## 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)  OOIP				2 Total pages filed:	
3	3 COMMITTEE NAME			OFFICE USE ONLY	
	Project De	estiny San Angelo		Date Received	
4	COMMITTEE	ADDRESS / PO BOX; APT / SUITE #; CIT	TY; STATE; ZIP CODE	10/31/2022	
_	ADDRESS			@ 9:33 am	
	Change of Address				
		90 E. 14th Street 5	San Angelo, TX		
			76903	Date Hand-delivered or Date Postmarked	
5	CAMPAIGN TREASURER	MS (MRS) MR FIRST	MI	Receipt # Amount \$	
	NAME	Tanya NICKNAME LAST	L.	Date Processed	
		Abbott	SUFFIX	Date Imaged	
6	CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITI	E#; CITY; STATE;	ZIP CODE	
	TREASURER STREET ADDRESS (Residence or Business)	201 Clover Drive			
7	CAMPAIGN TREASURER MAILING ADDRESS	STREET ADDRESS OR PO BOX; APT / SUITE	E#; CITY; STATE;	ZIP CODE	
	Change of Address	201 Clover Drive :	San Angelo TX	76903	
8	CAMPAIGN TREASURER	AREA CODE PHONE NUMBER	EXTENSION		
	PHONE	(325) 656-1617			
9	REPORTTYPE	July 15 8th	day before election day before election	Exceeded Modified Reporting Limit  Dissolution Report (Attached PAC-FR)  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	ELECTION TYPE		
		Month Day Year Primary  II / 8 / 2022 General		ner	

# SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC COVER SHEET PG 2

12 COMMITTEE NAME				<b>13</b> Fi	ler ID (Ethics Commission Filers)	
	iny	San Angelo		0	OI P	
14 COMMITTEE PURPOSE (Attach lists on plain paper	er to	CANDIDATE	CANDIDATE/OFFICEHOLDER NAME			
complete this report if necessary.)			OFFICE SOUGHT (candidate) / OFFICE HELD (office	eholder)		
SUPPORT		OFFICEHOLDER				
(Candidate or Measur	e)		BALLOT IDENTIFICATION /# ELECTION DATE  Month Day Year			
OPPOSE	>		1 (	120	Oay Year / 2022	
(Candidate or Measu	re)	MEASURE	DESCRIPTION	/ 6	/ 2022	
ASSIST (Officeholder)			Sanctuary City for t	he U	Inborn	
15 CONTRIBUTION TOTALS	1.	PLEDGES, LOANS, OF	POLITICAL CONTRIBUTIONS (OTHER THAN R GUARANTEES OF LOANS, OR DE ELECTRONICALLY)		\$ 190.00	
	2.	TOTAL POLITICAL ( (OTHER THAN PLEDG	CONTRIBUTIONS ES, LOANS, OR GUARANTEES OF LOANS)	1+42	\$ 6 <b>6</b> ,546.71	
EXPENDITURE TOTALS	. 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES				\$ 0	
4.		TOTAL POLITICAL EXPENDITURES		\$ 64,498.74		
CONTRIBUTION 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY SALANCE STATE OF THE REPORTING PERIOD \$				\$ 2,475.98		
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMO LAST DAY OF THE REI	OUNT OF ALL OUTSTANDING LOANS AS OF PORTING PERIOD	THE	\$ -0	
16 SIGNATURE	swea	r, or affirm, under pen	alty of perjury, that the accompanying	report	is true and correct and	
	nolude	all information requir	red to be reported by me under Title 15			
HEATH		ASTNY te of Texas	1- 00	1-2	1	
Comm. Ex	pires 1	2-15-2024	Signature of Campaign	Col	Or (Declarent)	
Notary	ID 125			rreasur	er (Declarant)	
		Please co	emplete either option below:			
(1) Affidavit						
AFFIX NOTARY STAMP / S	SEALAE	OVE				
Sworn to and subscrib	ed het	ore me by the said	Tanua Abbott		, this the $3 8t$	
			ch, witness my hand and seal of office.		, this the UI -	
1 DALANI-					0. 0.	
Signature of officer and in		Heath		put	0000	
Signature of officer ad hi	listerii	g datif Printed ha	ame of officer administering oath  OR	Title	of officed administering oath	
(2) Unsworn Declaration	on					
My name is			, and my date of birth is			
My address is						
Francis d'A		(street)	(city)		e) (zip code)(country)	
Executed in		County, State of	, on the day of (month	n)	20 (vear)	
			· ·		M	
			Signature of Camp	paign Tre	easurer (Declarant)	

