

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <div style="text-align: right; font-size: 1.2em;">26</div>																					
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; font-size: 0.8em;">MS / MRS / MR</td> <td style="width:35%; font-size: 0.8em;">FIRST</td> <td style="width:15%; font-size: 0.8em;">MI</td> </tr> <tr> <td></td> <td style="text-align: center;">Michael</td> <td></td> </tr> <tr> <td style="font-size: 0.8em;">NICKNAME</td> <td style="font-size: 0.8em;">LAST</td> <td style="font-size: 0.8em;">SUFFIX</td> </tr> <tr> <td></td> <td style="text-align: center;">Hunter</td> <td></td> </tr> </table>	MS / MRS / MR	FIRST	MI		Michael		NICKNAME	LAST	SUFFIX		Hunter		<b>OFFICE USE ONLY</b>										
MS / MRS / MR	FIRST	MI																						
	Michael																							
NICKNAME	LAST	SUFFIX																						
	Hunter																							
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b>		<table style="width:100%; border-collapse: collapse;"> <tr> <td style="font-size: 0.8em;">ADDRESS / PO BOX:</td> <td style="font-size: 0.8em;">APT / SUITE #:</td> <td style="font-size: 0.8em;">CITY:</td> <td style="font-size: 0.8em;">STATE:</td> <td style="font-size: 0.8em;">ZIP CODE</td> </tr> <tr> <td colspan="5" style="text-align: center;">7201 Pharaoh Dr. Corpus Christi, TX 78412</td> </tr> </table>		ADDRESS / PO BOX:	APT / SUITE #:	CITY:	STATE:	ZIP CODE	7201 Pharaoh Dr. Corpus Christi, TX 78412															
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7201 Pharaoh Dr. Corpus Christi, TX 78412																								
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>		<table style="width:100%; border-collapse: collapse;"> <tr> <td style="font-size: 0.8em;">AREA CODE</td> <td style="font-size: 0.8em;">PHONE NUMBER</td> <td style="font-size: 0.8em;">EXTENSION</td> </tr> <tr> <td>(361)</td> <td>548-2816</td> <td></td> </tr> </table>		AREA CODE	PHONE NUMBER	EXTENSION	(361)	548-2816																
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MS / MRS / MR	FIRST	MI																						
	Oscar																							
NICKNAME	LAST	SUFFIX																						
	Garcia																							
<b>7 CAMPAIGN TREASURER ADDRESS</b> <small>(Residence or Business)</small>		<table style="width:100%; border-collapse: collapse;"> <tr> <td style="font-size: 0.8em;">STREET ADDRESS (NO PO BOX PLEASE):</td> <td style="font-size: 0.8em;">APT / SUITE #:</td> <td style="font-size: 0.8em;">CITY:</td> <td style="font-size: 0.8em;">STATE:</td> <td style="font-size: 0.8em;">ZIP CODE</td> </tr> <tr> <td colspan="5" style="text-align: center;">225 Amistad Corpus Christi, TX 78404</td> </tr> </table>		STREET ADDRESS (NO PO BOX PLEASE):	APT / SUITE #:	CITY:	STATE:	ZIP CODE	225 Amistad Corpus Christi, TX 78404															
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<b>9 REPORT TYPE</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input checked="" type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>			<input type="checkbox"/> January 15	<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)													
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<b>10 PERIOD COVERED</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="font-size: 0.8em;">Month</td> <td style="font-size: 0.8em;">Day</td> <td style="font-size: 0.8em;">Year</td> <td style="font-size: 0.8em;">THROUGH</td> <td style="font-size: 0.8em;">Month</td> <td style="font-size: 0.8em;">Day</td> <td style="font-size: 0.8em;">Year</td> </tr> <tr> <td style="text-align: center;">7</td> <td style="text-align: center;">/</td> <td style="text-align: center;">1</td> <td style="text-align: center;">/</td> <td style="text-align: center;">9</td> <td style="text-align: center;">/</td> <td style="text-align: center;">29</td> </tr> <tr> <td colspan="2"></td> <td style="text-align: center;">16</td> <td colspan="2"></td> <td colspan="2" style="text-align: center;">16</td> </tr> </table>			Month	Day	Year	THROUGH	Month	Day	Year	7	/	1	/	9	/	29			16			16	
Month	Day	Year	THROUGH	Month	Day	Year																		
7	/	1	/	9	/	29																		
		16			16																			
<b>11 ELECTION</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="font-size: 0.8em;">ELECTION DATE</td> </tr> <tr> <td style="font-size: 0.8em;">Month    Day    Year</td> </tr> <tr> <td style="text-align: center;">11 / 8 / 16</td> </tr> </table>	ELECTION DATE	Month    Day    Year	11 / 8 / 16	<table style="width:100%; border-collapse: collapse;"> <tr> <td colspan="3" style="font-size: 0.8em;">ELECTION TYPE</td> </tr> <tr> <td><input type="checkbox"/> Primary</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> Other Description</td> </tr> <tr> <td><input checked="" type="checkbox"/> General</td> <td><input type="checkbox"/> Special</td> <td></td> </tr> </table>		ELECTION TYPE			<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special										
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<b>12 OFFICE</b>	OFFICE HELD (if any) Member at Large, City Council	<b>13 OFFICE SOUGHT</b> (if known) Member at Large, City Council																						

