

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) 001P	2 Total pages filed: 16
3 COMMITTEE NAME Project Destiny San Angelo		OFFICE USE ONLY	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 90 E. 14th Street San Angelo, TX 76903		Date Received 10/31/2022 @ 9:33 am
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Tanya L. NICKNAME LAST SUFFIX Abbott	(Date Hand-delivered or Date Postmarked) Receipt # Amount \$ 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 <input type="checkbox"/> Change of Address	STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 201 Clover Drive San Angelo TX 76903		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (325) 656-1617		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Dissolution Report (Attached PAC-FR) <input type="checkbox"/> Runoff <input type="checkbox"/> 10th day after campaign treasurer termination		
10 PERIOD COVERED	Month Day Year Month Day Year 09 / 30 / 2022 THROUGH 10 / 29 / 2022		
11 ELECTION	ELECTION DATE Month Day Year 11 / 8 / 2022	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special Description _____	

GO TO PAGE 2

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

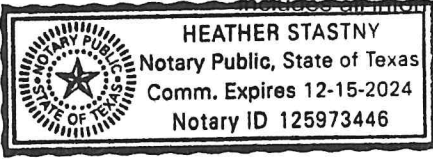
FORM SPAC
COVER SHEET PG 2

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

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)	\$ 190.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) <u>A1+A2</u>	\$ 66,546.71
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 64,498.74
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 2,475.98
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

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 31st day of October, 20 22, to certify which, witness my hand and seal of office.

Heather Stastny Heather Stastny Deputy City Clerk
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

(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 <i>Project Destiny San Angelo</i>		18 Filer ID (Ethics Commission Filers) <i>001 P</i>
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>21,496.71</i>
2.	<input checked="" type="checkbox"/> SCHEDULE A2 : NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>45,240.00</i>
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ <i>0</i>
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$ <i>0</i>
5.	<input type="checkbox"/> SCHEDULE C2 : NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$ <i>0</i>
6.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATON OR LABOR ORGANIZATION	\$ <i>0</i>
7.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ <i>0</i>
8.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>64,498.74</i>
9.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ <i>0</i>
10.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>0</i>
11.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ <i>0</i>
12.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ <i>0</i>
13.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>0</i>
14.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ <i>0</i>

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

1 of 7

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 7
2 FILER NAME Project Destiny San Angelo		3 Filer ID (Ethics Commission Filers) 001P
4 Date 10-7-22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jane Holland	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 3010 Grandview San Angelo TX 76904		

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
---	-------------------------------

Date 10-7-22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Annabelle Powell	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code 3802 Gemini Dr. 2D San Angelo TX 76903		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
---	-----------------------------

Date 10-12-22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lloyd Woodfin	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code 4102 S. Jackson San Angelo TX 76903		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
---	-----------------------------

Date 10-12-22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) College Hills Baptist Church	Amount of contribution (\$) \$508.00
Contributor address; City; State; Zip Code 2102 Johnson Ave. 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

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

2 of 7

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

7

2 FILER NAME

Project Destiny San Angelo

3 Filer ID (Ethics Commission Filers)

001 P

4 Date

10-12-22

5 Full name of contributor

Joe Hyde

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$500.00

6 Contributor address;

City;

State;

Zip Code

2001 W. Beauregard San Angelo TX 76901

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10-12-22

Full name of contributor

Cross Roads Assembly of God

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$100.00

Contributor address;

City;

State;

Zip Code

301 N. Marie St. San Angelo TX 76905

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10-17-22

Full name of contributor

Linda Melone

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$100.00

Contributor address;

City;

State;

Zip Code

3210 Palo Duro Dr. San Angelo TX 76904

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

Daniel Jensen

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$250.00

Contributor address;

City;

State;

Zip Code

2869 Joshua St. San Angelo TX 76905

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

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

3 of 7

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

7

2 FILER NAME

Project Destiny San Angelo

3 Filer ID (Ethics Commission Filers)

001P

4 Date

10-17-22

5 Full name of contributor

Delanna Herring

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$250.00

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

10-17-22

Full name of contributor

Muriel Emerson

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$250.00

Contributor address;

City;

State;

Zip Code

11161 Twin Lakes Ln. San Angelo TX 76904

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10-17-22

Full name of contributor

Deborah Baker

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$120.00

Contributor address;

City;

State;

Zip Code

1967 Overhill Dr. San Angelo TX 76904

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10-17-22

Full name of contributor

Larry Socha

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$1500.00

Contributor address;

City;

State;

