

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 21
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr. NICKNAME	FIRST Michael LAST	MI Hunter SUFFIX
OFFICE USE ONLY			
Date Received			
Date Filed 10/31/16			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE 7201 Pharaoh Dr. Corpus Christi TX 78412		
<input type="checkbox"/> Change of Address			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (361) 548-2816		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr. NICKNAME	FIRST Oscar LAST	MI Garcia SUFFIX
Date Hand-delivered or Date Postmarked			
Receipt #		Amount \$	
Date Processed			
Date Imaged			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE 225 Amistad Corpus Christi, TX 78404		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION ()		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input 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 checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year Month Day Year 9 / 30 / 16 THROUGH 10 / 29 / 16		
11 ELECTION	ELECTION DATE Month Day Year 11 / 8 / 16		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
12 OFFICE	OFFICE HELD (if any) Member at Large, City Council		13 OFFICE SOUGHT (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)

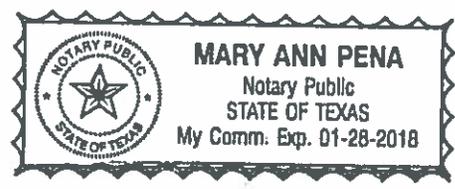
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO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

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

Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>50.00</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>20351.00</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>41430.08</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>19793.91</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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.

[Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Michael Hunter, this the 31st day of October, 20 16, to certify which, witness my hand and seal of office.

Mary Ann Pena Mary Ann Pena Notary Public
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

SUBTOTALS - C/OH

**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME <i>Michael Hunter</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>19851.00</i>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>500.00</i>
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	\$ <i>41030.08</i>
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	\$ <i>400.00</i>
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: **12**

2 FILER NAME

Michael Hunter

3 Filer ID (Ethics Commission Filers)

4 Date

10/17/16

5 Full name of contributor

Mark Adame

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

500.00

6 Contributor address; City; State; Zip Code

5242 Greenbrier Dr., Corpus Christi TX 78413

8 Principal occupation / Job title (See Instructions)

Vice President

9 Employer (See Instructions)

Joe Adame & Associates, Inc.

Date

10/17/16

Full name of contributor

Andy Ayan

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

150.00

Contributor address; City; State; Zip Code

118 Whiteley Dr., Corpus Christi TX 78418

Principal occupation / Job title (See Instructions)

Consulting

Employer (See Instructions)

Self

Date

10/17/16

Full name of contributor

Douglas Allison

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

1000.00

Contributor address; City; State; Zip Code

4920 Ocean Dr., Corpus Christi TX 78412

Principal occupation / Job title (See Instructions)

Principal

Employer (See Instructions)

The Allison Law Firm

Date

10/17/16

Full name of contributor

Phil Boeck

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

250.00

Contributor address; City; State; Zip Code

4910 Greenbrier Dr., Corpus Christi TX 78413

Principal occupation / Job title (See Instructions)

Partner

Employer (See Instructions)

Republiz National Distributing

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:
2 FILER NAME Michael Hunter		3 Filer ID (Ethics Commission Filers)
4 Date 9/30/16	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reagan Brown 6 Contributor address; City; State; Zip Code PO Box 8229 Corpus Christi TX 78468	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions) Executive		9 Employer (See Instructions) Peterson Development Corp.
Date 10/17/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Julie Buckley Contributor address; City; State; Zip Code 101 N. Shoreline # 500 Corpus Christi TX 78401	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) CPA		Employer (See Instructions) Buckley & Associates PC
Date 10/18/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Loran Burton Contributor address; City; State; Zip Code 1101 N. Wood St., Rockport TX 78382	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) Project Manager		Employer (See Instructions) LNV, Inc.
Date 9/30/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert Cagle Contributor address; City; State; Zip Code 6622 Grandvilliers Dr. Corpus Christi TX 78414	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

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:
2 FILER NAME Michael Hunter		3 Filer ID (Ethics Commission Filers)
4 Date 10/17/16	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tom Carlisle 6 Contributor address; City; State; Zip Code 500N. Water #900 Corpus Christi TX 78401	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions) President		9 Employer (See Instructions) Carlisle Insurance
Date 10/17/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Brent Chesney Contributor address; City; State; Zip Code 242 Cape Aron Dr., Corpus Christi TX 78412	Amount of contribution (\$) 350.00
Principal occupation / Job title (See Instructions) Commissioner		Employer (See Instructions) Nueces County
Date 10/17/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) D. Conolly Contributor address; City; State; Zip Code 1930 Glenoak Corpus Christi TX 78418	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self
Date 10/23/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Haven Friday Contributor address; City; State; Zip Code 4833 Saratoga #403, Corpus Christi TX 78413	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Texas A&M Corpus Christi