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME Michael Hunter 15 Filer ID (Ethics Commission Filers)

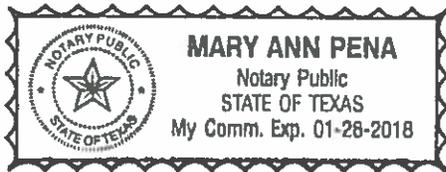
16 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 23,227.63
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 22,794.22
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 40,472.99

18 AFFIDAVIT



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.

Michael T. Hunter  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Michael T. Hunter, this the 11th day of October, 2016, to certify which, witness my hand and seal of office.

Mary Ann Pena  
Signature of officer administering oath

Mary Ann Pena  
Printed name of officer administering oath

Notary Public  
Title of officer administering oath

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME

Michael Hunter

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1.	<input type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 20725.00
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 2502.63
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$
5.	<input type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 20632.99
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 2161.23
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **16**

2 FILER NAME **Michael Hunter**

3 Filer ID (Ethics Commission Filers)

4 Date **7/7/16**  
 5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Rajan Anuja**  
 6 Contributor address; City; State; Zip Code  
**28 E. Bar LeDoz Dr. Corpus Christi TX 78414**

7 Amount of contribution (\$)  
**500.00**

8 Principal occupation / Job title (See Instructions)  
**CEO**

9 Employer (See Instructions)  
**Texegy LLC**

Date **9/8/16**  
 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Peter Anderson**  
 Contributor address; City; State; Zip Code  
**132 Palm Dr. Rockport TX 78382**

Amount of contribution (\$)  
**100.00**

Principal occupation / Job title (See Instructions)  
**Executive**

Employer (See Instructions)  
**Ray West Warehouses**

Date **8/24/16**  
 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Hurrell Arnold**  
 Contributor address; City; State; Zip Code  
**711 N. Carancahua #1700 Corpus Christi TX 78401**

Amount of contribution (\$)  
**100.00**

Principal occupation / Job title (See Instructions)  
**Radiologist**

Employer (See Instructions)  
**Self**

Date **8/1/16**  
 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Philip Bell**  
 Contributor address; City; State; Zip Code  
**217 Bayridge Corpus Christi TX 78411**

Amount of contribution (\$)  
**250.00**

Principal occupation / Job title (See Instructions)  
**Manager**

Employer (See Instructions)  
**Sabalo**

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
 If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **16**

2 FILER NAME **Michael Hunter**

3 Filer ID (Ethics Commission Filers)

4 Date **7/7/16**  
 5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Hugo Berlanga**  
 6 Contributor address; City; State; Zip Code  
**28 Hewitt Dr. Corpus Christi TX 78404**