Zip Code

3409 Silver Spur 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

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

4 of 7

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

7

2 FILER NAME

Project Destiny San Angelo

3 Filer ID (Ethics Commission Filers)

001 P

4 Date

10-19-22

5 Full name of contributor

Tanya Abbott

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$250.00

6 Contributor address;

City;

State;

Zip Code

201 Clover Dr. San Angelo TX 76903

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10-21-22

Full name of contributor

Charlie Smith

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$1000.00

Contributor address;

City;

State;

Zip Code

3102 Briargrove San Angelo TX 76904

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10-21-22

Full name of contributor

Jay Dickens

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$1000.00

Contributor address;

City;

State;

Zip Code

5517 Columbine San Angelo TX 76904

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10-21-22

Full name of contributor

Rose Pelzel

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$5000.00

Contributor address;

City;

State;

Zip Code

3550 Silver Spur 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

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

5 of 7

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

7

2 FILER NAME

Project Destiny San Angelo

3 Filer ID (Ethics Commission Filers)

001 P

4 Date

10-21-22

5 Full name of contributor

Rose Pelzel

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$ 5,000.00

6 Contributor address;

City;

State;

Zip Code

2350 Co Op Rd Garden City TX 79739

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10-21-22

Full name of contributor

Mary Ann Wilson

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 200.00

Contributor address;

City;

State;

Zip Code

5529 Enclave Ct. San Angelo TX 76904

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10-21-22

Full name of contributor

Calvary Baptist Church

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 200.00

Contributor address;

City;

State;

Zip Code

2321 Armstrong San Angelo TX 76903

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10-24-22

Full name of contributor

Loann Baker

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 60.00

Contributor address;

City;

State;

Zip Code

214 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

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

6 of 7

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

7

2 FILER NAME

Project Destiny San Angelo

3 Filer ID (Ethics Commission Filers)

001 P

4 Date

10-24-22

5 Full name of contributor

out-of-state PAC (ID#: _____)

Cleve Moore

7 Amount of contribution (\$)

\$620.00

6 Contributor address;

City;

State;

Zip Code

2731 Briargrove San Angelo TX 76904

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10-26-22

Full name of contributor

out-of-state PAC (ID#: _____)

Rebecca Long

Amount of contribution (\$)

\$100.00

Contributor address;

City;

State;

Zip Code

517 S. Jefferson San Angelo TX 76901

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10-26-22

Full name of contributor

out-of-state PAC (ID#: _____)

Linda Cox

Amount of contribution (\$)

\$100.00

Contributor address;

City;

State;

Zip Code

4846 N. Berstwood San Angelo TX 76904

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10-26-22

Full name of contributor

out-of-state PAC (ID#: _____)

Christoval Baptist Church

Amount of contribution (\$)

\$3,298.71

Contributor address;

City;

State;

Zip Code

P.O. Box 241 Christoval TX 76935

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

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

7 of 7

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

7

2 FILER NAME

Project Destiny San Angelo

3 Filer ID (Ethics Commission Filers)

001 P

4 Date

10-26-22

5 Full name of contributor

out-of-state PAC (ID#: _____)

Christian Fellowship Baptist Church

7 Amount of contribution (\$)

\$500.00

6 Contributor address;

City;

State;

Zip Code

211 W. 17th San Angelo TX 76903

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor

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

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

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.

1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 2	
2 FILER NAME Project Destiny San Angelo		3 Filer ID (Ethics Commission Filers) 001P	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ Ø	
5 Date 10-21-22	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mike Stevens	8 Amount of Contribution \$ \$7,900.00	9 In-kind contribution description text messaging voters
7 Contributor address; City; State; Zip Code 6923 Indiana Ave. Lubbock TX 79413 Box 292		<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 10-21-22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mike Stevens	Amount of Contribution \$ \$2,200.00	In-kind contribution description e-mailing voters
Contributor address; City; State; Zip Code 6923 Indiana Ave. Lubbock TX 79413 Box 292		<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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <u>2</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>Ø</u>	
5 Date <u>10-21-22</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Mike Stevens</u>	8 Amount of Contribution \$ <u>\$34,600.00</u>	9 In-kind contribution description <u>consulting fees</u> <u>June 1 - Nov. 8</u>
	7 Contributor address; City; State; Zip Code <u>6923 Indiana Ave. Lubbock TX 79413</u> <u>Box 292</u>	<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 <u>10-21-22</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Mike Stevens</u>	Amount of Contribution \$ <u>\$540.00</u>	In-kind contribution description <u>travel</u>
	Contributor address; City; State; Zip Code <u>6923 Indiana Ave. Lubbock TX 79413</u> <u>Box 292</u>	<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: 4	2 FILER NAME Project Destiny San Angelo	3 Filer ID (Ethics Commission Filers) 001P
--	---	--