### **SUBTOTALS-SPAC**

## FORM SPAC COVER SHEET PG 3

2000		1	
17	COMMITTEE NAME	mmission Filers)	
	Project Destiny San Angelo	001 P	
19	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 21,496.71
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$45,240.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ 0
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LA	ABOR ORGANIZATION	\$ 0
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORFORGANIZATION	PORATION OR LABOR	\$ 0
6.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATON OR LABO	PR ORGANIZATION	\$ 0
7.	SCHEDULE E: LOANS		\$ 0
8.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CON	NTRIBUTIONS	\$ 64, 498.74
9.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 0
10.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL OF	CONTRIBUTIONS	\$ 0
11.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ &
12.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$ 0
13.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ 0
14.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION TO FILER	NS RETURNED	\$ 0

### SCHEDULE A1

		1 01 7			
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:			
2 FILER NAME		3 Filer ID (Ethics Commission Filers)			
	Project Destiny San Angelo	001P			
4 Date	5 Full name of contributor	7 Amount of contribution (\$)			
	Jane Holland	\$ 100.00			
10-7-22	6 Contributor address; City; State; Zip Code				
	3010 Grandview San Angelo TX 76904				
8 Principal occu	pation / Job title (See Instructions)  9 Employer (See Instru	octions)			
Date	Full name of contributor	Amount of contribution (\$)			
	Annabelle Powell	\$ 50.00			
10-7-22	Contributor address; City; State; Zip Code				
	3802 Gemini Dr. 2D San Angelo TX 76903				
Principal occup	pation / Job title (See Instructions) Employer (See Instru	ctions)			
Date	Full name of contributor	Amount of contribution (\$)			
	Lloyd Woodfin	\$ 250.00			
10-12-22	Contributor address; City; State; Zip Code				
	4102 S. Jackson San Angelo TX 76903				
Principal occup	eation / Job title (See Instructions)  Employer (See Instru	ctions)			
Date	Full name of contributor	Amount of contribution (\$)			
	College Hills Baptist Church	\$508.00			
10-12-22	Contributor address; City; State; Zip Code				
	2102 Johnson Ave. San Angelo TX 76904				
Principal occup	ation / Job title (See Instructions) Employer (See Instruc	ctions)			
	· · · · · · · · · · · · · · · · · · ·				

### SCHEDULE A1

2 of 7						
Th	e Instruction Guide explains how	v to complete th	nis form.	1 Total pages Schedule A1:		
2 FILER NAME				3 Filer ID (Ethics Commission Filers)		
Projec	t Destiny San Ange	OOL P				
4 Date	5 Full name of contributor	out-of-state P	AC (ID#:	7 Amount of contribution (\$)		
	Joe Hyde			\$ 500.00		
10-12-22	6 Contributor address;	City;	State; Zip Code	. 308.00		
	2001 W. Beaurego	ard San A				
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instru	ctions)		
Date	Full name of contributor	out-of-state PA	AC (ID#:)	Amount of contribution (\$)		
	Cross Roads Assembly of God		\$100.00			
10-12-22	Contributor address;	City;	State; Zip Code			
	301 N. Marie St.	San Ange	lo TX 76905			
Principal occup	pation / Job title (See Instructions)	<b>V</b>	Employer (See Instruc	etions)		
Date	Full name of contributor	Out-of-state PAG	C (ID#:)	Amount of contribution (\$)		
10 10 -	Linda Melone			\$ 100.00		
10-17-22	Contributor address;	City;	State; Zip Code			
	3210 Palo Duro Dr	. San Ange	elo TX 76904			
Principal occup	ation / Job title (See Instructions)		Employer (See Instruc	tions)		
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)		
	Daniel Jensen			\$ 250.00		
	Contributor address;	City;	State; Zip Code			
	2869 Joshua St.	San Ange	elo TX 76905			
Principal occupa	ation / Job title (See Instructions)		Employer (See Instruction	ions)		