7 Amount of contribution (\$)  
**500.00**

8 Principal occupation / Job title (See Instructions)  
**Lobbyist**

9 Employer (See Instructions)  
**Self**

Date **7/8/16**  
 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Deven Bhakta**  
 Contributor address; City; State; Zip Code  
**40 E. Barle Doz Dr. Corpus Christi TX 78414**

Amount of contribution (\$)  
**500.00**

Principal occupation / Job title (See Instructions)  
**CEO**

Employer (See Instructions)  
**ZJZ Hospitality Inc.**

Date **7/11/16**  
 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Nancy Bowen**  
 Contributor address; City; State; Zip Code  
**87 Lake Shore Dr. Corpus Christi TX 78413**

Amount of contribution (\$)  
**100.00**

Principal occupation / Job title (See Instructions)  
**Real Estate**

Employer (See Instructions)  
**Coldwell Banker**

Date **7/7/16**  
 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Gamy Bradford**  
 Contributor address; City; State; Zip Code  
**5701 050 Pkwy. Corpus Christi TX 78414**

Amount of contribution (\$)  
**175.00**

Principal occupation / Job title (See Instructions)  
**CEO**

Employer (See Instructions)  
**Unique the**

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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1 Total pages Schedule A1: **16**

2 FILER NAME **Michael Hunter**

3 Filer ID (Ethics Commission Filers)

4 Date **8/11/16**  
 5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Joseph Cable**  
 6 Contributor address; City; State; Zip Code  
**310 Grant Pl. Corpus Christi TX 78411**

7 Amount of contribution (\$)  
**150.00**

8 Principal occupation / Job title (See Instructions)  
**President**

9 Employer (See Instructions)  
**Joseph D. Cable, Jr. C.P.L., LLC**

Date **8/24/16**  
 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Charles Campbell**  
 Contributor address; City; State; Zip Code  
**5540 Saratoga #200 Corpus Christi TX 78413**

Amount of contribution (\$)  
**500.00**

Principal occupation / Job title (See Instructions)  
**Ophthalmologist**

Employer (See Instructions)  
**Self**

Date **9/18/16**  
 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Jaime Capelo**  
 Contributor address; City; State; Zip Code  
**401 W. 15th #870 Austin TX 78701**

Amount of contribution (\$)  
**500.00**

Principal occupation / Job title (See Instructions)  
**Attorney**

Employer (See Instructions)  
**Law office of Jaime Capelo**

Date **8/1/16**  
 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Mark Carlson**  
 Contributor address; City; State; Zip Code  
**4763 Ocean Dr. Corpus Christi TX 78412**

Amount of contribution (\$)  
**100.00**

Principal occupation / Job title (See Instructions)  
**Self**

Employer (See Instructions)  
**Anesthesiologist**

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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1 Total pages Schedule A1: **16**

2 FILER NAME **Michael Hunter**

3 Filer ID (Ethics Commission Filers)

4 Date **7/7/16**  
 5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Mike Carrell**  
 6 Contributor address; City; State; Zip Code  
**4966 Cherry Hills Corpus Christi TX 78413**

7 Amount of contribution (\$)  
**100.00**

8 Principal occupation / Job title (See Instructions)  
**President**

9 Employer (See Instructions)  
**Frost Bank**

Date **8/24/16**  
 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Tristan Castaneda**  
 Contributor address; City; State; Zip Code  
**7708 Bethis Trophy Dr. Austin TX 78739**

Amount of contribution (\$)  
**500.00**

Principal occupation / Job title (See Instructions)  
**Partner**

Employer (See Instructions)  
**Longbow Partners**

Date **9/29/16**  
 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Louise Chapman**  
 Contributor address; City; State; Zip Code  
**4350 Ocean Dr. #1001 Corpus Christi TX 78412**

Amount of contribution (\$)  
**1000.00**

Principal occupation / Job title (See Instructions)  
**Retired**

Employer (See Instructions)

Date **9/15/16**  
 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Mary Clark**  
 Contributor address; City; State; Zip Code  
**42 Hewitt Pl. Corpus Christi TX 78404**