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:
2 FILER NAME Michael Hunter		3 Filer ID (Ethics Commission Filers)
4 Date 10/6/16	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ernest Garza 6 Contributor address; City; State; Zip Code 10201 Leopard #A Corpus Christi TX 78410	7 Amount of contribution (\$) 300.00
8 Principal occupation / Job title (See Instructions) CPA		9 Employer (See Instructions) Ernest R. Garza & Co.
Date 10/17/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rudy Garza Contributor address; City; State; Zip Code 6221 Michaux Corpus Christi TX 78414	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions) Council Member		Employer (See Instructions) City of Corpus Christi
Date 10/17/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jim Kunau Contributor address; City; State; Zip Code 6055 Rio Vista Corpus Christi TX 78412	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) General Manager		Employer (See Instructions) Hurricane Alley Waterpark
Date 10/17/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daniel Leyendecker Contributor address; City; State; Zip Code 14702 Santa Gertrudis Corpus Christi TX 78410	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) LNV, Inc.

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:
2 FILER NAME Michael Hunter		3 Filer ID (Ethics Commission Filers)
4 Date 10/17/16	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oscar Martinez 6 Contributor address; City; State; Zip Code 7086 Dallas, Corpus Christi TX 78413	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions) Assistant City Manager		9 Employer (See Instructions) City of Corpus Christi
Date 10/17/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Demetrius McDaniel Contributor address; City; State; Zip Code 7749 Escala, Austin TX 78735	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions) Shareholder		Employer (See Instructions) Greenberg Traurig LLP
Date 10/17/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael Mintz Contributor address; City; State; Zip Code 3344 Ocean Dr., Corpus Christi TX 78411	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) ENT		Employer (See Instructions) Ear Nose & Throat Associates
Date 10/17/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frank Montesano Contributor address; City; State; Zip Code 2101 Riata Corpus Christi TX 78418	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions) Commissioner		Employer (See Instructions) Corpus Christi Housing Authority

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:
2 FILER NAME Michael Hunter		3 Filer ID (Ethics Commission Filers)
4 Date 10/17/16	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scot Oshman 6 Contributor address; City; State; Zip Code 1342 Sandpiper Corpus Christi TX 78412	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions) Broker		9 Employer (See Instructions) Carlisle Insurance
Date 10/17/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William Oswald Contributor address; City; State; Zip Code 8201 Scenic Ridge Cove Austin TX 78735	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) Government Affairs		Employer (See Instructions) Koch Industries
Date 10/17/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William Pettus Contributor address; City; State; Zip Code 101 Shoreline #200 Corpus Christi TX 78401	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Pettus Advertising
Date 10/17/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Philipello Contributor address; City; State; Zip Code 1200 Barton Hills #213 Austin TX 78704	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) Senior Manager		Employer (See Instructions) Rodeo Austin

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:

2 FILER NAME

Michael Hunter

3 Filer ID (Ethics Commission Filers)

4 Date

10/17/16

5 Full name of contributor

Byron Sandefer

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

250.00

6 Contributor address;

City; State; Zip Code

1124 Glenwood New Braunfels TX 78132

8 Principal occupation / Job title (See Instructions)

Vice President

9 Employer (See Instructions)

LNV, Inc.

Date

10/17/16

Full name of contributor

Michael Sandroussi

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

1514 Ennis Joshln #322 Corpus Christi TX 78412

Principal occupation / Job title (See Instructions)

President

Employer (See Instructions)

Craft Training Center

Date

10/17/16

Full name of contributor

Arthur Sedgwick

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

300.00

Contributor address;

City; State; Zip Code

711 N. Carancahua #1400 Corpus Christi TX 78401

Principal occupation / Job title (See Instructions)

CPA

Employer (See Instructions)

Self

Date

10/5/16

Full name of contributor

Scott Sherman

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

333 Barracuda Corpus Christi TX 78411

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Sherman Branscomb PC

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:

2 FILER NAME

Michael Hunter

3 Filer ID (Ethics Commission Filers)

4 Date

10/17/16

5 Full name of contributor

Bhakti Sodha

out-of-state PAC (ID#:

7 Amount of contribution (\$)

1000.00

6 Contributor address; City; State; Zip Code

36 Great Lakes Corpus Christi TX 78413

8 Principal occupation / Job title (See Instructions)

PT

9 Employer (See Instructions)

URHCS

Date

10/17/16

Full name of contributor

Richard Stracener

out-of-state PAC (ID#:

Amount of contribution (\$)

25.00

Contributor address; City; State; Zip Code

601 Indiana Ave Corpus Christi TX 78404

Principal occupation / Job title (See Instructions)

Territory Manager

Employer (See Instructions)

Anderson Machinery Co.