### SCHEDULE A1

		and page in the repr	3 of 7
The	e Instruction Guide explains how to complete th	is form.	1 Total pages Schedule A1:
2 FILER NAME	ct Destiny San Angelo		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor  ut-of-state PA	C (ID#:)	7 Amount of contribution (\$)
10-17-22	Delanna Herring 6 Contributor address; City; 3005 Clearview Dr. San Ang	State; Zip Code	\$250.00
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instruct	tions)
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
10-17-22	Muriel Emerson  Contributor address; City:	State; Zip Code	\$ 250.00
10 11 44	11161 Twin Lakes Ln. San An		
Principal occup	oation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
	Deborah Baker		\$120.00
10-17-22	Contributor address; City; 1967 Overhill Dr. San Ang	State; Zip Code	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor  out-of-state PAC  Larry Socha	(ID#:)	Amount of contribution (\$) \$ 1500.00
10-17-aa	Contributor address; City;	State; Zip Code	1,000.00
Principal occupa	3409 Silver Spur Dr. San A	Employer (See Instruction	ns)

### SCHEDULE A1

			4 of 7
The	Instruction Guide explains how to comple	ete this form.	1 Total pages Schedule A1:
2 FILER NAME Project	Destiny San Angelo		3 Filer ID (Ethics Commission Filers)
4 Date	F	tate PAC (ID#:)	7 Amount of contribution (\$) \$ 250.00
10-19-22	6 Contributor address; City; 201 Clover Dr. San A	State; Zip Code	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)
Date	Full name of contributor	ate PAC (ID#:)	Amount of contribution (\$)
	Charlie Smith		\$1000.00
10-21-22	Contributor address; City;	State; Zip Code	
	3102 Briargrove Sant	Angelo TR 76904	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor	ite PAC (ID#:)	Amount of contribution (\$)
10.01.00	Jay Dickens		\$1000.00
10-21-22	Contributor address; City;	State; Zip Code	
	5517 Columbine San	Angelo TR 76904	
Principal occupa	ation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor  ut-of-stat	te PAC (ID#:)	Amount of contribution (\$)
-	Rose Pelzel		\$ 5000.00
10-21-22	Contributor address; City;	State; Zip Code	
	3550 Silver Spur San Ar	ngelo TX 76904	
Principal occupa	tion / Job title (See Instructions)	Employer (See Instruction	ons)

### SCHEDULE A1

		5 of 7
Th	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Project	Destiny San Angelo	OOI P
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$) \$ 5,000.00
10-21-22	6 Contributor address; City; State; Zip Code	F 3,000.00
	2350 Co Op Rd Garden City TX 79739	
8 Principal occu	upation / Job title (See Instructions)  9 Employer (See Instructions)	structions)
Date	Full name of contributor	
	11 2 - 1 111	Amount of contribution (\$)
10-21-22	Mary Ann Wilson	\$ 200.00
10° 01 - 00	Contributor address; City; State; Zip Code	
Date No Fr Fr.	5529 Enclave Ct. San Angelo TX 7690	4
Principal occup	pation / Job title (See Instructions) Employer (See Ins	tructions)
Date	Full name of contributor	1
	Calvary Baptist Church	Amount of contribution (\$)
10-21-22	Contributor address; City; State; Zip Code	
	2321 Armstrong San Angelo TX 76903	3
Principal occup	ation / Job title (See Instructions) Employer (See Inst	
Date	Full name of contributor	Amount of contribution (\$)
	Loann Baker	\$60.00
10-24-22	Contributor address; City; State; Zip Code	
	214 Clover Dr. San Angelo TX 76903	
Principal occupa	ation / Joh title /C I I	
27	Employer (See Instructions)	uctions)