Amount of contribution (\$)  
**250.00**

Principal occupation / Job title (See Instructions)  
**Real Estate**

Employer (See Instructions)  
**McAtee Realty**

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>16</b>
2 FILER NAME <b>Michael Hunter</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>7/7/16</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Robert Corrigan Jr.</b>	7 Amount of contribution (\$) <b>175.00</b>
6 Contributor address; City; State; Zip Code <b>PO Box 2504 Corpus Christi TX 78403</b>		
8 Principal occupation / Job title (See Instructions) <b>Partner</b>		9 Employer (See Instructions) <b>Canlisle - Corrigan Benefits, LLC</b>
Date <b>8/18/16</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Eric Craven</b>	Amount of contribution (\$) <b>200.00</b>
Contributor address; City; State; Zip Code <b>1036 Liberty Park Dr. #29 Austin TX 78746</b>		
Principal occupation / Job title (See Instructions) <b>Government Relations</b>		Employer (See Instructions) <b>Texas Electric Cooperatives</b>
Date <b>7/7/16</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>MaryJane Crull</b>	Amount of contribution (\$) <b>50.00</b>
Contributor address; City; State; Zip Code <b>8025 Villefranche Dr. Corpus Christi TX 78414</b>		
Principal occupation / Job title (See Instructions) <b>Marketing Director</b>		Employer (See Instructions) <b>South Texas Botanical Gardens &amp; Nature Cent</b>
Date <b>7/7/16</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Sam Patton</b>	Amount of contribution (\$) <b>100.00</b>
Contributor address; City; State; Zip Code <b>8002 Villefranche Dr. Corpus Christi TX 78414</b>		
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions) <b>Retired</b>

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**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

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1 Total pages Schedule A1: **16**

2 FILER NAME **Michael Hunter**

3 Filer ID (Ethics Commission Filers)

4 Date **7/7/16**  
 5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**NK Dave**  
 6 Contributor address; City; State; Zip Code  
**4537 Sneed Corpus Christi TX 78413**

7 Amount of contribution (\$)  
**200.00**

8 Principal occupation / Job title (See Instructions)  
**Self**

9 Employer (See Instructions)  
**Physician**

Date **7/9/16**  
 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Don Deaver**  
 Contributor address; City; State; Zip Code  
**410 Cape Cod Corpus Christi TX 78412**

Amount of contribution (\$)  
**100.00**

Principal occupation / Job title (See Instructions)  
**Self**

Employer (See Instructions)  
**Dentist**

Date **7/7/16**  
 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Mark Dodson**  
 Contributor address; City; State; Zip Code  
**3657 Denver Pl. Corpus Christi TX 78411**

Amount of contribution (\$)  
**100.00**

Principal occupation / Job title (See Instructions)  
**Self**

Employer (See Instructions)  
**Physician**

Date **8/18/16**  
 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**James Dow**  
 Contributor address; City; State; Zip Code  
**2523 Exposition Austin TX 78703**

Amount of contribution (\$)  
**200.00**

Principal occupation / Job title (See Instructions)  
**Attorney**

Employer (See Instructions)  
**Jackson Walker LLP**

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**MONETARY POLITICAL CONTRIBUTIONS**

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2 FILER NAME <b>Michael Hunter</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>9/18/16</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Richard Durham</b> 6 Contributor address; City; State; Zip Code <b>2818 Archmont Corpus Christi TX 78414</b>	7 Amount of contribution (\$) <b>1200.00</b>
8 Principal occupation / Job title (See Instructions) <b>Finance Director</b>		9 Employer (See Instructions) <b>R-L Certified Auto Group</b>
Date <b>7/7/16</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Holly Durall</b> Contributor address; City; State; Zip Code <b>122 San Saba Portland TX 78374</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See Instructions) <b>Director of Marketing</b>		Employer (See Instructions) <b>Inspire Coastal Bend Magazine</b>
Date <b>8/23/16</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>John Erskine</b> Contributor address; City; State; Zip Code <b>200 BartonCreeK #23 Austin TX 78735</b>	Amount of contribution (\$) <b>200.00</b>
Principal occupation / Job title (See Instructions) <b>VP of Publishing</b>		Employer (See Instructions) <b>Clord Imperium Games</b>
Date <b>9/6/16</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Guillermo Espiga</b> Contributor address; City; State; Zip Code <b>8 Vinson Ct Winchester MA 01890</b>	Amount of contribution (\$) <b>250.00</b>
Principal occupation / Job title (See Instructions) <b>Executive</b>		Employer (See Instructions) <b>Poseidon</b>