4 Date 9-30-22	5 Payee name Texas Bank
--------------------------	-----------------------------------

6 Amount (\$) \$3.50	7 Payee address; 2201 Sherwood Way	City; San Angelo	State; TX	Zip Code 76901
--------------------------------	--	----------------------------	---------------------	--------------------------

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) banking	(b) Description service charge
	(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
---	-------------------------------	---------------	-------------

Date 10-12-22	Payee name Mike Stevens
-------------------------	-----------------------------------

Amount (\$) \$35,000.00	Payee address; 6923 Indiana Avenue Box 292	City; Lubbock	State; TX	Zip Code 79413
-----------------------------------	--	-------------------------	---------------------	--------------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) printing/consulting	Description pastor packets, Cath. data, postcards, mailer, consulting
	<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
---	-------------------------------	---------------	-------------

Date 10-13-22	Payee name Tom Green County
-------------------------	---------------------------------------

Amount (\$) \$4.88	Payee address; Other 112 W. Beauregard	City; San Angelo	State; TX	Zip Code 76903
------------------------------	--	----------------------------	---------------------	--------------------------

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 ONLY 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.

2

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: 4	2 FILER NAME Project Destiny San Angelo	3 Filer ID (Ethics Commission Filers) 001 P
--	---	---

4 Date 10-17-22	5 Payee name Sam's Club
---------------------------	-----------------------------------

6 Amount (\$) \$47.84	7 Payee address; 5749 Sherwood Way	City; San Angelo	State; TX	Zip Code 76904
---------------------------------	--	----------------------------	---------------------	--------------------------

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) event expense	(b) Description food / beverage
	(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 10-17-22	Payee name Market Street
-------------------------	------------------------------------

Amount (\$) \$97.52	Payee address; 3121 Sunset Drive	City; San Angelo	State; TX	Zip Code 76904
-------------------------------	--	----------------------------	---------------------	--------------------------

8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) event expense	Description food / beverage
	<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 10-19-22	Payee name United States Postal Service
-------------------------	---

Amount (\$) \$1,320.00	Payee address; 1 N. Abe	City; San Angelo	State; TX	Zip Code 76902
----------------------------------	-----------------------------------	----------------------------	---------------------	--------------------------

8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) advertising	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 <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.

3

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: 4	2 FILER NAME Project Destiny San Angelo	3 Filer ID (Ethics Commission Filers) 001 P
---------------------------------	--	--

4 Date 10-21-22	5 Payee name United States Postal Service
--------------------	--

6 Amount (\$) \$480.00	7 Payee address; 3201 Loop 306	City; San Angelo	State; TX	Zip Code 76904
---------------------------	-----------------------------------	---------------------	--------------	-------------------

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) advertising	(b) Description stamps
	(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
---	-------------------------------	---------------	-------------

Date 10-21-22	Payee name United States Postal Service
------------------	--

Amount (\$) \$720.00	Payee address; 1 N. Abe	City; San Angelo	State; TX	Zip Code 76902
-------------------------	----------------------------	---------------------	--------------	-------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) advertising	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
---	-------------------------------	---------------	-------------

Date 10-25-22	Payee name Media Advantage
------------------	-------------------------------

Amount (\$) \$2,120.00	Payee address; 59 N. Chadbourne	City; San Angelo	State; TX	Zip Code 76903
---------------------------	------------------------------------	---------------------	--------------	-------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) advertising	Description TV ads
	<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
---	-------------------------------	---------------	-------------

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.

4

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: 4	2 FILER NAME Project Destiny San Angelo	3 Filer ID (Ethics Commission Filers) 001 P
4 Date 10-26-22	5 Payee name Mike Stevens	
6 Amount (\$) \$3500.00	7 Payee address; 6923 Indiana Ave. Box 292	City; State; Zip Code Lubbock TX 79413
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) printing/consulting	(b) Description pastor packets, Cath. 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	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 10-26-22	Payee name Mike Stevens		
Amount (\$) \$7500.00	Payee address; 6923 Indiana Ave. Box 292	City; State; Zip Code Lubbock TX 79413	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) printing	Description 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	

Date 10-26-22	Payee name Mike Stevens		
Amount (\$) \$13,705.00	Payee address; 6923 Indiana Ave. Box 292	City; State; Zip Code Lubbock TX 79413	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) printing/consulting	Description mailer, social media, consulting	
	<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