

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:										
3 COMMITTEE NAME <p style="font-size: 1.2em; text-align: center;">ADDISON DESERVES BETTER</p>		<div style="border: 1px solid black; padding: 5px;"> <p>OFFICE USE ONLY</p> <p>Date Received: RECEIVED</p> <p style="color: red; font-weight: bold;">MAY 21 2026</p> <p style="color: blue;">Town of Addison City Secretary's Office V. Garcia, City Secretary</p> <p>Date Hand-delivered or Date Postmarked</p> <table style="width:100%; border: none;"> <tr> <td style="border: none;">Receipt #</td> <td style="border: none;">Amount \$</td> </tr> <tr> <td style="border: none;">Date Processed</td> <td style="border: none;">Date Imaged</td> </tr> </table> </div>		Receipt #	Amount \$	Date Processed	Date Imaged						
Receipt #	Amount \$												
Date Processed	Date Imaged												
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 3773 MEADOWCREEK CIRC. ADDISON, TX 75001												
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <p style="font-size: 1.2em; text-align: center;">T. THOMAS D</p> NICKNAME LAST SUFFIX <p style="font-size: 1.2em; text-align: center;">DONOR</p>												
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 3773 MEADOWCREEK CIRC. ADDISON, TX 75001												
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE SAME AS ABOVE												
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (214) 803-1871												
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	<table style="width:100%; border: none;"> <tr> <td style="text-align: center;">Month Day Year</td> <td style="text-align: center;">THROUGH</td> <td style="text-align: center;">Month Day Year</td> </tr> <tr> <td style="text-align: center; font-size: 1.2em;">3 / 25 / 26</td> <td></td> <td style="text-align: center; font-size: 1.2em;">5 / 21 / 26</td> </tr> </table>	Month Day Year	THROUGH	Month Day Year	3 / 25 / 26		5 / 21 / 26						
Month Day Year	THROUGH	Month Day Year											
3 / 25 / 26		5 / 21 / 26											
11 ELECTION	<table style="width:100%; border: none;"> <tr> <td style="text-align: center;">ELECTION DATE</td> <td colspan="3" style="text-align: center;">ELECTION TYPE</td> </tr> <tr> <td style="text-align: center;">Month Day Year</td> <td><input type="checkbox"/> Primary</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> Other</td> </tr> <tr> <td style="text-align: center; font-size: 1.2em;">5 / 2 / 26</td> <td><input type="checkbox"/> General</td> <td><input checked="" type="checkbox"/> Special</td> <td>Description _____</td> </tr> </table>	ELECTION DATE	ELECTION TYPE			Month Day Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other	5 / 2 / 26	<input type="checkbox"/> General	<input checked="" type="checkbox"/> Special	Description _____
ELECTION DATE	ELECTION TYPE												
Month Day Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other										
5 / 2 / 26	<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 ADDISAW DESERVES BETTER 13 Filer ID (Ethics Commission Filers)

14 COMMITTEE PURPOSE (Attach lists on plain paper to complete this report if necessary.) <input type="checkbox"/> SUPPORT (Candidate or Measure) <input checked="" type="checkbox"/> OPPOSE (Candidate or Measure) <input type="checkbox"/> ASSIST (Officeholder)	<input type="checkbox"/> CANDIDATE <input type="checkbox"/> OFFICEHOLDER	CANDIDATE / OFFICEHOLDER NAME OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)
	<input checked="" type="checkbox"/> MEASURE	BALLOT IDENTIFICATION / # ELECTION DATE Month Day Year <u>05 / 02 / 2026</u>
	DESCRIPTION <u>SHALL DART SYSTEM BE CONTINUED VOTE TO IN THE TOWN OF ADDISAW.</u>	

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u>1,400.</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>1,400.</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ <u>2,991.38</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>2,991.38</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>1,400.</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>

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.

Thomas D. Donohue
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 THOMAS DONOHUE, and my date of birth is [REDACTED]
 My address is 3773 MEADOW CREEK CIR, ADDISAW (city), TX (state), 75201 (zip code)(country)
 Executed in DALLAS County, State of TX, on the 21 day of MAY, 2026.
 (month) (year)

Thomas D. Donohue
Signature of Campaign Treasurer (Declarant)

SUBTOTALS - SPAC

FORM SPAC
COVER SHEET PG 3

17 COMMITTEE NAME <i>ADDISON DESERVES BETTER</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>1,400.00</i>
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. <input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ <i>650.00</i>
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		\$ <i>2,991.38</i>
8. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
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 THOMAS D. DONOHUE		3 Filer ID (Ethics Commission Filers)
4 Date 5/5/26	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) THOMAS D. DONOHUE	7 Amount of contribution (\$) \$ 400.00
6 Contributor address; City; State; Zip Code 3773 MEADOW CREEK ADDISSON TX 75001		
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) →
Date 5/14/26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WILLIAM SIGNS	Amount of contribution (\$) \$ 500.00
Contributor address; City; State; Zip Code 4035 RIVE LN ADDISSON TX 75001		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 5/14/26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAVE COLLINS	Amount of contribution (\$) \$ 500.00
Contributor address; City; State; Zip Code 14668 WAYSIDE CT ADDISSON TX 75001		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> 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.