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **16**

2 FILER NAME **Michael Hunter**

3 Filer ID (Ethics Commission Filers)

4 Date **7/11/16**  
 5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**George Finley III**  
 6 Contributor address; City; State; Zip Code  
**3360 Ocean Dr Corpus Christi TX 78411**

7 Amount of contribution (\$)  
**500.00**

8 Principal occupation / Job title (See Instructions)  
**Retired**

9 Employer (See Instructions)  
**Retired**

Date **8/1/16**  
 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Alice Fischer**  
 Contributor address; City; State; Zip Code  
**101 Lake Shore Blvd Corpus Christi TX 78413**

Amount of contribution (\$)  
**100.00**

Principal occupation / Job title (See Instructions)  
**Director**

Employer (See Instructions)  
**Columbia Corp.**

Date **9/22/16**  
 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**George Fisher**  
 Contributor address; City; State; Zip Code  
**3426 Ocean Dr. Corpus Christi TX 78411**

Amount of contribution (\$)  
**300.00**

Principal occupation / Job title (See Instructions)  
**Self**

Employer (See Instructions)  
**Physician**

Date **7/1/16**  
 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Joe Fulton**  
 Contributor address; City; State; Zip Code  
**Po Box 9486 Corpus Christi TX 78469**

Amount of contribution (\$)  
**50.00**

Principal occupation / Job title (See Instructions)  
**Builder**

Employer (See Instructions)  
**Fulton Coastcon Corp.**

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
 If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **16**

2 FILER NAME **Michael Hunter**

3 Filer ID (Ethics Commission Filers)

4 Date **7/7/16**

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Rudy Garza**

7 Amount of contribution (\$) **100.00**

6 Contributor address; City; State; Zip Code  
**6221 Michaux Dr. Corpus Christi TX 78414**

8 Principal occupation / Job title (See Instructions)  
**Small Business Owner**

9 Employer (See Instructions)  
**Self**

Date **9/8/16**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Sally Gill**

Amount of contribution (\$) **300.00**

Contributor address; City; State; Zip Code  
**302 Catalina Pl. Corpus Christi TX 78411**

Principal occupation / Job title (See Instructions)  
**Owner**

Employer (See Instructions)  
**Gill Landscaping**

Date **9/18/16**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Carrie Gilley**

Amount of contribution (\$) **100.00**

Contributor address; City; State; Zip Code  
**444 Capetenny Dr. Corpus Christi TX 78412**

Principal occupation / Job title (See Instructions)  
**Manager**

Employer (See Instructions)  
**Gilley Holdings**

Date **8/15/16**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Fred Heldenfels**

Amount of contribution (\$) **250.00**

Contributor address; City; State; Zip Code  
**4500 Ocean Dr. Apt. 6A Corpus Christi TX 78412**

Principal occupation / Job title (See Instructions)  
**CEO**

Employer (See Instructions)  
**Heldenfels Enterprises**

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **16**

2 FILER NAME **Michael Hunter**

3 Filer ID (Ethics Commission Filers)

4 Date **9/6/16**

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

7 Amount of contribution (\$)

**Steven Holliday**  
6 Contributor address; City; State; Zip Code

**250.00**

**41 Lakeshore Dr. Corpus Christi TX 78413**

8 Principal occupation / Job title (See Instructions)  
**Director**

9 Employer (See Instructions)  
**Country Club Tourne Homes**

Date **9/6/16**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**Todd Hunter, Jr.**  
Contributor address; City; State; Zip Code

