destiny San Angelo	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:) Ruth McPherson	7 Amount of contribution (\$) \$100.00
8-31-22	6 Contributor address; City; State; Zip Code 410 S. Bishop San Angelo TX 76901	
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	itions)
Date	Full name of contributor out-of-state PAC (ID#:) Brent Mc Casland	Amount of contribution (\$) \$ 2,000.00
8-31-22	Contributor address; City; State; Zip Code 940 Arroyo San Angelo TX 76903	
Principal occup	ation / Job title (See Instructions) Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC (ID#:) Katherine Hearn	Amount of contribution (\$) \$1,000.00
9-13-22	Contributor address; City; State; Zip Code 6229 Pueblo Pass San Angelo TX 76901	
Principal occupa	ation / Job title (See Instructions) Employer (See Instructions)	ions)
Date	Full name of contributor out-of-state PAC (ID#:) Stephan Nelle	Amount of contribution (\$) \$ 150.00
9-21-22	Contributor address; City; State; Zip Code 807 Westland San Angelo TX 76901	
Principal occupa	ation / Job title (See Instructions) Employer (See Instructions)	ons)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NE If contributor is out-of-state PAC, please see Instruction guide for additional re	EDED porting requirements.

SCHEDULE A1

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

The	e Instruction Guide explains how to complete thi	is form.	1 Total pages Schedule A1:
2 FILER NAME Project	t Destiny San Angelo		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PA		7 Amount of contribution (\$) \$ 1,677.90
9-21-22	6 Contributor address; City; 317 N. Marie San Angelo	State; Zip Code TX 76905	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)
Date	Full name of contributor out-of-state PAG	C (ID#:)	Amount of contribution (\$) \$500.00
9-21-22	Contributor address; City; P. O. Box 431 San Angelo	State; Zip Code	
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor 🔲 out-of-state PAC	C (ID#:)	Amount of contribution (\$)
9-28-22	Contributor address; City; 3034 W. Beauregard San And	State; Zip Code gelo TX 76903	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor out-of-state PAC Calvary Baptist Church	i i	Amount of contribution (\$) \$ 435.00
9-28-22	Contributor address; City; 2321 Armstrong San Ange	State; Zip Code	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
ă.			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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	s form.	1 Total pages Schedule A1:
2 FILER NAME	oject Destiny San Angelo		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAG Larry Socha	C (ID#:)	7 Amount of contribution (\$) \$ 500.00
9-28-22	6 Contributor address; City; 3409 Silver Spur San Ange	State; Zip Code	
Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date	Full name of contributor Out-of-state PAC Vera Kirkpatrick	: (ID#:)	Amount of contribution (\$) \$300.00
1-28-22	contributor address; city; 5221 Corral Way San Angelo	State; Zip Code	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor out-of-state PAC Susie Willyard	Amount of contribution (\$) \$150.00	
1-28-22	contributor address; City; 50 Southridge San Angelo	State; Zip Code TX 76904	
Principal occupa	ation / Job title (See Instructions)	Employer (See Instruction	ons)
Date - 28 - 22	Full name of contributor out-of-state PAC	(ID#:) State; Zip Code	Amount of contribution (\$) \$100.00
00 00	214 Clover Dr. San Angelo	TR 76903	
Principal occupa	ation / Job title (See Instructions)	Employer (See Instruction	ns)

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SCHEDULE A1

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

The	Instruction Guide explains how to complete thi	s form.	1 Total pages Schedule A1:
2 FILER NAME	t Destiny San Angelo		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PA Michael McEligot	C (ID#:)	7 Amount of contribution (\$) \$250.00
9-28-22	6 Contributor address; City; 1265 Tres Rios Dr. San Ang	State; Zip Code	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date 9-28-22	Full name of contributor out-of-state PACE Wesley Mikeska Contributor address; City; P. D. Box 651 San Angelo	C (ID#:) State; Zip Code	Amount of contribution (\$) \$500.00
	P.O. Box 651 San Angelo	TX 76902	
	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	State; Zip Code	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occupa	ation / Job title (See Instructions)	Employer (See Instructi	ons)
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS NE	EDED