Date

10/17/16

Full name of contributor

Donald Taft

out-of-state PAC (ID#:

Amount of contribution (\$)

500.00

Contributor address; City; State; Zip Code

401 Coral Pl. Corpus Christi TX 78411

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

Date

10/17/16

Full name of contributor

Diana Taylor - Arturo

out-of-state PAC (ID#:

Amount of contribution (\$)

25.00

Contributor address; City; State; Zip Code

606 Indiana Ave Corpus Christi TX 78404

Principal occupation / Job title (See Instructions)

Director

Employer (See Instructions)

Suade Exploration

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:

2 FILER NAME

Michael Hunter

3 Filer ID (Ethics Commission Filers)

4 Date

10/17/16

5 Full name of contributor

Eric Treja

out-of-state PAC (ID# _____)

7 Amount of contribution (\$)

500.00

6 Contributor address;

City; State; Zip Code

5334 Timbergate Dr. Corpus Christi TX 78413

8 Principal occupation / Job title (See Instructions)

Senior Vice President

9 Employer (See Instructions)

LNV, Inc.

Date

10/17/16

Full name of contributor

Robert Viera

out-of-state PAC (ID# _____)

Amount of contribution (\$)

500.00

Contributor address;

City; State; Zip Code

6914 Arrow Dr. Corpus Christi TX 78413

Principal occupation / Job title (See Instructions)

Vice President

Employer (See Instructions)

LNV, Inc.

Date

10/17/16

Full name of contributor

Karen Welder

out-of-state PAC (ID# _____)

Amount of contribution (\$)

250.00

Contributor address;

City; State; Zip Code

345 Grant Corpus Christi TX 78411

Principal occupation / Job title (See Instructions)

NA

Employer (See Instructions)

NA

Date

10/17/16

Full name of contributor

Allen Saratoga

out-of-state PAC (ID# _____)

Amount of contribution (\$)

250.00

Contributor address;

City; State; Zip Code

525 Doddridge Corpus Christi TX 78411

Principal occupation / Job title (See Instructions)

Dentist

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:

2 FILER NAME

Michael Hunter

3 Filer ID (Ethics Commission Filers)

4 Date

10/17/16

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

TREPAC

7 Amount of contribution (\$)

2500.00

6 Contributor address; City; State; Zip Code

PO Box 2248 Austin TX 78768

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/17/16

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

Coastal Area Builders PAC

Amount of contribution (\$)

500.00

Contributor address; City; State; Zip Code

5325 Yorktown Corpus Christi TX 78414

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/19/16

Full name of contributor out-of-state PAC (ID#: C00236489)

KOCHPAC Inc.

Amount of contribution (\$)

1000.00

Contributor address; City; State; Zip Code

60014thNW, #800 Washington DC 20005

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/15/16

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

Jyoti Patel

Amount of contribution (\$)

251.00

Contributor address; City; State; Zip Code

PO Box 18028 Corpus Christi TX 78480

Principal occupation / Job title (See Instructions)

Vice President

Employer (See Instructions)

Jyoti International LLC

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:

2 FILER NAME

Michael Hunter

3 Filer ID (Ethics Commission Filers)

4 Date

10/15/16

5 Full name of contributor

out-of-state PAC (ID# _____)

AEP Committee for Responsible Gov't

6 Contributor address;

City; State; Zip Code

400 W. 15th #1520 Austin TX 78701

7 Amount of contribution (\$)

250.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/15/16

Full name of contributor

out-of-state PAC (ID# _____)

Roxana Hight

Contributor address;

City; State; Zip Code

5314 River oaks Dr. Corpus Christi TX 78413

Amount of contribution (\$)

1000.00

Principal occupation / Job title (See Instructions)

NA

Employer (See Instructions)

NA

Date

10/15/16

Full name of contributor

out-of-state PAC (ID# _____)

Margaret Hight

Contributor address;

City; State; Zip Code

2800 Waymaker, Austin, TX 78746

Amount of contribution (\$)

1000.00

Principal occupation / Job title (See Instructions)

NA Owner

Employer (See Instructions)

NA Margaret Hight Mineral

Date

10/25/16

Full name of contributor

out-of-state PAC (ID# _____)