PLEGGED CONTRIBUTIONS

SCHEDULE B

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 B:	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED PLEDGES		\$	
5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) YVETTE PELKEY	8 Amount of Pledge \$ \$150.00	9 In-kind contribution description
5/18/26	7 Pledgor address; City; State; Zip Code	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (See Instructions)		11 Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) VALERIE COLLINS	Amount of Pledge \$ 500.00	In-kind contribution description
5/21/26	Pledgor address; City; State; Zip Code 14689 WAYSIDE CT ADDISON TX 75001	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State; Zip Code	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State; Zip Code	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
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.

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 F-1: 3	2 FILER NAME THOMAS DONOHUE	3 Filer ID (Ethics Commission Filers)
4 Date 3-29-26	5 Payee name ROBOCENT	
6 Amount (\$) \$ 150.00	7 Payee address: City: State: Zip Code 1206 LASKIN RD. ST 201, VIRGINIA BEACH, VA 23451 <input type="checkbox"/> Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING	(b) Description ROBO CALLING
	<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 4/17/26	Payee name ROBOCENT	
Amount (\$) 270.18	Payee address: City: State: Zip Code 1206 LASKIN RD #201 VIRGINIA BEACH VA 23451 <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING	Description ROBO CALLING
	<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 4-20-26	Payee name ROBOCENT	
Amount (\$) 404.82	Payee address: City: State: Zip Code 1206 LASKIN RD #201 VIRGINIA BEACH VA 23451 <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING	Description ROBO CALLING
	<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.

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: 3	2 FILER NAME THOMAS DONOHUE	3 Filer ID (Ethics Commission Filers)
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4 Date 4-22-26	5 Payee name ROBOCENT		
6 Amount (\$) 404.82	7 Payee address; City; State; Zip Code 1206 CASKIN RD #201 VIRGINIA BEACH VA 23451		
<input type="checkbox"/> Check if individual's residence address.			

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING	(b) Description ROBO CALLS
	(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 COH	Candidate / Officeholder name	Office sought	Office held
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Date 4-10-26	Payee name FIRST GRAPHIC SERVICES		
------------------------	---	--	--

Amount (\$) 432.24	Payee address; City; State; Zip Code 229 GARVIN ST. GARLAND TX 75040		
<input type="checkbox"/> Check if individual's residence address.			

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING	Description SIGNS 4X4
	<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 COH	Candidate / Officeholder name	Office sought	Office held
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Date 4-1-26	Payee name FIRST GRAPHIC SERVICES		
-----------------------	---	--	--

Amount (\$) \$647.34	Payee address; City; State; Zip Code 229 GARVIN, GARLAND TX 75040		
<input type="checkbox"/> Check if individual's residence address.			

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING	Description PAID SIGNS
	<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 COH	Candidate / Officeholder name	Office sought	Office held
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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.

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)
3	THOMAS DONOHUE	
4 Date	5 Payee name	
4/16/26	FIRST GRAPHIC SERV.	
6 Amount (\$)	7 Payee address;	City; State; Zip Code
687.98	729 GARLEN ST. GARLAND TX	75840
	<input type="checkbox"/> Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Advertising	DOOR ANALYSES
	<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	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
	<input type="checkbox"/> Check if individual's residence address.	
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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
	<input type="checkbox"/> Check if individual's residence address.	
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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Receipt



Invoice number **PJ7U57BZ-0001**
Receipt number **2154-3730**
Date paid **March 29, 2026**

RoboCent
1206 Laskin Road Suite 201-o
Virginia Beach, Virginia 23451
United States
+1 757-821-2121
support@robocent.com

Bill to
Addison Deserves Better
+1 630-272-9005
dfxcollins@me.com

\$150.00 paid on March 29, 2026

Campaign Verify Token

Description	Qty	Unit price	Amount
Campaign Verify Token	1	\$150.00	\$150.00
		Subtotal	\$150.00
		Total	\$150.00
		Amount paid	\$150.00

