

UNSWORN DECLARATION

FORM UD

Attach this unsworn declaration to the front of any campaign finance report or personal financial statement in lieu of a notarized signature. See Tex. Civil Practice and Remedies Code § 132.001.

OFFICE USE ONLY

Date Received **RECEIVED**
APR 23 2021
OFFICE OF THE CITY SECRETARY
LUBBOCK, TEXAS

4:13 PM JM

Method of Delivery

Date Processed

1 FILER ID:
(Ethics Commission filers)

2 NAME OF FILER
(PLEASE TYPE OR PRINT)

Project Destiny Lubbock

3 TYPE OF FILER

- CANDIDATE/ OFFICEHOLDER POLITICAL COMMITTEE
 JUDICIAL CANDIDATE/ OFFICEHOLDER POLITICAL PARTY
 PERSONAL FINANCIAL STATEMENT STATE/COUNTY CHAIR
 DIRECT CAMPAIGN EXPENDITURE

4 TYPE OF REPORT

8th day before election

5 DUE DATE

4/23/21

6 UNSWORN DECLARATION:

My name is John Thomas, and my date of birth is 3-22-65.

My Address is 8903 Juneau Ave, Lubbock, Tx, 79424, Lubbock
(street) (city) (state) (zip code) (country)

I swear, or affirm, under penalty of perjury that the information in the attached report is in all things true and correct, and includes all information required to be reported by me under Title 15, Election Code, or Chapter 572, Government Code.

Executed in Lubbock County, State of Texas, on the 23 day of April, 20 21.

John Thomas
Signature of Filer/ Committee Representative
(Declarant)

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: 9
3 COMMITTEE NAME Project Destiny Lubbock		OFFICE USE ONLY	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 64268 Lubbock, TX 79464		Date Received
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Dr. John NICKNAME LAST SUFFIX Thomas		Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 8903 Junear Ave Lubbock, TX 79424		Receipt # Amount \$
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 8903 Junear Ave Lubbock, TX 79424		Date Processed
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (806) 744-8600		Date Imaged
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 THROUGH Month Day Year 4 / 2 / 21 4 / 23 / 21		
11 ELECTION	ELECTION DATE Month Day Year 5 / 1 / 21	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 Lubbock 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 OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)
	<input type="checkbox"/> OFFICEHOLDER	BALLOT IDENTIFICATION / #
	<input checked="" type="checkbox"/> MEASURE	ELECTION DATE Month Day Year <u>5 / 1 / 21</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)	\$
	<input type="checkbox"/> Check here if this report qualifies for the higher itemization threshold	\$ <u>404.25</u>
EXPENDITURE TOTALS	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>21,1065.90</u>
	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$
CONTRIBUTION BALANCE	4. TOTAL POLITICAL EXPENDITURES	\$ <u>20,773.71</u>
	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>110,774.26</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.

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 John Thomas, and my date of birth is 3-22-65.
 My address is 8903 Juneau Ave, Lubbock, Tx, 79424 Lubbock
(street) (city) (state) (zip code)(country)

Executed in Lubbock County, State of Texas, on the 23 day of April, 20 21.
(month) (year)

John Thomas
Signature of Campaign Treasurer (Declarant)

SUBTOTALS - SPAC

FORM SPAC
COVER SHEET PG 3

17 COMMITTEE NAME

Project Destiny Lubbock

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>22,010.15</i>
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>10,000.00</i>
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
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>20,773.71</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 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:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code

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.