### SCHEDULE A1

		6 of 7
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Project	Destiny San Angelo  5 Full name of contributor Out-of-state PAC (ID#:	OOI P
4 Date	5 Full name of contributor	7 Amount of contribution (\$)
	Cleve Moore	
10-24-22	6 Contributor address; City; State;	\$ 620.00
	2731 0	Zip Code
8 Principal age	2731 Briangrove San Angelo-	1876904
• Fincipal occu	pation / Job title (See Instructions) 9 Emplo	oyer (See Instructions)
	T. II.	
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
	Rebecca Long	\$100.00
10-26-22	Contributor address	
10 40 44	517 S la Cosca C A	Zip Code
	517 S. Jefferson San Angelo TX	7690/
Principal occup		yer (See Instructions)
Date	Full name of contributor	Amount of contribution (\$)
	Linda Cox  Contributor address; City; State;	\$100.00
10-26-22	Contributor aridrase:	
	City; State;	Zip Code
	4846 N. Bentwood San Angelo-	TX 76904
Principal occupa	ation / Joh title /Con Install	ver (See Instructions)
Date	Full name of contributor	Amount of contribution (\$)
	Christonal Bootist Ch.	
n - 11 - 22 -	Christoval Baptist Church  Contributor address; City; State: 7	\$ 3,298.71
0-26-22	)	lip Code
	P.O. Box 241 Christoval TX 7	6935
Principal occupa	tion / Job title (See Instructions) Employe	er (See Instructions)
		,
-		

#### SCHEDULE A1

			7 of 7
	e Instruction Guide explains how to complete the	nis form.	1 Total pages Schedule A1:
2 FILER NAM			3 Filer ID (Ethics Commission Filers)
Project	Destiny San Angelo		001 P
4 Date	5 Full name of contributor  ut-of-state F	AC (ID#:)	7 Amount of contribution (\$)
	Christian Fellowship Ba	ptist Church	\$ 500.00
10-26-22	6 Contributor address; City;	State; Zip Code	
	5 Full name of contributor out-of-state P  Christian Fellowship Ba  6 Contributor address; City;  211 W. 17th San Angelo  upation / Job title (See Instructions)	TR 76903	
8 Principal occ	upation / Job title (See Instructions)	9 Employer (See Instruc	tions)
			,
Date	Full name of contributor	AC (ID#:)	Amount of a still it is
			Amount of contribution (\$)
	Contributor address; Citv:		
	Contributor address; City;	State; Zip Code	
D.:			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ions)
D-1-			
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
			=
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	One)
			ons)
Date	Full name of contributor	C (ID#:	
			Amount of contribution (\$)
	Contributor address; City:		
	City;	State; Zip Code	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
			1

## NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

#### SCHEDULE A2

If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Project Destiny San Angelo 001P 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS \$ 6 Full name of contributor out-of-state PAC (ID#: 5 Date Amount of 9 In-kind contribution Contribution \$ description Mike Stevens text messaging \$7,900.00 10-21-22 7 Contributor address; State; Zip Code 6923 Indiana Aue. Lubbock ΤX 79413 \_\_ Check if travel outside of Texas. Complete Schedule T. Box aga 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) Full name of contributor ut-of-state PAC (ID#:\_ Amount of In-kind contribution Date Contribution \$ description Mike Stevens e-mailing \$2,200.00 10-21-22 Contributor address; State; Zip Code 6923 Indiana Aue. TX Lubbock 79413 Check if travel outside of Texas. Complete Schedule T. Box aga 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)

## 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: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Project Destiny San Angelo 001P 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS 5 Date 6 Full name of contributor Out-of-state PAC (ID#: Amount of 9 In-kind contribution Contribution \$ description consulting fees 10-21-22 7 Contributor address; State; Zip Code June 1 - Nov. 8 6923 Indiana Ave. Lubbock TX 79413 Box 292 \_\_\_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 In-kind contribution Contribution \$ Mike Stevens description Contributor address; \$540.00 travel State: Zip Code 6923 Indiana Aue. Lubbock TX Box aga 79413 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)

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

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

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### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Manas/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out of District
Other/force extractions and the second