**50.00**

**437 Dolphin Pl. Corpus Christi TX 78411**

Principal occupation / Job title (See Instructions)  
**Attorney**

Employer (See Instructions)  
**Hilliard Munoz Gonzalez LLP**

Date **9/22/16**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**Janet Jones**  
Contributor address; City; State; Zip Code

**500.00**

**3420 Ocean Dr. Corpus Christi TX 78411**

Principal occupation / Job title (See Instructions)  
**Customer Service**

Employer (See Instructions)  
**Carlisle Insurance**

Date **7/7/16**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**Carl Kuehns**  
Contributor address; City; State; Zip Code

**200.00**

**610 N. Port Ave. Corpus Christi TX 78408**

Principal occupation / Job title (See Instructions)  
**Manager**

Employer (See Instructions)  
**Central Auto**

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **16**

2 FILER NAME **Michael Hunter**

3 Filer ID (Ethics Commission Filers)

4 Date **9/14/16**  
 5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**John Mason**  
 6 Contributor address; City; State; Zip Code  
**421 Pasadena Corpus Christi TX 78411**

7 Amount of contribution (\$)  
**200.00**

8 Principal occupation / Job title (See Instructions)  
**Self**

9 Employer (See Instructions)  
**Dentist**

Date **7/11/16**  
 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**SD Meares**  
 Contributor address; City; State; Zip Code

Amount of contribution (\$)  
**100.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date **9/20/16**  
 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Vic Medina**  
 Contributor address; City; State; Zip Code  
**1802 Brazos Corpus Christi TX 78412**

Amount of contribution (\$)  
**50.00**

Principal occupation / Job title (See Instructions)  
**Owner**

Employer (See Instructions)  
**Medina Engineering**

Date **8/18/16**  
 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Nelson Nease**  
 Contributor address; City; State; Zip Code  
**4514 Ramsey Austin TX 78756**

Amount of contribution (\$)  
**250.00**

Principal occupation / Job title (See Instructions)  
**Attorney**

Employer (See Instructions)  
**Self**

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
 If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **16**

2 FILER NAME **Michael Hunter**

3 Filer ID (Ethics Commission Filers)

4 Date **7/7/16**  
 5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**John Philipello**  
 6 Contributor address; City; State; Zip Code  
**1200 Barton Hills #213 Austin TX 78704**

7 Amount of contribution (\$)  
**175.00**

8 Principal occupation / Job title (See Instructions)  
**Senior Manager**

9 Employer (See Instructions)  
**Rodeo Austin**

Date **8/18/16**  
 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**John Pitts**  
 Contributor address; City; State; Zip Code  
**Po Box 27130 Houston TX 77227**

Amount of contribution (\$)  
**250.00**

Principal occupation / Job title (See Instructions)  
**Founder**

Employer (See Instructions)  
**Texas Star Alliance**

Date **7/7/16**  
 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Sunil Reddy**  
 Contributor address; City; State; Zip Code  
**Po Box 272000 Corpus Christi TX 78427**

Amount of contribution (\$)  
**1000.00**

Principal occupation / Job title (See Instructions)  
**CEO**

Employer (See Instructions)  
**Care HealthCare; Brantree Health**

Date **7/7/16**  
 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Vishnu Reddy**  
 Contributor address; City; State; Zip Code  
**38 East Bar Le Doz Corpus Christi TX 78414**

Amount of contribution (\$)  
**1000.00**

Principal occupation / Job title (See Instructions)  
**Physician**

Employer (See Instructions)  
**Splahn Hospital**

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 If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **16**

2 FILER NAME **Michael Hunter**

3 Filer ID (Ethics Commission Filers)

4 Date **8/8/16**  
 5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Kathryn Sampson**  
 6 Contributor address; City; State; Zip Code

7 Amount of contribution (\$)  
**100.00**

**9521 Hopland Austin TX 78749**

8 Principal occupation / Job title (See Instructions)  
**Nurse Practitioner**

9 Employer (See Instructions)  
**Self**

Date **7/7/16**  
 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Gregg Reyes**  
 Contributor address; City; State; Zip Code