Date	First	Last	Address	City	State	Zip	amount	occupation	employer
4/4/21	Toni	Ridley		Lubbock	TX	79424	\$1,000.00	director	423 Ministries
4/5/21	Gwen	Morgan		Lubbock	TX	79414	\$100.00	teacher	LISD
4/6/21	Nicki	Allen		Lubbock	TX		\$150.00	student	student
4/8/21	John	Whitley		Lubbock	TX	79424	\$100.00	retired	retired
4/8/21	Beau	Tucker		Lubbock	TX	79424	\$5,000.00	commercial real estate	Coldwell Banker
4/8/21	LARW			Lubbock	TX	79493	\$1,000.00	PAC	PAC
4/8/21	Donna	Henthorn		Lubbock	TX	79423	\$1,000.00	homemaker	homemaker
4/11/21	Tom	Lewis		Lubbock	TX	79423	\$100.00	vice president	N-COM
4/13/21	Spencer	McCombs		Lubbock	TX	79424	\$193.90	physical therapist	self
4/15/21	Greg	Hatchett		Lubbock	TX	79424	\$485.20	insurance agent	Farmers Insurance
4/13/21	Cheryl	Everett		Lubbock	TX	79413	\$100.00	homemaker	homemaker
4/14/21	Kirk	Williams		Lubbock	TX	79493	\$400.00	construction	self
4/14/21	Anne	Ivey		Lubbock	TX	79416	\$1,000.00	office manager	Ivey Gardens
4/19/21	Jamie	Gentry		Lubbock	TX	79424	\$750.00	homemaker	homemaker
4/14/21	Charlie	Gilliam		Lubbock	TX	79424	\$1,140.00	dentist	self
4/19/21	Ronald	Yandell		Lubbock	TX	79413	\$96.80	tax preparer	self
4/22/21	Kelton	Coleman		Lamesa	TX	79331	\$5,000.00	farmer	self
4/22/21	Kyle	Cowan		Lubbock	TX	79416	\$2,500.00	developer	NAI Wheelhouse
4/22/21	Bron	Rayburn		Lubbock	TX	79423	\$1,000.00	insurance agent	self
4/22/21	Gary	Light		Lubbock	TX	79412	\$250.00	CPA	self
4/22/21	John & Kim	Barnes		Lubbock	TX	79424	\$200.00	manager	XFAB
4/22/21	Pamela	McFadden		Lubbock	TX	79424	\$100.00	homemaker	homemaker

\$21,665.90

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: <u>1</u>	
2 FILER NAME <u>Project Destiny Lubbock</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <u>4/2/21</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Holly Betenbough</u>	8 Amount of Contribution \$ <u>10,000</u>	9 In-kind contribution description <u>design work for campaign</u>
7 Contributor address; City; State; Zip Code [REDACTED] <u>Lubbock TX 79424</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <u>board member</u>		11 Employer (FOR NON-JUDICIAL)(See Instructions) <u>Betenbough Companies</u>	
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)		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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
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4 Date	5 Payee name
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6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
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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
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Date	Payee name
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Amount (\$)	Payee address;	City;	State;	Zip Code
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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
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Date	Payee name
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Amount (\$)	Payee address;	City;	State;	Zip Code
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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
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Date	Payee name	amount	Payee address	City	State	Zip	category	descripton
4/6/21	KCBD TV	\$9,040.00	5600 Avenue A	Lubbock	TX	79404	advertising	tv advertising
4/6/21	Townsquare Media	\$3,275.00	4413 82nd St Ste 300	Lubbock	TX	79424	advertising	radio advertising
4/6/21	Ramar Communications	\$1,740.00	9800 University Ave	Lubbock	TX	79423	advertising	radio advertising
4/8/21	Suddenlink	\$3,459.75	6710 Hartford Ave	Lubbock	TX	79413	advertising	tv advertising
4/9/21	Dream Taxi Media & Marketing	\$1,350.00	4920 S Loop 289	Lubbock	TX	79414	advertising	video and print advertising
4/8/21	Jim Baxa	\$538.15	5711 N Interstate 27	Lubbock	TX	79403	advertising	sign install expense
4/13/21	KWBF Radio	\$1,000.00	2407 82nd St	Lubbock	TX	79423	advertising	radio advertising
4/17/21	Jim Baxa	\$370.81	5711 N Interstate 27	Lubbock	TX	79403	advertising	sign install expense

\$20,773.71