Candidate/Officeholder/Politi		Expense :/Wages/Contract Labor	Travel Out Of Distr	ict gory not listed above)
Credit Card Payment	The Instruction Guide explains how to		Once ferries a care	gory nor isted above)
1 Total pages Schedule F1	2 FILER NAME		3 Filer ID (Ethic	cs Commission Filers)
4	10	001 F		
4 Date	Project Destiny San Ange	1	OUTF	
9-30-22	Texas Bank			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
\$3.50	2201 Sherwood Way	San Angelo	TZ	76901
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF	la avaletta a	6050	-1	
EXPENDITURE	banking	service	charge	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living	g expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
10-12-22	Mike Stevens			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$35,000.00	6923 Indiana Avenue Box 292	Lubbock	TR	79413
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	Drivetine / 11	pastor packets	, Cath. data	. Dostra rds
OF EXPENDITURE	Printing/consulting	mailer, consulting		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
expenditure to belieff C/OH	1			
Date	Payee name			
10-13-22	Tom Green County			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$4.88	Other 112 W. Beauregar	d 6. 1		
1 1100		d San Angel	0 TX	76903
DUDDO	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF	011	election dat	ta	
EXPENDITURE	Other	EILLIGICAL		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, T	X, officeholder living e	xpense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL CODITO OF THE			

# 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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

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

Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment	cal Committee Legal Services	Printing Expense Printing Expense Salaries/Wages/Contract Labor		trict egory not listed above)
1 Total pages Schedule F1			3 Filer ID (Eth	ics Commission Filers)
4 Date	Project Destiny Sant	togelo	0011	7
10-17-aa	Sam's Club	9		
6 Amount (\$)	7 Payee address;	0"		
,		City;	State;	Zip Code
\$47.84	5749 Sherwood Way	San Ang	elo TX	76904
8	(a) Category (See Categories listed at the top of this s	chedule) (b) Description		
PURPOSE OF EXPENDITURE	event expense	food/b	everage	
	(c) Check if travel outside of Texas. Complete Sch		Austin, TX, officeholder livin	ng expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
10-17-22	Market Street			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$ 97.52	3121 Sunset Drive	San Ang	elo TX	76904
	Category (See Categories listed at the top of this sch	edule) Description		
PURPOSE OF EXPENDITURE	event expense	food/be	verage	
	Check if travel outside of Texas. Complete Sche	edule T. Check if A	ustin, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
10-19-22	United States Postal	Service		
Amount (\$)	Payee address;	City;	State;	Zip Code
\$1,320.00	1 N. Abe	San Ange	do TX	76902
PURPOSE	Category (See Categories listed at the top of this sche			
OF EXPENDITURE	advertising	stamps		
	Check if travel outside of Texas. Complete Scheo	lule T. Check if Au	stin, TX, officeholder living	РУДОЛОВ
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	,onomorali urally	Office held
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NE	EDED	

### 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 Accounting/Banking Consulting Expense Candidate/Officeholder/Political Committee

Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel Out Of District

Contributions/Donations Made By 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: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Project Destiny San Angelo 5 Payer name United States Postal Service 10-21-22 6 Amount (\$) City; State; Zip Code \$480.00 3201 LOOP 306 SanAngelo TX 76904 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE advertising OF Stamps **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 Pavee name United States Postal Service 10-21-22 City: Zip Code \$720.00 San Angelo TR IN. Abe 76902 Category (See Categories listed at the top of this schedule) Description PURPOSE advertising stamps EXPENDITURE Check if travel outside of Texas. 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 Media Advantage 10-25-22 City: State: Zip Code 59 N. Chadbourne \$2,120.00 San Angelo 76903 Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF advertising TV ads 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

### 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 **Event Expense** Food/Beverage Expense Gift/Awards/Memorials Expense

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 Card Payment 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 5 Payer name 001 P Mike Stevens 10-26-22 6 Amount (\$) 7 Payee address; State: Zip Code 6923 Indiana Ave. Lubbock \$3500.00 TX 79413 Box aga 8 (a) Category (See Categories listed at the top of this schedule) (b) Description pastor packets, Cath. data, postcards, **PURPOSE** printing/consulting OF mailer, consulting **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name Mike Stevens 10-26-22 Amount (\$) State: Zip Code 6923 Indiana Ave. Lubbock \$7500.00 TX 79413 Box 292 Category (See Categories listed at the top of this schedule) Description **PURPOSE** printing OF 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 Office held expenditure to benefit C/OH Date Pavee name 10-26-22 Mike Stevens Payee address: City; State: Zip Code 6923 Indiana Ave. \$13,705.00 Lubbock TX 79413 Box 292 Category (See Categories listed at the top of this schedule) Description mailer, social media. **PURPOSE** printing/consulting consulting **EXPENDITURE** Check if travel outside of Texas. 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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED