#### **CANDIDATE / OFFICEHOLDER** FORM C/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR 3 CANDIDATE / MI OFFICE USE ONLY **OFFICEHOLDER** NAME Date Received NICKNAME SUFFIX Date Filed 10/7/21/ 4 CANDIDATE / ADDRESS / PO BOX; STATE; **OFFICEHOLDER** MAILING **ADDRESS** Change of Address 5 CANDIDATE/ AREA CODE PHONE NUMBER EXTENSION Secretary **OFFICEHOLDER** 548-2816 (361)PHONE Receipt # Amount \$ MS MRS MR CAMPAIGN **TREASURER** Tarcia Date Processed NAME NICKNAME SUFFIX Date Imaged CAMPAIGN STREET ADDRESS (NO PO BOX APT / SUITE #: CITY: STATE; ZIP CODE TREASURER **ADDRESS** (Residence or Business) AREA CODE PHONE NUMBER EXTENSION CAMPAIGN **TREASURER** PHONE 548-2816 (361 9 REPORT TYPE 15th day after campaign January 15 30th day before election Runoff treasurer appointment (Officeholder Only) Exceeded Modified July 15 Final Report (Attach C/OH - FR) 8th day before election Reporting Limit 10 PERIOD Day Month Year Month COVERED THROUGH 11 ELECTION **ELECTION DATE ELECTION TYPE** Other Description Special 12 OFFICE OFFICE SOUGHT (if known) X IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT 14 NOTICE FROM 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. POLITICAL COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS

**GO TO PAGE 2** 

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 2

15 C/OH NAME	<b>16</b> File	r ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ \$ 78,08
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 57,262.14
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	\$
18 SIGNATURE   I s	wear, or affirm, under penalty of perjury, that the accompanying report is true and co	prrect and includes all information
	uired to be reported by me under Title 15, Election Code.	<b>/</b>
	$\mathcal{M}_{\mathcal{A}}(\mathcal{A})$	
		N
A A FYLL	Signature of Candidate	or Officeholder
V 8 4 6 2014	H MANNINO Signature of Candidate	
1 (* / 5 / 5 / 1 ) * ]	# 13368975-7 Notary Public	
1	TATE OF TEXAS (	
My Cor	Please complete either option below:	
	v v v v v v v v v v v v v v v v v v v	
(A) A PPL 1		
(1) Affidavit		
NOTARY STAMP/SEAL		
	Midsol Huslan	a chalcor
Sworn to and subscribed	before me by VIChOE TTUNTER this the 7	_ day of <u>OCTOBER</u> ,
20 24 to gertify	which witness my hand and seal of office.	_ day of <u>October</u> ,
	Mariah Mannino	Jotanu Dublic
Signature of officer administer	ing oath Printed name of officer administering oath	Title of officer administering oath
	OR	
(2) Unsworn Declaration	on	
My name is	, and my date of birth is	
iviy audi coo io	(street) (city) (state)	(zip code) (country)
Free code of the		` ' ' ' '
Executed in	County, State of , on the day of (month)	, 20 (year)
	Signature of Candidate/Offic	eholder (Declarant)

# **SUBTOTALS - C/OH**

# FORM C/OH COVER SHEET PG 3

19	FILER NAME	mmission Filers)	
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 69981.58
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 8100 m
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.	SCHEDULE E: LOANS	\$	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	\$ 57,262.14	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL (	\$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	\$	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED	\$

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

### SCHEDULE A2

If the requested information is not applicable, DO NOT include this page in the report.

•	••				
TI	ne Instruction Guide explains how to complete this form	n.	1 Total pages Sched	lule A2:	
2 FILER NAM	Mochael Hunter		3 Filer ID (Ethics Co	ommission Filers)	
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ 8100	D.00	
5 Date 8/8/24	Todd Hunter  7 Contributor address; City; State; Zip Code  445 Cape Henry CL 7X 78412			9 In-kind contribution   description   Weeks Mg   Market Mg   Market Mg   de of Texas, Complete Schedule T.	
10 Principal occ	cupation / Job title (FOR NON-JUDIOIAL) (See Instructions)	l .	er (FOR NON-JUDICI	AL)(See Instructions)	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	JDICIAL) (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)	<u> </u>			
Date	Full name of contributor	)	Amount of Contribution \$	   In-kind contribution   description 	
	Contributor address; City; State;	Zip Code	Check if travel outsic	      de of Texas. Complete Schedule T.	
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICI/	AL)(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 spous	se (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.

# SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politica		Legal Services	Idio Enporioc	Salaries/Wa	ges/Contract Labor	Other (enter a categ	ory not listed above)
Credit Card Payment		The Instruction	ı Guide explai	ns how to co	mplete this form.		
1 Total pages Schedule F1:	2 FILER N	IAME MAY	chael	Hun	ter	3 Filer ID (Ethic	es Commission Filers)
4 Date 7/31/24	5 Payee na	ander	Alle	tres			
6 Amount (\$)	7 Payee ac	ddress;	/		City;	State;	Zip Code
1758-	6300	) Ocean	. Dr		U	TX	18412
8	(a) Categor	ry (See Categories liste	ed at the top of this	s schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Ja	ble/ev	ent	spon	sor		
	(c)	Check if travel outside of	f Texas. Complete S	Schedule T.	Check if Aust	tin, TX, officeholder livin	g expense
9 Complete ONLY if direct expenditure to benefit C/OH		date / Officeholder	name		Office sought		Office held
Date / /	Payee na	ame					
8/2/24	N	lelous					
Amount (\$)	Payee ad	ddress;			City;	State;	Zip Code
1101-99	590	)9			CC	双	78412
	Category	/ (See Categories listed	d at the top of this	schedule)	Description		
PURPOSE OF EXPENDITURE		T-Posts	<u>,</u>				
		Check if travel outside of	f Texas. Complete S	Schedule T.	Check if Aust	in, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		late / Officeholder	name		Office sought		Office held
7/18/24	Payee na He	all I	air )	2024	1		
Amount (\$)	Payee ad			·	City;	State;	Zip Code
250000					CL	TK	
	Category	(See Categories listed	at the top of this s	schedule)	Description		
PURPOSE		1					
OF EXPENDITURE	PNE	nd sh	Joh sol	_			
£751.99		Check if travel outside of	Texas. Complete S	chedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct	Candida	ate / Officeholder	name		Office sought		Office held
expenditure to benefit C/OH							
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

# SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		Event Expense Fees Food/Beverage Expen Gift/Awards/Memorials Legal Services		Office Overl Polling Expe Printing Exp		Travel In District Travel Out Of Dis	quipment & Related Expens	ie
Credit Card Payment		•	Guide explains		omplete this form.	<b>S</b>	logory	
1 Total pages Schedule F1:	2 FILER NA	Mich Mich	uel_	Hu	nter_	3 Filer ID (Et	thics Commission Filers)	
4 Date 7/24/24	5 Payee nar	me Blive	Bran	ch C	ousultin	9		
6 Amount (\$)	7 Payee add	dress;			City;	State;	Zip Code	
39875V	= ROX   8	8639			le	TX	78418	
8		/ (See Categories listed a			(b) Description			
PURPOSE OF EXPENDITURE	Cons	ruling s	ervic	.es				
	(c)	Check if travel outside of Te	exas. Complete Sc	hedule T.	Check if Aus	tin, TX, officeholder li	ving expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder na	ame		Office sought		Office held	
Date /	Payee nan	ne			***************************************			
7/24/24		leely's						
Amount (\$)	Payee add	dress;			City;	State;	Zip Code	-
998200	1011	Louisi	ana		U	双	78404	
•	Category	(See Categories listed at	the top of this sc	chedule)	Description			
PURPOSE OF EXPENDITURE	P	inding.	Signe					
		Check if travel outside of Te	xas. Omplete Sch	hedule T.	Check if Aust	lin, TX, officeholder liv	ving expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ite / Officeholder na	ame		Office sought		Office held	
Date /	Payee nar	me , ,						
7/25/24		Vilesto	ne/	S				
Amount (\$)	Payee add	iress;			City;	State;	Zip Code	
3000,00	352	22 S A	Alame	da	LL	TX	78411	
	Category (	(See Categories listed at	the top of this sch	hedule)	Description			
PURPOSE OF EXPENDITURE	/M	sultring						
13132	c	Check if travel outside of Tex	xas. Complete Sch	nedule T.	Check if Austi	n, TX, officeholder livi	ring expense	
Complete ONLY if direct expenditure to benefit C/OH		te / Officeholder na	ame		Office sought		Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED								

# SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Candidate/Officenotder/Politica Credit Card Payment	The Instruction Guide explains how to c	complete this form.	Other (enter a catego	ory not listed above)
1 Total pages Schedule F1:	2 FILER NAME Michael Huns	ter	3 Filer ID (Ethics	s Commission Filers)
4 Date 9/24/24	5 Payee name		<u>L</u>	AMERICA MARKET CONTROL OF THE STATE OF THE S
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
\$ 198,03	7798 SY1	<i>C(</i>	TX	78412
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	parade supplies + foo	rd		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
9/4/24	Payee name	lilestone	<u></u>	
Amount (\$)	Payee address;	City;	State;	Zip Code
\$885,00	3522 s Alameda	И	TX	78411
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Consulting Services			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
9/3/24	Payee name  El Patro			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$164.28	6085 Weber	CL	Τχ	78413
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Sponsored dinner	Description fundrations animal:	service grou	ps ps
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
124131	ATTACH ADDITIONAL COPIES OF THIS:	SCHEDULE AS NEE	DED	

# SCHEDULE F1

If the requested information is not applicable, **DO NOT include this page in the report.** 

		EXPENDITURE CA	TEGORIES F	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment		Fees Office Overhing Expense Office Overhing Expense Offit/Awards/Memorials Expense Degal Services Salaries/Wag		xpense Travel In District xpense Travel Out Of District Vages/Contract Labor Other (enter a category)		ipment & Related Expense
1 Total pages Schedule F1:		ne Instruction Guide ex	piants now to co	ompiete this form.	3 Filer ID (Ethic	cs Commission Filers)
4 Date 9/24/24	5 Payee name	Island Bu	shest f	Association		
6 Amount (\$)	7 Payee addres	ss;		City;	State;	Zip Code
\$3,500=0	1449	3 SPID S	ite 313	3 (C	78	78418
8	(a) Category (Se	e Categories listed at the top of	of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	even	t sponsor		>		
	(c) Chec	k if travel outside of Texas. Comp	olete Schedule T.	Check if Aust	in, TX, officeholder livin	ng expense
9 Complete ONLY if direct expenditure to benefit C/OF		Officeholder name		Office sought		Office held
9/24/24	Payee name Stev	e Ray A	556UZ	tes		
Amount (\$)	Payee addres	s;		City;	State;	Zip Code
\$175000	Box	742		CC	TX	78403
	Category (See	Categories listed at the top of	this schedule)	Description		
PURPOSE OF EXPENDITURE	Cons	ulting	Servic	es		
	Chec	cif travel outside of Texas. Comp	lete Schedule T.	Check if Austi	n, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/OH		Officeholder name		Office sought		Office held
9/24/24	Payee name	A(P - 60				
Amount (\$)	Payee addres	s;		City;	State;	Zip Code
\$100000	1519	N Chapa	rval	CC	T	78401
PURPOSE OF EXPENDITURE	Category (See	Categories listed at the top of	this schedule)	Table St	onsor	
(, 250	Check	if travel outside of Texas. Comp	lete Schedule T.	Check if Austi	n, TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/OH		Officeholder name		Office sought		Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Transportation Equipment & Related Expense Travel In District Travel Out Of District

Solicitation/Fundraising Expense

	Committee Legal Services Salaries/Wa  The Instruction Guide explains how to co	ages/Contract Labor	Other (enter a categ	ory not listed above)
Total pages Schedule F1:			3 Filer ID (Ethic	s Commission Filers)
Date 8/16/24	5 Payee name Pranch Co	nsublan	<u> </u>	
Amount (\$)	7 Payee address;	City;	State;	Zip Code
8000	PD BOX 18639	U	TX	78418
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Consulting Services	(b) Description		·
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
8 14/24	Payee name Flow Bluff Athleti	6 Broster	-Chub	
Amount (\$)	Payee address;	City;	State;	Zip Code
40000	2505 Waldron Rd	ce	TX	78418
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	spowsorship			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
	In The game Furtrack	255		
Amount (\$)	Payee address;	City;	State;	Zip Code
,207,90	9605 SPID	$\mathcal{U}$	7义	78418
PURPOSE OF	Category (See Categories listed at the top of this schedule)	Description B	uff Ars	ECTATION POBOX 18
EXPENDITURE	Then I have	1 104		F, F, F, LAC JE 111
	Check furavel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	10100

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services	morials Expense	_	ense es/Contract Labor	Travel in District Travel Out Of District Other (enter a catego	
1 Total pages Schedule F1:	2 FILER NAME MUC	hael f	lunte	2V	3 Filer ID (Ethics	Commission Filers)
4 Date 8/3/24	5 Payee pame	GOP				
6 Amount (\$)	7 Payee address;			City;	State;	Zip Code
\$3000	5151 Flynn			LL	TX	78411
8	(a) Category (See ¢ategories	listed at the top of this	schedule) (	<b>b)</b> Description		
PURPOSE OF EXPENDITURE	event sp	onsor				
	(c) Check if travel outsi	de of Texas. Complete So	chedule T.	Check if Austin	n, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officehold	der name		Office sought		Office held
Date 1	Payee name					
8/5/24	South TX Re	publican	18			·
Amount (\$)	Payee address;		<del></del> .:	City;	State;	Zip Code
10000				11	TX	
	Category (See Categories li	sted at the top of this so	chedule)	Description		
PURPOSE OF EXPENDITURE	event Sp	ionsor	- Lu	nch		
	Check if travel outside	de of Texas. Complete Sci	hedule T.	Check if Austin,	, TX, officeholder living e	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officehold	ler name		Office sought	C	Office held
Date	Payee name					
8/4/24	Adam R	ics				
Amount (\$)	Payee address;			City;	State;	Zip Code
910000	7301 tang	gledridge	e ct	LL	TX	78413
PURPOSE	Category (See Categories lis	ited at the top of this sol	norabili	Description		
OF EXPENDITURE	70001110111	/ un · ···				
4100	Check if travel outsid	e of Texas. Complete Sch	nedule T.	Check if Austin,	TX, officeholder living e	xpense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholo	ier name		Office sought	(	Office held
	ATTACH ADDITIO	ONAL COPIES (	OF THIS SC	HEDULE AS NEED	)FD	
	ALIA	JII/AL 000 .	JI 11110 00.	HEDOFF VA HERR	166	

# SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE	CATEGORIES	FOR BOX 8(a)
nt Expense	Loan Ren	avment/Reimbursem

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By

Fees Food/Beverage Expense Gift/Awards/Memorials Expense

nent Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to c	vages/Contract Labor	Other (enter a category not listed above)		
1 Total pages Schedule F1:	2 FILER NAME Michael Hum	ter	3 Filer ID (Ethics Commission Filers)		
4 Date 9/9/24	5 Payee name Joe Pexez				
6 Amount (\$)	7 Payee address;	City;	State; Zip Code		
\$14000	802 Barry St	LC	TX 78411		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	marketing	sign g pla	cement		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
Date 1	Payee name				
9/11/24	Nueves Co GDP				
Amount (\$)	Payee address;	City;	State; Zip Code		
52.37	5151 Flynn Pkwy		TX 78411		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description  MsnHUY 5	spousorship		
	Check if travel outside of Texas. Complete Schedule T.	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		
9/10/24	Neely's Prinking				
Amount (\$)	Payee address;	City;	State; Zip Code		
1696,25	1011 Louisiana Ave	U	TX 78404		
	Category (See Categories listed at the top of this schedule)	Description	<b>A A A .</b>		
PURPOSE OF EXPENDITURE	marketing	sign e	xpeuse		
1888.62	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

### SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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)

Credit Card Payment	The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F1:	2 FILER NAME May 1 August 2 Steel 10 (Ethics Commission Filers)					
4 Date 9/7/24	5 Payee name Diwe Brawle Cons	ulting				
6 Amount (\$)	7 Payee address;	City;	State; Zip Code			
105000	PO Box 18639	CC	TX 78418			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
PURPOSE OF EXPENDITURE	consulting service	es				
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held			
9/6/24	Payee name (SWL (sast Mai)	ling + Pri	whas			
Amount (\$)	Payee address;	City;	State; Zip Code			
1029,51	6901 SPID	((	TX 78412			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Autof Marketing	Description  Muler/	handout			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	ı, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held			
9/5/24	Payee name Austin Prouse					
Amount (\$)	Payee address;	City;	State; Zip Code			
500 m	8050 Pavo Real	CC	TX 78414			
	Category (See Categories listed at the top of this schedule)	Description	, ,			
PURPOSE OF EXPENDITURE	consulting services	+ Sign	relp			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held			
· 72	ATTACH ADDITIONAL CODIES OF THIS S	SCHEDIII E AS NEEI	DED			

### SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking **Event Expense** Loan Repayment/Reimbursement Solicitation/Fundraising Expense 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 Salaries/Wages/Contract Labor Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 4 Date (a) Category (See Categories listed at the top of this schedule) or team + volunteers **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name 339,28 ed at the top of this schedule) Description **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH City; State; Zip Code **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office held Office sought Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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)

Credit Card Payment	The Instruction Guide explains how to c	complete this form.		<b>,</b> ,
1 Total pages Schedule F1:	2 FILER NAME Michael Hunt	es	3 Filer ID (Ethics	s Commission Filers)
4 Date 9/28/24	5 Payee name RAMA + 15iV/s (lub			
6 Amount (\$)	7 Payee addless;	City;	State;	Zip Code
75000	3907 Greenwood	14	灭	78416
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Sponsorship	table spon	sor	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	j expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date / /	Payee name			
10/7/24	Gulf Coast Printing			
Amount (\$)	Payee add ess;	City;	State;	Zip Code
\$1560.19	6901 SPID	((	TX	78412
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Markeling	Description description	handow	t material
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	**************************************	Office held
924/24	Flour Bluff 15D			
Amount (\$)	Payee address;	City;	State;	Zip Code
123000	2505 Waldron	22	Tx	78418
	Category (See Categories listed at the top of this schedule)	Description		, ,
PURPOSE OF EXPENDITURE	sponsorship	market	ing/constr	butrou
.,9	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	****

### SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Event Expense Fees Food/Beverage Expense Git/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Satariae Magas/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out of District

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.	Other (enter a catego	ory not listed above)
1 Total pages Schedule F1:	2 FILER NAME Michael Hunt	el	3 Filer ID (Ethic	s Commission Filers)
4 Date 8 23/24	5 Payee name Neely's Printing		1	
6 Amount (\$) 25	7 Payee address;	city; U	State;	Zip Code <b>B</b> 404
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	marketing	signs	HX4,4X8,	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	lin, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
B/12/24	Payee name EM Herman			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$777.00	801 Crestview	$\alpha$	TX	18412
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  CONSULTING TEXT A SIGN  Check if travel outside of Texas. Complete Schedule T.	Description  Left  Check if Aust	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
B/20/24	Swifollege Republicans -	Nucces Co	chapter	
Amount (\$)	Payee address;	City	State;	Zip Code
50000	6300 Ocean Dr	The L	LIX	784
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Spousors  Check if travel outside of Texas. Complete Schedule T.	Description  Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEE	EDED	

### SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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)

Credit Card Payment	The Instruction Guide explains how to o	complete this form.		
1 Total pages Schedule F1:		mter	3 Filer ID (Ethics Commission Filers)	
4 Date 8/7/24	5 Payee name Steve Ray 7 8	Associate	g	
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	
175000	Box 742	CC	TK 78403	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	consulting services			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held	
Date /	Payee name			
8/11/24	Austin Prowse			
Amount (\$)	Payee address;	City;	State; Zip Code	
500°	SOSO Pavo Real	CC	TX 78414	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Labor - sign he	lp		
	Check if travel outside of Texas. Complete Schedule T.	T. Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
8/5/24	Payee name  Way Herman			
Amount (\$)	Payee address;	City;	State; Zip Code	
A11/100	761 f : 1		F1 70.	
4450	801 Crestview	U	12 18412	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Sign Help			
2700	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDUL F AS NEEDED				

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Polling Expense I ravel in District
Printing Expense Travel Out Of District
Salaries/Wages/Contract Labor Other (enter a category n

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1:	2 FILER NAME Michael Hunter	/	3 Filer ID (Ethics Commission Filers)
4 Date 10/3/24	5 Payee name Lalation Education	Foundar	m
6 Amdunt/(\$)	7 Payee address;	City;	State; Zip Code
\$6000	4205 Wildcat Dr	LC	TK 78410
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	sponsorship	table sp	pousor
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
Date / ,	Payee name		
10/2/24	S.T.A.R.		•
Amount (\$)	Payee address;	City;	State; Zip Code
1099.00		ll	77
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Event Sponsorship -	>	
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date /	Payee name		
9/27/24	NAACP-CC		
Amount (\$)	Payee address;	City;	State; Zip Code
75000	1519 N Chapano	1 66	TX 78401
	Category (See Categories listed at the top of this schedule)	Description	,
PURPOSE OF EXPENDITURE	event sponsorship-	<b>→</b>	
2449	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NET	EDED

# SCHEDULE F1

	EXPENDITURE CATE	EGORIES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment	Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Səlaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
Ordan dymo	The Instruction Guide expla	ins how to complete this form.		
1 Total pages Schedule F1:	2 FILER NAME Michael	Hunter	3 Filer ID (Ethics Commission Filers)	
4 Date 8/29/24	5 Payee name 3 Neely	I's Printing		
6 Amount (\$)	7 Payee address;	City,	State; Zip Code	
1696.25	PS colys form	1011 Louisir	TX 78404	
8	(a) Category (See Categories listed at the top of th	nis schedule) (b) Description		
PURPOSE				
OF EXPENDITURE	marketing	signs		
	(c) Check if travel outside of Texas. Complete	Schedule T. Check if Austin	n, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date / 1	Payee name		4	
8/28/24	League of	Women Vot	ters-CC	
Amount (\$)	Payee addre	City;	State; Zip Code	
& IJAne	V		TN	
+ 700			//\	
	Category (See Categories listed at the top of this	s schedule) Description		
PURPOSE	111 6			
OF EXPENDITURE	Table Spons	sorship		
	Check if travel outside of Texas. Complete	Schedule T. Check if Austin	n, TX, officeholder living expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit C/OH				
Date / /	Payee name			
	-1	Λ		
8/22/24	Steve Ray &	Associates		
Amount (\$)	Payee address;	City;	State; Zip Code	
/ Anage	7110		TN Tarro	
(///)	BOX 142	LL	1/1 /8403	
	Category (See Categories listed at the top of this	schedule) Description	, , , -	
PURPOSE	•			
OF	Carron Him an			
EXPENDITURE .	Consulting ser	VITES		
& h910.25	Check if travel outside of Texas. Complete	Schedule T. Check if Austin	n, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

### SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Printing Expense Travel Out Of E

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Travel In District
Travel Out Of District

Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to c	complete this form.	Other (enter a category not listed above)	
1 Total pages Schedule F1:		inter	3 Filer ID (Ethics Commission Filers)	
4 Date 8/12/24	5 Payee name Neely's Prohit	rug		
\$580,29	7 Payee address;  Will Lowstana	City;	State; Zip Code TX 78404	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	marketing sign pr	hoting		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
8/12/24	Payee name  Mclays			
Amount (\$)	Payee address;	City;	State; Zip Code	
\$ 385,77	5909 Holly	U	TK 78412	
PURPOSE	Category (See Categories listed and top of this schedule)	Description		
OF EXPENDITURE	4-100017			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date /	Payee name			
8/12/24	Nuces GOP			
Amount (\$)	Payee address;	City;	State; Zip Code	
\$52.31	5151 Flynn Prny #103	CC	TX 78411	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	monthly sponsor			
1618,43	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEE	DED	

### **PLEDGED CONTRIBUTIONS**

### SCHEDULE B

If the requested information is not applicable, **DO NOT include this page in the report.** 

The Instruction Guide explains how to complete this form.	1 Total pages Schedule B:
2 FILER NAME Mulael Munter	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED PLEDGES	\$
5 Date 6 Full name of pledgor Out-of-state PAC (ID#:	8 Amount   9 In-kind contribution of Pledge \$   description
7 Pledgor address; City; State; Zip	Code
	Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (See Instructions)  11 Emplo	oyer (See Instructions)
Date Full name of pledger out-of-state PAC (ID#:	Amount   In-kind contribution of Pledge \$   description
Pledgor address; City; State; Zip	
	]. Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (See Instructions)	oyer (See Instructions)
Date Full name of pledgor out-of-state PAC (ID#:	Amount of I In-kind contribution Pledge \$ I description
Pledgor address; City; State; Zip	Code
	Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (See Instructions) Emplo	oyer (See Instructions)
Date Full name of pledgor out-of-state PAC (ID#:	) mount of In-kind contribution Pledge \$   description
Pledgor address; City; State; Zip Co	de
	Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (See Instructions) Emplo	oyer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDED

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

#### **LOANS** SCHEDULE E If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule E: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 4 TOTAL OF UNITEMIZED LOANS \$ Date of loan Name of lender Loan Amount (\$) ut-of-state PAC (ID#:\_ 10 Interest rate ls lender 8 Lender address; City; State; Zip Code a financial Institution? 11 Maturity date YN 12 Principal occupation / Job title (See Instructions) 13 Employer (See Instructions) 14 Description of Collateral Check if personal funds were deposited into political account (See Instructions) none 16 GUARANTOR 17 Name of guarantor 19 Amount Guaranteed (\$) INFORMATION 18 Guarantor address; City; State; Zip Code not applicable 20 Principal Occupation (See Instructions) 21 Employer (See Instructions) Loan Amount (\$) Date of loan Name of lender out-of-state PAC (ID#: Interest rate Lender address; State; Zip Code Is lender City: a financial Institution? Maturity date Principal occupation / Job title (See Instructions) mployer (See Instructions) Description of Collateral Check if personal funds were deposited into political account (See Instructions) none Name of guarantor Amount Guaranteed (\$) **GUARANTOR** INFORMATION Guarantor address; City; State; Zip Code not applicable Employer (See Instructions) Principal Occupation (See Instructions)

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### **UNPAID INCURRED OBLIGATIONS**

### SCHEDULE F2

m and requestion matter to the approache; 2 0 110 1 metade time page in the repetit					
EXPENDITURE CATEGORIES FOR BOX 10(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	al Committee Legal Services	Office Control of the	epayment/Reimbursement overhead/Rental Expense Expense Expense sWages/Contract Labor occomplete this form.	Solicitation/Fundraising Transportation Equipme Travel In District Travel Out Of District Other (enter a category	ent & Related Expense
1 Total pages Schedule F2:	2 FILER NAME	chael M	unter	3 Filer ID (Ethics Co	mmission Filers)
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS \$					
5 Date	6 Payee name			, de 1944,	
7 Amount (\$)	8 Peyee address;		City;	State;	Zip Code
9 TYPE OF EXPENDITURE	Political	Non-	Political		
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories li	isted at the top of this schedule)	(b) Description		
	(C) Check if travel outside	e of Texas. Complete Schedule T.	Check if Au	stin, TX, officeholder living ex	rpense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeh	older name	Office sought	Office held	d
Date	Payee name				
Amount (\$)	Payee address;		City;	State;	Zip Code
TYPE OF EXPENDITURE	Political	Non-	Political		
PURPOSE OF EXPENDITURE	Category (See Categories li	isted at the top of this schedule)	Description		
	Check if travel outsic	de of Texas. Complete Schedule	Check if A	ustin, TX, officeholder living e	expense
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH					
			114411/7/1040-7/1040-7	1100	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

# PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F3

ТІ	ne Instruction Guide explains how to complete this form.	1 Total pages Schedule F3:
2 FILER NAME	Michael Hunter	3 Filer ID (Ethics Commission Filers)
<b>4</b> Date	5 Name of person from whom investment is purchased	
	6 Address of person from whom investment is purchased; Cit	ty; State; Zip Code
	7 Description of investment	
	8 Amount of investment (\$)	
Date	Name of person from whom investment is purchased	
	Address of person from whom investment is purchased; City	y; State; Zip Code
	Description of investment	
	Amount of investment (\$)	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED

#### **EXPENDITURES MADE BY CREDIT CARD**

#### SCHEDULE F4

If the requested information is not applicable, DO NOT include this page in the report.

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Event Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Loan Repayment/Reimbursement Accounting/Banking Office Overhead/Rental Expense Consulting Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services USE A NEW PAGE FOR EACH CREDIT CARD ISSUER The Instruction Guide explains how to complete this form. 1 TOTAL PAGES 2 FILER NAME 3 FILER ID (Ethics Commission Filers) **SCHEDULE F4:** 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ Name of financial institution **5 CREDIT CARD ISSUER** (c) Date(s) Credit Card Issuer Paid (a) Amoun Charged (b) Date Expenditure Charged **6 PAYMENT** 7 PAYFF (a) Payee name (b) Payee address; City, State, Zip Code 8 PURPOSE OF (a) Category (See Categories listed at the top of this schedule) (b) Description **EXPENDITURE Political** Non-Political (c) Check if travel outside o Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office Sought Office Held 9 Complete ONLY if direct expenditure to benefit C/OH (c) Date(s) Credit Card Issuer Paid (b) Date Expenditure Charged (a) Amount Charged **PAYMENT** PAYEE (a) Payee name (b) Payee address; City, State, Zip Code (b) Description **PURPOSE OF** (a) Category (See Categories listed at the top of this schedule) **EXPENDITURE** Political Non-Political Check if travel outside of Texas. Complete Schedul Check if Austin, TX, officeholder living expense (c) Candidate / Officeholder name Office Held Office Sought Complete ONLY if direct expenditure to benefit C/OH (a) Amount Charged (b) Date Expenditure Charged (c) Date(s) Credit Card Issuer Paid **PAYMENT** PAYEE (a) Payee name (b) Payee addres City, State, Zip Code **PURPOSE OF** (b) Desaription (a) Category (See Categories listed at the top of this schedule) **EXPENDITURE** Non-Political Check if travel outside of Texas. Complete Schedule T. . Check if Austin, TX, officeholder living expense (c) Office Sought Candidate / Officeholder name Office Held Complete ONLY if direct expenditure to benefit C/OH

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

#### SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Consulting Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule G: 4 Date 5 Payee name 6 Amount (\$) Payee address; City: State; Zip Code Reimbursement from political contributions intended egory (See Categories listed at the top of this schedule) (b) Description 8 **PURPOSE** OF **EXPENDITURE** (c) neck if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candida / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name Payee address; Amount (\$) City; State; Zip Code Reimbursement from political contributions intended at the top of this schedule) Description Category (See Categories list **PURPOSE** OF **EXPENDITURE** Check if travel outside of Te plete Schedule T. Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder na Office sought Complete ONLY if direct expenditure to benefit C/OH Date Payee name Payee address; Amount (\$) City; State; Zip Code Reimbursement from political contributions intended Description Category (See Categories listed at the top of this schedule) **PURPOSE EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. heck if Austin, TX, officeholder living expense Office sought Candidate / Officeholder name Office held Complete ONLY if direct expenditure to benefit C/OH

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# PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

### SCHEDULE H

If the requested information is not applicable, DO NOT include this page in the report.

### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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
Others on the group and Instead phone.

Credit Card Payment	The Instruction Guide explains how to	o complete this form.	Other (enter a category not listed above)
1 Total pages Schedule H:	2 FILER NAME WOULDER	lunter	3 Filer ID (Ethics Commission Filers)
4 Date	5 Business name		
6 Amount (\$)	7 Business address;	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, T	X, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name DH	Office sought	Office held
Date	Business name		
Amount (\$)	Business address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, T	X, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name OH	Office sought	Office held
Date	Business name		
Amount (\$)	Business address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX	X, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDE	ED

### SCHEDULE !

	The Instruction Guide explains how to complete this form.				
<b>1</b> Total pages Schedule I:	2 FILER NAME MICHAEL A	lunter	3 Filer ID (Ethics Co	mmission Filers)	
4 Date	5 Payee name				
6 Amount (\$)	7 Payee address;	City	State	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See required.)	instructions regarding type of	information	
Date	Payee name				
Amount (\$)	Payee address;	City	State	Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	instructions regarding type of	information	
Date	Payee name				
Amount (\$)	Payee address;	City	State	Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	instructions regarding type of	information	
Date	Payee name				
Amount (\$)	Payee address;	City	State	Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	instructions regarding type of	information	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

### SCHEDULE K

The	Instruction Guide explains how to complete this form.	1 Total pages Sche	dule K:
2 FILER NAME	Michael Hunter	3 Filer ID (Ethics	s Commission Filers)
4 Date	5 Name of person from whom amount is received		8 Amount (\$)
	6 Address of person from whom amount is received; City; Stat	te; Zip Code	
	7 Purpose for which amount is received Check if p	political contribution	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
į	Address of person from whom amount is received; City; Sta	ate; Zip Code	
	Purpose for which amount is received Check if p	political contribution	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; State	te; Zip Code	
	Purpose for which amount is received Check if p	political contribution	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; Stat	te; Zip Code	
	Purpose for which amount is received Check if p	political contribution i	returned to filer
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED	

# IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

#### SCHEDULE T

ii the requested i	information is not applicable, DO NOT include this page	In the report.					
The Instr	ruction Guide explains how to complete this form.	1 Total pages Schedule T:					
2 FILER NAME	Vielael Hunter	3 Filer ID (Ethics Commission Filers)					
4 Name of Contributor	r / Corporation or Labor Organization / Pledgor / Payee						
5 Contribution / Expend	nditure reported on:						
Schedule A2	Schedule B Schedule B(J) Schedule C2	Schedule D Schedule F1					
Schedule F2	promote promot	Schedule COH-UC Schedule B-SS					
6 Dates of travel	7 Name of person(s) traveling						
	8 Departure city or name of departure location						
	9 Destination city or name of destination location						
10 Means of transporta	ation 11 Purpose of travel (including name of conference, s	seminar, or other event)					
Name of Contributor	r / Corporation or Labor Organization / Pledgor / Payee						
Contribution / Expend	nditure reported on:						
Schedule A2	Schedule B Schedule B(J) Schedule C2	Schedule D Schedule F1					
Schedule F2	herood promot	Schedule COH-UC Schedule B-SS					
Dates of travel Name of person(s) traveling							
	Departure city or name of departure location						
	Destination city or name of destination location						
Means of transportat	Purpose of travel (including name of conference, s	seminar, or other event)					
Name of Contributor	/ Corporation or Labor Organization / Pledgo / Payee						
Contribution / Expend	diture reported on:						
Schedule A2	Schedule B Schedule B(J) Schedule C2	Schedule D Schedule F1					
Schedule F2	Schedule F4 Schedule G Schedule H	Schedule COH-UC Schedule B-SS					
Dates of travel	Name of person(s) traveling						
	Departure city or name of departure location						
	Destination city or name of destination localion						
Means of transportat	tion Purpose of travel (including name of conference, s	eminar, or other event)					
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED					

### MONETARY POLITICAL CONTRIBUTIONS

#### SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME unter -> see pg Date 7 Amount of contribution (\$) out-of-state PAC (ID#: 6 Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#: Amount of contribution (\$) State; Zip Code Contributor address: City; Employer (See Instructions) Principal occupation / Job title (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 Amount of contribution (\$) out-of-state PAC (ID#:\_ Contributor address; City; State; Zip Code Employer (See Instructions) Principal occupation / Job title (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.

# Al Monetary Political Contributions

# 2024 MAYOR CAMPAIGN MICHAEL HUNTER CONTRIBUTIONS 30 DAY REPORT

Mrs.	Peggy	Ahuja
Dr.	Charles	Allen
Mr.	Philip	Bell
Mr. & Mrs.	Michael ar	n Bergsma
	Michael	Bergsma
Mr.	Hugo	Berlanga
Mr.	Mahavir	Bhakta
Mr. & Mrs.	Deven & M	a Bhakta
Mr.	Jacek Deve	e Bhakta
Mr. & Mrs.	Vijay & Poo	j Bindingnavele
Mr.	Herb	Bradley
Mr. & Mrs.	Adalberto	8 Carrillo
Mr. & Mrs.	Cecil & Jer	ı Childers
Ms.	Mary Riddi	c Collins
Mr. & Mrs.	Watler and	l Crawford
Mr. & Mrs.	Denny & Ka	a Delk
Mr. & Mrs.	James & C	a Devlin
Mr.	John	Durham
Mr.	Benjamin	Eshleman III
The Honora	a L.J.	Francis
Mr.	Ernest	Garza
Mr. & Mrs.	Ken & Kiml	o Griffin
Mr.	W.G.	Haney
Ms.	Casey	Haney
Mr.	J. Daniel	Hogan
Mrs.	Gail	lwaniak
Mr.	Harold	Kane
Mr.	Dan	Leyendecker
Mr.	Richard	McGinley
Ms.	Kathy	Merchant

