

**CORRECTION/AMENDMENT AFFIDAVIT
FOR POLITICAL COMMITTEE**

FORM COR-PAC

1 Filer ID (Ethics Commission Filers)		2 Total pages filed: <u>16</u>		OFFICE USE ONLY	
3 COMMITTEE NAME <u>Project Destiny Abilene</u>		Date Received Abilene City Secretary MAY 22 2023 Filed for Record			
4 TREASURER NAME <u>David Schmidt</u>		Date Hand-delivered or Date Postmarked		Receipt #	
5 ORIGINAL REPORT TYPE		<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> July 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> 8th day before election		<input type="checkbox"/> Runoff <input type="checkbox"/> 10th day after campaign treasurer termination <input checked="" type="checkbox"/> Dissolution Report <input type="checkbox"/> Other (specify _____)	
6 ORIGINAL PERIOD COVERED		Month Day Year Month Day Year <u>10 / 30 / 22</u> THROUGH <u>5 / 22 / 23</u>		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 5818 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, 2023.
(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 – Final Report

- Correctly disclosing the total amount of political contributions maintained as of the last day of the reporting period.
- Correcting disclosed political contributions for corporations on the correct reporting schedules C1 and/or C2.
- Disclosed more information for expenditures made that in the aggregate exceeded \$190.
- Disclosed address of individuals that received more than \$190 from the SPAC.
- 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
- Correctly classify expense to “Foster 325” to NON-POLITICAL EXPENDITURE MADE FROM POLITICAL CONTRIBUTIONS
- Filed Final report that covers the correct time period.

**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 Filer)	2 Total pages filed: 16
3 COMMITTEE NAME Project Destiny Abilene		OFFICE USE ONLY	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address		ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 8434 N 6th St. Abilene, TX 79603	Date Received
5 CAMPAIGN TREASURER NAME MS / MRS / MR FIRST MI Mr. David		Date Hand-delivered or Date Postmarked	
NICKNAME LAST SUFFIX Schmidt		Receipt #	Amount \$
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)		Date Processed	
STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 3818 Kala Dr Abilene, TX 79606		Date Imaged	
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address		Date Hand-delivered or Date Postmarked	
STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 3818 Kala Dr Abilene, TX 79606		Receipt #	
8 CAMPAIGN TREASURER PHONE AREA CODE PHONE NUMBER EXTENSION (325) 660. 4858		Date Processed	
9 REPORT TYPE <input checked="" type="checkbox"/> January 15 <input type="checkbox"/> July 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> 6th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> Exceeded Modified Reporting Limit <input checked="" type="checkbox"/> Dissolution Report (Attached PAC-FR) <input type="checkbox"/> 10th day after campaign treasurer termination		Date Imaged	
10 PERIOD COVERED Month Day Year 10 / 30 / 02 THROUGH 5 / 02 / 03		Date Hand-delivered or Date Postmarked	
11 ELECTION ELECTION DATE Month Day Year 11 / 8 / 02		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input checked="" 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 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>8,205.00</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>33,768.39</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</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 Schmidt
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 Schmidt, and my date of birth is 9/10/83
 My address is 3818 Kala 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 Schmidt
 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		\$ <i>8005⁰⁰</i>
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ <i>245⁰⁰</i>
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. <input checked="" type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION		\$ <i>200⁰⁰</i>
5. <input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION		\$
6. <input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATON OR LABOR ORGANIZATION		\$
7. <input type="checkbox"/> SCHEDULE E: LOANS		\$
8. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ <i>32,844.10</i>
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 checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ <i>924.49</i>
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: 2
2 FILER NAME Project Destiny Abilene		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)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

Project Destiny Abilene Schedule A1

Date	Name	Memo/Description	Amount
Non Corporations			
11/02/2022	Dee Halbert	3000 Bluffcrest Lane Abilene, TX 79601-4810 Retired Teacher	500.00
11/02/2022	Campaign for Charles Perry	P. O. Box 94806 Lubbock, TX 79493	2,500.00
11/02/2022	Richard Betenbough	7203 76th Street Lubbock, TX 79424-0722	5,000.00
12/01/2022	David Schmidt	3818 Kala Dr. Abilene, TX 79606 - Self, Bookkeeper	5.00
Non Corporations Total			\$ 8,005.00

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#: _____)	8 Amount of Contribution \$	9 In-kind contribution description
	7 Contributor address; City; State; Zip Code	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (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#: _____)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (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.			

Project Destiny Abilene Schedule A2

Date	Memo/Description	Amount
Office expenses		
11/15/2022	DONATION: David Schmidt, 3818 Kala Dr, Abilene TX 79606 - Quickbooks Subscription	35.00
12/15/2022	DONATION: David Schmidt, 3818 Kala Dr, Abilene TX 79606 - Quickbooks Subscription	35.00
1/15/23	DONATION: David Schmidt, 3818 Kala Dr, Abilene TX 79606 - Quickbooks Subscription	35.00
2/15/23	DONATION: David Schmidt, 3818 Kala Dr, Abilene TX 79606 - Quickbooks Subscription	35.00
3/15/23	DONATION: David Schmidt, 3818 Kala Dr, Abilene TX 79606 - Quickbooks Subscription	35.00
4/15/23	DONATION: David Schmidt, 3818 Kala Dr, Abilene TX 79606 - Quickbooks Subscription	35.00
5/15/23	DONATION: David Schmidt, 3818 Kala Dr, Abilene TX 79606 - Quickbooks Subscription	35.00
		245.00

MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C1

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 C1: <i>2</i>
2 FILER NAME <i>Project Destiny Abilene</i>		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 (\$)
Date	Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution (\$)
Date	Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution (\$)
Date	Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution (\$)
Date	Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution (\$)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Project Destiny Abilene Schedule C1

	<u>Date</u>	<u>Name</u>	<u>Memo/Description</u>	<u>Amount</u>
Non Profits (Corporations)	11/02/2022	All For One Missions International	P. O. Box 5952 Abilene, TX 79608-5952	200.00
Total Non Profits (Corporations)				<u>\$ 200.00</u>

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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	2	Project Destroy Abilene
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

Project Destiny Abilene Schedule F1

	Date	Name	Memo/Description	Amount
Accounting/Banking Fees				
	11/02/2022	First Financial	Paper Statement Fee - 400 Pine St. Abilene, TX 79601	5.00
	12/01/2022	First Financial	Paper Statement Fee - 400 Pine St. Abilene, TX 79601	5.00
				<u>10.00</u>
Total for Accounting/Banking Fees				10.00
Advertising Expense				
	11/10/2022	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	91.00
				<u>91.00</u>
Total for Advertising Expense				91.00
Consulting Expense				
	11/08/2022	Mike Stevens	6923 Indiana Ave Box 292, Lubbock, TX 79413	31,350.00
	11/14/2022	Mike Seibel	Mike Seibel - 8500 Menaul Blvd NE Albuquerque, NM 87112	500.00
				<u>31,850.00</u>
Total for Consulting Expense				31,850.00
Travel				
	11/14/2022	Mike Seibel	Mike Seibel Travel - 8500 Menaul Blvd NE Albuquerque, NM 87112	893.10
				<u>893.10</u>
Total for Travel				893.10
Other Miscellaneous Expense				
	11/21/2022		Accidental purchase to be refunded	150.00
	11/21/2022		Refund for accidental purchase on 11.21.22	-150.00
				<u>0.00</u>
Total for Other Miscellaneous Expense				-
TOTAL				32,844.10

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

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 I: 2	2 FILER NAME: Project Destiny Abilene		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 instructions for examples of acceptable categories.)		(b) Description (See instructions regarding type of information required.)	
Date	Payee name			
Amount (\$)	Payee address;		City	State Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)		Description (See instructions regarding type of information required.)	
Date	Payee name			
Amount (\$)	Payee address;		City	State Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)		Description (See instructions regarding type of information required.)	
Date	Payee name			
Amount (\$)	Payee address;		City	State Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)		Description (See instructions regarding type of information required.)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Project Destiny Abilene Schedule 11

Donation to Other NonProfit

Total for Donation to Other NonProfit

Date	Num	Name	Memo/Description	Amount
12/01/2022	153	Foster 325	Non profit assisting foster children - 4009 Beltway S Abilene, TX 79606	924.49
				<u>\$ 924.49</u>

**POLITICAL COMMITTEE
STATEMENT OF DISSOLUTION**

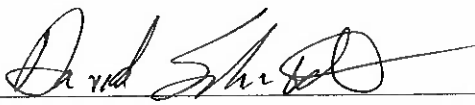
FORM PAC - DR

The Instruction Guide explains how to complete this form.
-- Complete only if "Report Type" on page 1 is marked "Dissolution" --

1 COMMITTEE NAME <u>Project Destiny Abilene</u>	2 Filer ID (Ethics Commission Filers)
---	--

3 Statement of Dissolution

I, the undersigned campaign treasurer, do not expect the occurrence of any further reportable activity by this political committee for this or any other campaign or election for which reporting under the Election Code is required. I declare that all of the information required to be reported by me has been reported. I understand that designating a report as a dissolution report terminates the appointment of campaign treasurer. I further understand that a political committee may not make or authorize political expenditures or accept political contributions without having an appointment of campaign treasurer on file.



Signature of Campaign Treasurer

**DO NOT SIGN UNLESS POLITICAL
COMMITTEE IS TO BE DISSOLVED**

Please complete either option below:

(1) Affidavit

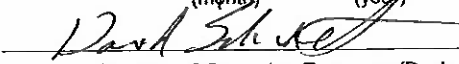
AFFIX NOTARY STAMP / SEAL ABOVE

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 Schmidt, and my date of birth is 9/10/83
My address is 3818 Kala Dr (street), Abilene (city), TX (state), 79606 (zip code), USA (country)
Executed in Taylor County, State of Texas, on the 22 day of May, 2023.
(month) (year)

Signature of Campaign Treasurer (Declarant)