

**CORRECTION/AMENDMENT AFFIDAVIT
FOR POLITICAL COMMITTEE**

FORM COR-PAC

1 Filer ID (Ethics Commission Filers)		2 Total pages filed: <i>PA 15</i>		OFFICE USE ONLY Abilene City Secretary MAY 22 2023 Filed for Record	
3 COMMITTEE NAME		<i>Project Destiny Abilene</i>			
4 TREASURER NAME		<i>David Schmidt</i>			
5 ORIGINAL REPORT TYPE		<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> Runoff <input type="checkbox"/> July 15 <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution Report <input type="checkbox"/> 8th day before election <input type="checkbox"/> Other (specify _____)			
6 ORIGINAL PERIOD COVERED		Month Day Year Month Day Year <i>10 / 25 / 21</i> THROUGH <i>12 / 31 / 21</i>		Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged	

7 EXPLANATION OF CORRECTION
attached

8 SIGNATURE I swear, or affirm, under penalty of perjury, that this corrected report is true and correct. I further affirm that I have complied with Section 305.028, Government Code (Prohibited Conflicts of Interest).
Check ONLY if applicable:
 I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the original report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

David Schmidt
Signature of Campaign Treasurer

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is *David Schmidt*, and my date of birth is *9/10/83*
 My address is *3818 Kala Dr*, *Abilene*, *TX*, *79606*, *USA*
 (street) (city) (state) (zip code) (country)
 Executed in *Taylor* County, State of *Texas*, on the *22* day of *May*, 20 *23*
 (month) (year)
David Schmidt
 Signature of Campaign Treasurer (Declarant)

**Remember To Attach Any Part Of The Campaign Finance Report Form
Needed To Report And Explain Corrections**

EXPLANATION OF CORRECTION

- Correctly disclosing the total amount of political contributions maintained as of the last day of the reporting period
- Correcting disclosed amount of all political contributions accepted and the total amount of all political expenditures made during this period, including unitemized totals
- Correcting disclosed political contributions for corporations on the correct reporting schedules C1 and/or C2
- Correcting and giving specific descriptions of expenditures that in the aggregate exceeded \$180
- Correcting where the report failed to report the address of each person to the SPAC made expenditures that in the aggregate exceeded \$180
- Correcting where the treasurer originally failed to swear or affirm, under penalty of perjury, that the report was true and correct and included all information required to be reported under Title 15 of the Election Code
- Correcting where the report failed to give specific description of the expenditures made to "Textedly"

**SPECIFIC-PURPOSE COMMITTEE
CAMPAIGN FINANCE REPORT**

**FORM SPAC
COVER SHEET PG 1**

The SPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <div style="font-size: 2em; text-align: center;">15</div>
3 COMMITTEE NAME <div style="font-size: 1.5em; text-align: center;">Project Destiny Abilene</div>		OFFICE USE ONLY	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 3434 N 6th St. Abilene, TX 79603		Date Received Date Hand-delivered or Date Postmarked
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. David NICKNAME LAST SUFFIX Schmidt	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 3818 Kala Dr Abilene, TX 79606		
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 3818 Kala Dr Abilene, TX 79606		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (325) 660. 4858		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> July 15 <input 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 10 / 25 / 21 THROUGH 12 / 31 / 21		
11 ELECTION	ELECTION DATE Month Day Year 11 / 8 / 22	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input checked="" type="checkbox"/> Special Description _____	

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**SPECIFIC-PURPOSE COMMITTEE REPORT:
PURPOSE AND TOTALS**

**FORM SPAC
COVER SHEET PG 2**

12 COMMITTEE NAME Project Destiny Abilene 13 Filer ID (Ethics Commission Filers)

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 / 22</u> DESCRIPTION <u>city ordinance outlawing abortion</u>

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>31,862.00</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>14,091.99</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>17,770.01</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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.

David Schmitt
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 _____, this the _____ day of _____, 20 _____, to certify which, witness my hand and seal of office.