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

	**					
Т	he Instruction Guide explains how to complete this for	1 Total pages Schedule A2:				
2 FILER NAM	Project Destiny San Angelo	3 Filer ID (Ethics Commission Filers)				
4 TOTAL C	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$ 750.00			
5 Date	6 Full name of contributor ut-of-state PAC (ID#:	Zip Code	8 Amount of 9 In-kind contribution Contribution \$ description			
		ZIP Oddo				
10 Principal oc	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)			
12 Contributor's	s principal occupation (FOR JUDICIAL)	13 Contribu	ttor's job title (FOR JUDICIAL) (See Instructions)			
14 Contributor's	s employer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spouse (if any) (FOR JUDICIAL)			
16 If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	I				
Date	Full name of contributor	Zip Code	Amount of In-kind contribution Contribution \$ description 			
Principal occ	Upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	Check if travel outside of Texas. Complete Schedule T. r (FOR NON-JUDICIAL)(See Instructions)			
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	tor'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.						

Forms provided by Texas Ethics Commission

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic Credit Ørd Payment	Fees Office Over Food/Beverage Expense Polling Expense Printing Expense Pr			Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)			
Credit Card Payment		The Instruction Guide explain	s how to c	omplete this form.			
1 Total pages Schedule F1:	2 FILER NAM	Project Destin	v San.	Angelo	3 Filer ID (Ethic	cs Commission Filers)	
4 Date 6-15-22	5 Payee nam Texas						
6 Amount (\$) \$ 27.65	7 Payee addr 2201 S	ess; Sherwood Way		San Angelo	State;	Zip Code 76901	
8	(a) Category	See Categories listed at the top of this	schedule)	(b) Description			
PURPOSE OF EXPENDITURE	bankir	ig (checks)		checks			
	(c) C	eck if travel outside of Texas. Complete So	chedule T.	Check if Austin	, TX, officeholder livin	g expense	
9 Complete ONLY if direct expenditure to benefit C/Oh		e / Officeholder name		Office sought		Office held	
Date	Payee name	9		7.00		Part Carlotte Carlott	
6-30-22	Texa	s State Bank					
Amount (\$)	Payee addr	ess;		City;	State;	Zip Code	
\$0.35	22015	sherwood Way		San Angelo	TX	76901	
	Category (S	ee Categories listed at the top of this so	chedule)	Description			
PURPOSE OF EXPENDITURE	bankı	banking service charge					
	Ch	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		/ Officeholder name		Office sought		Office held	
Date	Payee name	9					
7-29-22	Texas	State Bank					
Amount (\$)	Payee addre			City;	State;	Zip Code	
\$0.70	2301	Sherwood Way		San Angelo	TX	76901	
	Category (Se	ee Categories listed at the top of this sci	nedule)	Description			
PURPOSE OF EXPENDITURE	banki	ng		service c	harge		
	Che	ck if travel outside of Texas. Complete Sch	iedule T.	Check if Austin,	TX, officeholder living	expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		/ Officeholder name		Office sought		Office held	
	ATTA	CH ADDITIONAL COPIES (OF THIS S	CHEDULE AS NEED	ED		