Payment history

Payment method	Date	Amount paid	Receipt number
Mastercard - 4014	March 29, 2026	\$150.00	2154-3730

Learn about our refund policy at: <https://docs.robocent.com/>

Receipt



Invoice number PJ7U57BZ-0002
Receipt number 2568-2061
Date paid April 17, 2026

RoboCent
1206 Laskin Road Suite 201-o
Virginia Beach, Virginia 23451
United States
+1 757-821-2121
support@robocent.com

Bill to
Addison Deserves Better
+1 630-272-9005
dfxcollins@me.com

\$270.18 paid on April 17, 2026

Addison, TX Unique Mobile #s: 4,503 @ .06/contact

Description	Qty	Unit price	Amount
DATA	1	\$270.18	\$270.18
		Subtotal	\$270.18
		Total	\$270.18
		Amount paid	\$270.18

Payment history

Payment method	Date	Amount paid	Receipt number
Mastercard - 4014	April 17, 2026	\$270.18	2568-2061

Learn about our refund policy at: <https://docs.robocent.com/>

Receipt



Invoice number PJ7U57BZ-0003

Receipt number 2632-2712

Date paid April 20, 2026

RoboCent

1206 Laskin Road Suite 201-o

Virginia Beach, Virginia 23451

United States

+1 757-821-2121

support@robocent.com

Bill to

Addison Deserves Better

+1 630-272-9005

dfxcollins@me.com

\$404.82 paid on April 20, 2026

ID: 12670

Description	Qty	Unit price	Amount
MMS	4,498	\$0.07	\$314.86
Managed	4,498	\$0.02	\$89.96
		Subtotal	\$404.82
		Total	\$404.82
		Amount paid	\$404.82

Payment history

Payment method	Date	Amount paid	Receipt number
Mastercard - 4014	April 20, 2026	\$404.82	2632-2712

Learn about our refund policy at: <https://docs.robocent.com/>

Receipt

Invoice number PJ7U57BZ-0004
Receipt number 2251-1121
Date paid April 22, 2026

RoboCent
1206 Laskin Road Suite 201-o
Virginia Beach, Virginia 23451
United States
+1 757-821-2121
support@robocent.com

Bill to
Addison Deserves Better
+1 630-272-9005
dfxcollins@me.com

\$404.82 paid on April 22, 2026

ID: 12705

Description	Qty	Unit price	Amount
MMS	4,498	\$0.07	\$314.86
Managed	4,498	\$0.02	\$89.96
		Subtotal	\$404.82
		Total	\$404.82
		Amount paid	\$404.82

Payment history

Payment method	Date	Amount paid	Receipt number
Mastercard - 4014	April 22, 2026	\$404.82	2251-1121

Learn about our refund policy at: <https://docs.robocent.com/>





229 Garvon St
Garland TX 75040

972-494-6199

Invoice

Date	Invoice #
4/10/2026	867318

Bill To
Addison Deserves Better Campaign

Ship To
WK# 143289

P.O. Number	Terms	Rep	Project	
	Due on receipt	CJC		
Item Code	Quantity	Description	Price Each	Amount
Corplast	10	4'x4' corplast printed double sided with grommets Dallas Sales Tax	39.93 8.25%	399.30T 32.94
Thank you for your business.			Total	\$432.24



229 Garvon St
Garland TX 75040

972-494-6199

Invoice

Date	Invoice #
4/1/2026	366917

Bill To
Addison Deserves Better Campaign

Ship To
WK# 142977 Customer pick up

P.O. Number	Terms	Rep	Project
	Due on receipt	CJC	

Item Code	Quantity	Description	Price Each	Amount
Corplast	50	18"x24" Corplast printed double sided	4.08	204.00T
Corplast	50	18"x24" Corplast printed double sided	4.08	204.00T
H-Wire Stakes	100	H-Wire Stakes	1.25	125.00T
Artwork	1	Hour of art time	65.00	65.00T
		Dallas Sales Tax	8.25%	49.34

Thank you for your business.	Total	\$647.34
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229 Garvon St
Garland TX 75040

972-494-6199

Invoice

Date	Invoice #
4/16/2026	367494

Bill To
Addison Deserves Better Campaign

Ship To
Customer pick up

P.O. Number	Terms	Rep	Project	
	Due on receipt	CJC		
Item Code	Quantity	Description	Price Each	Amount
4A Artwork	2,000 2	4"x11"x10pt double sided door hangers Hours of Art Time Dallas Sales Tax	0.25 65.00 8.25%	500.00T 130.00T 51.98
Thank you for your business.			Total	\$681.98