Signature of officer administering oath _____ Printed name of officer administering oath _____ Title of officer administering oath _____
OR

(2) Unsworn Declaration

My name is David Schmitt, and my date of birth is 9/10/83
 My address is 3818 Kale Dr (street), Abilene (city), TX (state), 79606 (zip code), USA (country)
 Executed in Taylor County, State of Texas, on the 22 day of May, 2022 (month) (year)

David Schmitt
Signature of Campaign Treasurer (Declarant)

SUBTOTALS - SPAC

**FORM SPAC
COVER SHEET PG 3**

17 COMMITTEE NAME <i>Project Destiny Abilene</i>		18 Filer ID (Ethics Commission Filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 11,762 ⁰⁰
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 205.12
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$ 20,100 ⁰⁰
5.	<input checked="" type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$ 25.12
6.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATON OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
8.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 14,091.99
9.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
10.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
11.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
12.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
13.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
14.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <u>2</u>
2 FILER NAME <u>Project Destiny Abilene</u>		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p style="font-size: 2em; font-family: cursive;">See Attachment</p>		
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

Project Destiny Abilene Schedule A1

October 25 - December 31, 2021

Non Corporations	Date	Name	Memo/Description	Amount
	10/26/2021	Vincent Nigro	3150 S 6th St, Abilene, TX 79605 - Fountain Gate Fellowship - Pastor	1.00
	11/01/2021	Brandon Hairrell	766 Dan Moody St, Buffalo Gap, TX 79508 - Nexgrade, LLC - Principal Engineer	1,000.00
	12/27/2021	Rest Wellness Center Day Spa	15110 Ben Richey Dr, Abilene TX 79602	5,000.00
	11/21/2021	Latimer Bowen	PO Box 2894, Abilene, TX 79604 - Self, Minister of the Gospel	500.00
	11/24/2021	Milcah Schmidt	2833 Stonecrest Dr, Abilene, TX 79606 - Self, Photographer	1.00
	11/24/2021	David Schmidt	2833 Stonecrest Dr, Abilene, TX 79606 - Self, Bookkeeper	5.00
	11/24/2021	David Schmidt	2833 Stonecrest Dr, Abilene, TX 79606 - Self, Bookkeeper	5.00
	11/30/2021	Latimer Bowen	PO Box 2894, Abilene, TX 79604 - Self, Minister of the Gospel	5,000.00
	12/02/2021	Karen Sumner	2126 Brook Hollow Dr, Abilene TX 79605 - Retired	250.00
Non Corporations				11,762.00
Total				\$ 11,762.00

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

Project Destiny Abilene
In Kind - Jan 2022 Semi Annual
Schedule A2
 October 25 - December 31, 2021

Supplies	Date	Memo/Description	Amount	Vendor
	11/23/2021	DONATION FROM Tai Ann McClendon (218 Edge Cliff Ct, Buffalo Gap, TX 79606) purchased from Amazon (410 Terry Ave, Seattle, WA 98109): Clipboard and pens for collecting signatures for petition phase.	165.08	Amazon
	12/03/2021	DONATION FROM Tai Ann McClendon (218 Edge Cliff Ct, Buffalo Gap, TX 79606) purchased from Office Depot (4141 Buffalo Gap Rd, Abilene, TX 79606) Manila envelopes for storing petition forms	40.04	Office Depot
Total for Supplies			\$ 205.12	

MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C1

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

<p>The Instruction Guide explains how to complete this form.</p>		<p>1 Total pages Schedule C1: 2</p>
<p>2 FILER NAME Project Destiny Abilene</p>		<p>3 Filer ID (Ethics Commission Filers)</p>
<p>4 Date</p>	<p>5 Corporation / Labor Organization name</p> <hr/> <p>6 Corporation / Labor Organization address; City; State; Zip Code</p>	<p>7 Amount of contribution (\$)</p>
<p>Date</p>	<p>Corporation / Labor Organization name</p> <hr/> <p>Corporation / Labor Organization address; City; State; Zip Code</p>	<p>Amount of contribution (\$)</p>
<p>Date</p>	<p>Corporation / Labor Organization name</p> <hr/> <p>Corporation / Labor Organization address; City; State; Zip Code</p>	<p>Amount of contribution (\$)</p>
<p>Date</p>	<p>Corporation / Labor Organization name</p> <hr/> <p>Corporation / Labor Organization address; City; State; Zip Code</p>	<p>Amount of contribution (\$)</p>
<p>Date</p>	<p>Corporation / Labor Organization name</p> <hr/> <p>Corporation / Labor Organization address; City; State; Zip Code</p>	<p>Amount of contribution (\$)</p>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

See attachment

Project Destiny Abilene
Schedule C1
October 25 - December 31, 2021

Non Profits (Corporations)		Date	Name	Memo/Description	Amount
		10/25/2021	Fountain Gate Fellowship	3434 N. 8th St, Abilene, TX 79606	100.00
		11/16/2021	New Hope Church	3122 S Clack St, Abilene TX 79606	10,000.00
		12/28/2021	Fountain Gate Fellowship	3434 N. 8th St, Abilene, TX 79606	10,000.00
Non Profits (Corporations) Total					\$ 20,100.00

NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C2

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 C2: 2	
2 FILER NAME Project Destroy Hilene		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Corporation / Labor Organization name 6 Corporation / Labor Organization address; City; State; Zip Code	7 Amount of Contribution \$	8 In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Date	Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Date	Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Date	Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Date	Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.