Amount of contribution (\$)  
**1500.00**

**26 Hedmiz Houston TX 77024**

Principal occupation / Job title (See Instructions)  
**CEO**

Employer (See Instructions)  
**Reytec**

Date **7/7/16**  
 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Michael Sandroussi**  
 Contributor address; City; State; Zip Code

Amount of contribution (\$)  
**100.00**

**1514 Ennis Joshlink # 322 Corpus Christi TX 78412**

Principal occupation / Job title (See Instructions)  
**President**

Employer (See Instructions)  
**NCCER**

Date **8/18/16**  
 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Clyde Shannon**  
 Contributor address; City; State; Zip Code

Amount of contribution (\$)  
**250.00**

**8400 Hammets King Road Mound TX 78663**

Principal occupation / Job title (See Instructions)  
**Realtor**

Employer (See Instructions)  
**Self**

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
 If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **16**

2 FILER NAME **Michael Hunter**

3 Filer ID (Ethics Commission Filers)

4 Date **7/7/16**  
 5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Wayne Squires**  
 6 Contributor address; City; State; Zip Code  
**3642 Aransas Corpus Christi TX 78411**

7 Amount of contribution (\$)  
**1000.00**

8 Principal occupation / Job title (See Instructions)  
**Vice Chair**

9 Employer (See Instructions)  
**City of Corpus Christi**

Date **7/7/16**  
 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Isaac Valencia**  
 Contributor address; City; State; Zip Code  
**473 Claremore Corpus Christi TX 78412**

Amount of contribution (\$)  
**500.00**

Principal occupation / Job title (See Instructions)  
**President**

Employer (See Instructions)  
**Sil-Vac Inc.**

Date **8/24/16**  
 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Ben Wallace**  
 Contributor address; City; State; Zip Code  
**101 N. Shoreline #600 Corpus Christi TX 78401**

Amount of contribution (\$)  
**500.00**

Principal occupation / Job title (See Instructions)  
**President**

Employer (See Instructions)  
**Boone & Crockett**

Date **8/9/16**  
 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Michael Wright**  
 Contributor address; City; State; Zip Code  
**5710 Painted Valley Dr. Austin TX 78759**

Amount of contribution (\$)  
**250.00**

Principal occupation / Job title (See Instructions)  
**Government Affairs**

Employer (See Instructions)  
**American Pharmacies**

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
 If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **16**

2 FILER NAME **Michael Hunter**

3 Filer ID (Ethics Commission Filers)

4 Date **8/18/16**  
 5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Texas Land Developers Assn. PAC**  
 6 Contributor address; City; State; Zip Code  
**PO Box 2154 Austin TX 78768**

7 Amount of contribution (\$)  
**250.00**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date **8/18/16**  
 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**HillCo PAC**  
 Contributor address; City; State; Zip Code  
**823 Congress # 900 Austin TX 78701**

Amount of contribution (\$)  
**250.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date **8/24/16**  
 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Linebarger Goggan Blair & Sampson**  
 Contributor address; City; State; Zip Code  
**PO Box 17428 Austin TX 78760**

Amount of contribution (\$)  
**1000.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date **9/1/16**  
 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Lockelord LLP**  
 Contributor address; City; State; Zip Code  
**2200 Ross # 2200 Dallas TX 75201**

Amount of contribution (\$)  
**250.00**

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.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **16**

2 FILER NAME **Michael Hunter**

3 Filer ID (Ethics Commission Filers)

4 Date **7/18/16**  
5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Turner Ramirez & Assoc.**  
6 Contributor address; City; State; Zip Code  
**5525 S. Staples #A-7 Corpus Christi TX 78411**

7 Amount of contribution (\$)  
**100.00**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date **9/15/16**  
Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Valero PAC**  
Contributor address; City; State; Zip Code  
**PO BOX 696000 San Antonio TX 78269**