SCHEDULE F1

	EXPENDITURE CATE	GORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made I Candidate/Officeholder/Politic Credit Card Payment	Event Expense Fees Food/Beverage Expense By Gitt/Awards Magazink Evenue	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)
Credit Clarid Payment	The Instruction Guide explains		On an (erner a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME	to complete this form.	
10		- Li . S - A . ()	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	stiny San Angelo	OOIP
8-15-22	Wal-Mart		
6 Amount (\$)	7 Payee address;		
\$7.87	610 W. 29th	San Angelo	State; Zip Code 70 76903
8	(a) Cotegory (2)		
	(a) Category (See Categories listed at the top of this so	chedule) (b) Description	
PURPOSE OF EXPENDITURE	printing expense	cardstock	
	(c) Check if travel outside of Texas. Complete Sch	edule T. Check if Austin,	TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
8-16-22	U.S. Postal Service		
Amount (\$)	Payee address;	City;	OL. I
\$60.00	1 N. Abe Street	San Angelo	State; Zip Code TX 76902
	Category (See Categories listed at the top of this sche	edule) Description	
PURPOSE OF EXPENDITURE	advertising expense	stamps	
	Check if travel outside of Texas. Complete Scher	dule T. Check if Austin,	TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	
expenditure to benefit C/OH		omoc bought	Office held
Date	Payee name		
8-31-22	Texas State Bank		
Amount (\$)	Payee address:	C'1	
\$0.70	2201 Sherwood Way	San Ange	State; Zip Code TX 76901
	Category (See Categories listed at the top of this sched	dule) Description	
PURPOSE OF	1		
EXPENDITURE	banking	service ch	arge
	Check if travel outside of Texas. Complete Schedu		C. officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	
expenditure to benefit C/OH		Jo oougrit	Office held
	ATTACH ADDITIONAL CODIES OF	Thic course.	
	ATTACH ADDITIONAL COPIES OF	I TII O OLHEDULE AS NEEDE	D

SCHEDULE F1

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

1							
		EXPEN	DITURE CATE	ORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment		Event Expense Fees Food/Beverage E Gift/Awards/Men Legal Services	norials Expense	Office Over Polling Ex Printing E Salaries/V		Travel In District Travel Out Of Dis	uipment & Related Expense
1 Total pages Schedule F1	2 EII ED N	IAAAF	on conceexpiains	NOW ED C	complete this form.		
4 Date	Pro	ject Des	stiny Sar	Ange	elo	3 Filer ID (Eth	ics Commission Filers)
9-9-22	5 Payeen	m Green					
6 Amount (\$)	7 Payee a				City;	State:	Zip Code
\$4.88	112 0	J. Веаи	iregard A	ve	SanAngelo	TX	76903
8 PURPOSE	(a) Categor	y (See Categories li	sted at the top of this so	chedule)	(b) Description		
OF EXPENDITURE	othe	r			election da	ta	
	(c)		of Texas. Complete Sch	edule T.	Check if Austin,	. TX, officeholder livin	ng expense
9 Complete ONLY if direct expenditure to benefit C/O	Candid H	ate / Officeholde	ername		Office sought		Office held
Date	Payee na	me		***			
9-16-22	Speci	al Even	t Insurar	nce			
Amount (\$)	Payee ad	dress;			City;	State;	Zin Cada
\$130.00	gat	hergua	rd.com		844.747.		Zip Code
	Category	(See Categories liste	ed at the top of this sche	dule)	Description		
PURPOSE OF EXPENDITURE	even	t exper	15e	etriffetjiminista printarina prin	insurance	د	
		Check if travel outside o	of Texas. Complete Sched	tule T.	Check if Austin.	TX, officeholder living	DWnonco
Complete ONLY if direct expenditure to benefit C/OH	Candida	te / Officeholder	name	The second second	Office sought		Office held
Date	Payee nar	ne					
9-19-22	Wal-	Mart					
Amount (\$)	Payee add				City;	State;	
\$246.81	610 W	1. 29th		5	an Angelo	TX	Zip Code 74903
DUDDOOF	Category (See Categories listed	at the top of this sched	ule)	Description		
PURPOSE OF EXPENDITURE	print	ing expe	nse	element (self). Department of the second	invitations	S	
		neck if travel outside of	Texas, Complete Schedu	leT.	Check if Austin, T)	K, officeholder living	PXDense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidat	e / Officeholder	name		Office sought		Office held

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 Office Overhead/Rental Expense Consulting Expense Food/Beverage Expense Transportation Equipment & Related Expense Polling Expense Contributions/Donations Made By Travel In District Gift/Awards/Memorials Expense Printing Expense Candidate/Officeholder/Political Committee Travel Out Of District Legal Services Salaries/Wages/Contract Labor Credit Card Payment Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Project Destiny San Angelo DOIP 4 Date 9-19-22 6 Amount (\$) Wal-Mart Zip Code 3440 5. Bryant San Angelo \$246.81 TX 76904 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** printing expense invitations OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 9-19-22 Wal-Mart Amount (\$) Payee address; State: Zip Code 5501 Sherwood Way San Angelo TX \$ 329.08 76904 Category (See Categories listed at the top of this schedule) Description **PURPOSE** printing expense invitations OF **EXPENDITURE** Check if travel outside of Yexas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date 9-19-22 Wa U.S. Postal Service Amount (\$) Pavee address: Zip Code San Angelo 1 N. Abe St. \$600.00 76902 Category (See Categories listed at the top of this schedule) Description **PURPOSE** advertising expense OF Stamps EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH Office held

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 Accounting/Banking Loan Repayment/Reimbursement Solicitation/Fundraising Expense Consulting Expense Office Overhead/Rental Expense Food/Beverage Expense Transportation Equipment & Related Expense Contributions/Donations Made By Polling Expense Travel In District Gift/Awards/Memorials Expense Candidate/Officeholder/Political Committee Printing Expense Travel Out Of District Legal Services Salaries/Wages/Contract Labor Credit Card Payment Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Project Destiny San Angelo DOIP 4 Date City of San Angelo 7 Payee address; 6 Amount (\$) 72 W. College State; Zip Code San Angelo \$100.00 TX76901 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** event expense Paseo rental OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 9-27-22 Wal-Mart Amount (\$) Payee address: City; State: Zip Code 610 W. 29th San Angelo \$9.87 TX76903 Category (See Categories listed at the top of this schedule) Description PURPOSE event expense OF clipboards EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 9-27-22 UPS Store Amount (\$) Payee address: State: Zip Code 3524 Knickerbocker Rd. \$41,22 San Angelo 72 76904 Category (See Categories listed at the top of this schedule) Description PURPOSE event expense OF banners/signs **EXPENDITURE** Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH Office held

SCHEDULE F1

Office held

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

expenditure to benefit C/OH

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Accounting/Banking Solicitation/Fundraising Expense Consulting Expense Transportation Equipment & Related Expense Food/Beverage Expense Contributions/Donations Made By Polling Expense Gift/Awards/Memorials Expense Travel In District Candidate/Officeholder/Political Committee Printing Expense Travel Out Of District Legal Services Salaries/Wages/Contract Labor Credit Card Payment Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Project Destiny San Angelo OOIP 4 Date 5 Payee name Sam's Club Dam's Club ree address: 5749 Sherwood Way San Angelo Zip Code \$73.05 TX 76904 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** event expense OF drinks EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH Office held Date Payee name Amount (\$) Payee address: City; State: Zip Code Category (See Categories listed at the top of this schedule) Description PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH Office held Date Payee name Amount (\$) Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a) Advertising Expense					
	The Instruction Guide explains how to co	omplete this form.			
1 Total pages Schedule F2:	Project Destiny San Ange	elo	3 Filer ID (Ethics Com	mission Filers)	
4 TOTAL OF UNITER	MIZED UNPAID INCURRED OBLIGATIONS	1	\$ BRADORADO	مو	
5 Date	6 Payee name				
9-16-22	Mike Stevens				
7 Amount (\$) \$ 38,500,00	8 Payee address; 6923 Indiana Ave. Box 293	city; 2 Lubbock	State;	Zip Code 19413	
9 TYPE OF EXPENDITURE	Political Non-Politi	tical			
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing/consulting	(b) Description pastor pack pastcards, m	kets, Catholic nailer, consul-	data 4 ting	
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expe	ense	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name Offi	fice sought	Office held		
Date	Payee name				
9-22-22	Tom Green County				
Amount (\$)	Payee address;	City;	State;	Zip Code	
\$4.88	112 W. Beauregard	SanAngelo		6903	
TYPE OF EXPENDITURE	Political Non-Polit	tical			
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	other	election d	lata		
	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tin, TX, officeholder living exp	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Off	ice sought	Office held		
	ATTACH ADDITIONAL COPIES OF THIS SC	HEDULE AS NEE	DED		