Houston Durrill Land

Contributor address;

City; State; Zip Code

615 S. Upper Broadway Corpus Christi TX 78401

Amount of contribution (\$)

500.00

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:

2 FILER NAME

Michael Hunter

3 Filer ID (Ethics Commission Filers)

4 Date

10/28/16

5 Full name of contributor

Curtis Rock

out of state PAC (ID#: _____)

7 Amount of contribution (\$)

1000.00

6 Contributor address;

7414 Trail Creek Dr. Corpus Christi TX 78414

City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

COO

9 Employer (See Instructions)

Rock Engineering

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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <u>1</u>	
2 FILER NAME <u>Michael Hunter</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS			
5 Date <u>10/12/16</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Rick Valls</u>	8 Amount of Contribution \$ <u>500.00</u>	9 In-kind contribution description <u>Food for event</u>
7 Contributor address; City; State; Zip Code <u>210 S. Carancahua #600 Corpus Christi TX 78401</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <u>Executive</u>		11 Employer (FOR NON-JUDICIAL) (See Instructions) <u>Valls Group</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)			

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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	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: **4** 2 FILER NAME: **Michael Hunter** 3 Filer ID (Ethics Commission Filers)

4 Date: **10/23/16** 5 Payee name: **Anedot**

6 Amount (\$): **19.80** 7 Payee address; City; State; Zip Code: **PO Box 84314 Baton Rouge, LA 70884**

8 PURPOSE OF EXPENDITURE: **Fees** (a) Category (See Categories listed at the top of this schedule): **Fees** (b) Description: Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense. **credit card processing**

9 Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name: _____ Office sought: _____ Office held: _____

Date: **10/18/16** Payee name: **Anedot**

Amount (\$): **10.05** Payee address; City; State; Zip Code: **PO Box 84314 Baton Rouge, LA 70884**

PURPOSE OF EXPENDITURE: **Fees** Category (See Categories listed at the top of this schedule): **Fees** Description: Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense. **credit card processing**

Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name: _____ Office sought: _____ Office held: _____

Date: **10/17/16** Payee name: **Anedot**

Amount (\$): **19.80** Payee address; City; State; Zip Code: **PO Box 84314 Baton Rouge, LA 70884**

PURPOSE OF EXPENDITURE: **Fees** Category (See Categories listed at the top of this schedule): **Fees** Description: Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense. **credit card processing**

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

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:	2 FILER NAME Michael Hunter	3 Filer ID (Ethics Commission Filers)
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4 Date 10/6/16	5 Payee name Anedot
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6 Amount (\$) 12.00	7 Payee address; City; State; Zip Code PO Box 84314 Baton Rouge LA 70884
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense cc processing
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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 10/5/16	Payee name Anedot
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Amount (\$) 4.20	Payee address; City; State; Zip Code PO Box 84314 Baton Rouge LA 70884
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense cc processing
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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 10/28/16	Payee name Holland Taucher Consulting Group
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Amount (\$) 2953.46	Payee address; City; State; Zip Code PO Box 684281 Austin TX 78768
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) consulting	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense fundraising
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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:	2 FILER NAME <i>Michael Hunter</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>7/30/16</i>	5 Payee name <i>McCoy's</i>
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6 Amount (\$) <i>559.22</i>	7 Payee address; City; State; Zip Code <i>1602 N. Paduella Island, Corpus Christi TX 78408</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Supplies for signs</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>office supplies</i>
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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 <i>10/3/16</i>	Payee name <i>Steve Ray : Associates</i>
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Amount (\$) <i>5000.00</i>	Payee address; City; State; Zip Code <i>PO Box 1377 Austin TX 78767</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Consulting</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Campaign consulting</i>
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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 <i>10/6/16</i>	Payee name <i>Mother Ocean</i>
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Amount (\$) <i>1451.55</i>	Payee address; City; State; Zip Code <i>500 N. Water St. Corpus Christi TX 78401</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Other</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Havana</i>
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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:	2 FILER NAME Michael Hunter	3 Filter ID (Ethics Commission Filers)
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4 Date 10/17/16	5 Payee name Steve Ray Associates
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6 Amount (\$) 31000.00	7 Payee address; City; State; Zip Code PO Box 1377 Austin TX 78769
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) 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 ads
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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	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
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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 (\$)	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
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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: 1	2 FILER NAME Michael Hunter	3 Filer ID (Ethics Commission Filers)
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4 Date 10/15/16	5 Payee name Labor
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6 Amount (\$) 400.00 <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) Contract labor	(b) Description signs <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	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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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