See Attachment

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Project Destiny Abilene
In Kind - Jan 2022 Semi Annual
Schedule C2
 October 25 - December 31, 2021

Date	Memo/Description	Amount	Vendor
12/31/2021	DONATION: Print Charges 19.08, paper 6.04, New Hope Church, 3122 S Clack St Abilene TX 79606	25.12	New Hope Church
Total for Printing Expense		\$ 25.12	

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: <u>2</u>	2 FILER NAME <u>Project Destiny Abilene</u>	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address;	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED See attachments

**Project Destiny Abilene
Schedule F1
October 25 - December 31, 2021**

Date	Name	Memo/Description	Amount
Accounting/Banking Fees			
12/01/2021	First Financial	Paper Statement Fee - 400 Pine St. Abilene, TX 79601	5.00
12/08/2021	First Financial	Ordered checks from First Financial, 400 Pine St Abilene TX 79601	23.80
12/30/2021	First Financial	Wire Transfer Fee for payment to Raw Strategies (walk to collection petitions) 400 Pine St. Abilene TX 79601	25.00
Total for Accounting/Banking Fees			53.80
Advertising Expense			
12/10/2021	Textedly	The SMS text messaging service provider that enabled project destiny Abilene to instantly engage with campaign volunteers / contacts. - 1800 Century Park, Los Angeles E #600	76.00
12/10/2021	Textedly	The SMS text messaging service provider that enabled project destiny Abilene to instantly engage with campaign volunteers / contacts. - 1800 Century Park, Los Angeles E #600	15.00
12/13/2021	Textedly	The SMS text messaging service provider that enabled project destiny Abilene to instantly engage with campaign volunteers / contacts. - 1800 Century Park, Los Angeles E #600	36.00
Total for Advertising Expense			127.00
Event Expense			
12/30/2021	Raw Strategies	Hired walkers to knock on 72,000 doors, 134 Lindley Ct Tuscola TX 79562	12,625.00
Total for Event Expense			12,625.00
Merchant Fees			
10/26/2021	Stripe	Stripe Merchant Processing, 510 Townsend St., San Francisco, CA 94103	0.33
11/01/2021	Stripe	Stripe Merchant Processing, 510 Townsend St., San Francisco, CA 94103	33.30
11/21/2021	Stripe	Stripe Merchant Processing, 510 Townsend St., San Francisco, CA 94103	16.80
11/24/2021	Stripe	Stripe Merchant Processing, 510 Townsend St., San Francisco, CA 94103	0.33
11/24/2021	Stripe	Stripe Merchant Processing, 510 Townsend St., San Francisco, CA 94103	0.47
11/24/2021	Stripe	Stripe Merchant Processing, 510 Townsend St., San Francisco, CA 94103	0.47
11/30/2021	Stripe	Stripe Merchant Processing, 510 Townsend St., San Francisco, CA 94103	165.30
12/02/2021	Stripe	Stripe Merchant Processing, 510 Townsend St., San Francisco, CA 94103	8.55
Total for Merchant Fees			225.55
Printing Expense			
12/03/2021	Office Depot	paper for printing petition, 3226 S Clark St, Abilene TX 79605	47.61
12/04/2021	Office Depot	paper for printing petition, 3226 S Clark St, Abilene TX 79605	81.13
12/07/2021	Office Depot	paper for printing petition, 3226 S Clark St, Abilene TX 79605	143.85
12/20/2021	Vince Nigro	Check 101: 3 Pop up banners with assemblies, 3150 S 6th St, Abilene, TX 79605	435.00
12/20/2021	Vince Nigro	Check 101: 48 Easel Backed table top signs, 3150 S 6th St, Abilene, TX 79605	288.00
12/31/2021	Office Depot	paper for printing petition, 3226 S Clark St, Abilene TX 79605	64.95
Total for Printing Expense			1,060.64
TOTAL			14,091.99