Amount of contribution (\$)  
**750.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
Full name of contributor  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  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.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <b>2</b>
2 FILER NAME <b>Michael Hunter</b>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$
5 Date <b>9/22/16</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>David Coover</b>	8 Amount of Contribution \$ <b>500.00</b>
	7 Contributor address; City; State; Zip Code <b>3826 Denver Corpus Christi TX 78411</b>	9 In-kind contribution description <b>Food/Beverage for events</b>
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <b>Partner</b>		11 Employer (FOR NON-JUDICIAL) (See Instructions) <b>Coover &amp; Coover</b>
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 <b>9/14/16</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Bryan Gullett</b>	Amount of Contribution \$ <b>500.00</b>
	Contributor address; City; State; Zip Code <b>14202 Playa Del Rey Corpus Christi TX 78411</b>	9 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) <b>Dentist</b>		Employer (FOR NON-JUDICIAL) (See Instructions) <b>Self</b>
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

## 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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>4</b>	2 FILER NAME <b>Michael Hunter</b>	3 Filer ID (Ethics Commission Filers)
-------------------------------------	---------------------------------------	---------------------------------------

4 Date <b>8/10/16</b>	5 Payee name <b>Roland Goana</b>
--------------------------	-------------------------------------

6 Amount (\$) <b>1200.00</b>	7 Payee address; City; State; Zip Code <b>4518 Everhart #101 Corpus Christi TX 78411</b>
---------------------------------	---

8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>contract labor</b>	(b) Description <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 <b>8/20/16</b>	Payee name <b>Allied Advertising</b>
------------------------	---

Amount (\$) <b>375.00</b>	Payee address; City; State; Zip Code <b>3700 Blanco San Antonio TX 78212</b>
------------------------------	---

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising</b>	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 <b>8/22/16</b>	Payee name <b>Allied Advertising</b>
------------------------	---

Amount (\$) <b>1418.08</b>	Payee address; City; State; Zip Code <b>3700 Blanco San Antonio TX 78212</b>
-------------------------------	---

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising</b>	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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## 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: <b>4</b>	2 FILER NAME <b>Michael Hunter</b>	3 Filer ID (Ethics Commission Filers)
-------------------------------------	---------------------------------------	---------------------------------------

4 Date <b>8/10/16</b>	5 Payee name <b>Holland Taucher Consulting Group</b>
--------------------------	---

6 Amount (\$) <b>4323.68</b>	7 Payee address; City; State; Zip Code <b>PO Box 684281 Austin TX 78768</b>
---------------------------------	--

8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Fundraising</b>	(b) Description <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 <b>8/10/16</b>	Payee name <b>Classic Printing</b>
------------------------	---------------------------------------

Amount (\$) <b>1061.23</b>	Payee address; City; State; Zip Code <b>4639 Corona Dr. Corpus Christi TX 78411</b>
-------------------------------	--

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Printing</b>	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 <b>8/10/16</b>	Payee name <b>Steve Ray Associates</b>
------------------------	---

Amount (\$) <b>3500.00</b>	Payee address; City; State; Zip Code <b>Po Box 1377 Austin TX 78767</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Consulting</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>4</b>	2 FILER NAME <b>Michael Hunter</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>8/30/16</b>	5 Payee name <b>Corpus Christi Juneteenth Coalition</b>
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6 Amount (\$) <b>250.00</b>	7 Payee address; City; State; Zip Code <b>924 Winnebago St. Corpus Christi TX 78401</b>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Sponsorship</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>8/30/16</b>	Payee name <b>CCAUSE</b>
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Amount (\$) <b>275.00</b>	Payee address; City; State; Zip Code <b>4855 S. Alameda #202 Corpus Christi TX 78412</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Sponsorship</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>8/17/16</b>	Payee name <b>H.E.L.P</b>
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Amount (\$) <b>500.00</b>	Payee address; City; State; Zip Code <b>Corpus Christi, TX</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Sponsorship</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: <u>1</u>	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
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4 Date <u>9/1/16</u>	5 Payee name <u>Labor Force</u>
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6 Amount (\$) <u>400.00</u> <input type="checkbox"/> Reimbursement from political contributions intended	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) <u>Labor</u>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <u>7/1/16</u>	Payee name <u>Classic Printing</u>
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Amount (\$) <u>805.38</u> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <u>4639 Corona #101 Corpus Christi TX 78411</u>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Printing</u>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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