Corpus Christi	TX
Corpus Christi	TX
Kingsville	TX
Corpus Christi	TX
Port Aransas	TX
Corpus Christi	TX
Corpus Christi	TX
Corpus Christi	TX
Robstown	TX
Corpus Christi	TX
Austin	TX
Corpus Christi	TX

		\$ Amo	unt
TX	78411	3500	8/7/2024
TX	78414	100	8/1/2024
TX	78411	300	8/8/2024
TX	78413	100	8/1/2024
TX	78413	100	8/28/2024
TX	78404	1000	8/1/2024
TX	78363	1000	8/12/2024
TX	78414	1000	8/11/2024
TX	78414	500	8/11/2024
TX	78412	275	8/23/2024
TX	78418	100	8/22/2024
TX	78413	75	8/1/2024
TX	78411	150	8/1/2024
TX	78412	250	8/1/2024
TX	78414	50	8/1/2024
TX	78463	200	8/1/2024
TX	78411	250	8/1/2024
TX	78373	1000	8/15/2024
TX	78401	250	8/1/2024
TX	78413	100	8/28/2024
TX	78410	1000	8/1/2024
TX	78380	250	8/28/2024
TX		1000	8/1/2024
TX		1000	8/7/2024
TX		100	8/28/2024
TX	78418	100	8/22/2024
TX		1000	8/1/2024
TX	78418	400	8/1/2024
TX	78418	500	8/21/2024
TX	78418	100	8/22/2024

						\$ Amoun	+	P
Mr. & Mrs.	Michael & L Mintz		Corpus Christi	TX	78411	3000	8/1/2024	
Mr.	James Moloney		Corpus Christi	TX	78411	250	8/1/2024	
Mr. & Mrs.	Michael and Pedrotti		Corpus Christi	TX	78411	250	8/1/2024	
Mr.	Daniel Resley		Corpus Christi	TX		100	8/28/2024	
Ms.	Martha Respondek		Corpus Christi	TX	78463	200	8/1/2024	
Mr.	Sid Ridlehuber		Corpus Christi	TX		1000	8/1/2024	
Mr. & Mrs.	David & Kar Rossi		Corpus Christi	TX	78418	150	8/22/2024	
Mr. & Mrs.	Guy & Mary Saponari		Corpus Christi	TX	78418	100	8/23/2024	
Mr.	Richard Schmidt		Corpus Christi	TX	78401	250	8/1/2024	
Mr.	Bernard Seger		Corpus Christi	TX	78418	100	8/1/2024	
Mr.	Scott Sherman		Corpus Christi	TX	78411	200	8/1/2024	
Mr.	Wayne Squires		Corpus Christi	TX	78411	1000	8/1/2024	
Mr. & Mrs.	Dieter & Ro Strauss		Port Aransas	TX	78373	100	8/30/2024	
Mr. & Mrs.	David & Elle Underbrink		Corpus Christi	TX	78404	500	8/1/2024	
Mr. & Mrs.	Richard & B Valls		Corpus Christi	TX	78403	1000	8/1/2024	
Mr.	David Wilson		Corpus Christi	TX	78414	200	8/28/2024	
	J&E Ranch Tracts, LLC		Corpus Christi	TX	78415	100	8/1/2004	
	Rodd Village Developmen	t LLC	Corpus Christi	TX	78415	150	8/1/2024	
	Salazar Investments		Corpus Christi	TX	78415	150	8/1/2024	
	Tierra Motors LLC		Corpus Christi	TX	78415	200	8/1/2024	
	Civil & Environmental Con	sutant	Pittsburgh	PA	15205	500	9/18/2024	
	Chris Adler		Corpus Christi	TX	78411	2500	8/16/2024	
	Matthew Adler		Corpus Christi	TX	78465	1000	8/16/2024	
	Hugh Isherwood		Corpus Christi	TX	78418	50	8/22/2024	
	Jerrid& Rac Stottlemyre		Corpus Christi	TX	78418	100	8/22/2024	
	Michael Finley		Corpus Christi	TX	78418	200	8/15/2024	
	Debbie Fitch		Corpus Christi	TX	78418	100	8/15/2024	
	DUEE Inc		Corpus Christi	TX	78414	200	8/28/2024	
	Plazacctx Hospitality LLC		Corpus Christi	TX	78408	2000	8/8/2024	
	TV Motel		Corpus Christi	TX	78408	500	8/15/2024	
	Rakesh Patel		Corpus Christi	TX	78418	500	9/23/2024	
	Super 8		Corpus Christi	TX	78410	250	9/23/2024	
	Zeba LLC		Corpus Christi	TX	78463	500	9/24/2024	

					\$ Amou	nt
Best West	tern Executive Residen	Corpus Christi	TX	78144	1001	9/24/2024
	halala, LLC	Corpus Christi	TX	78414	500	9/24/2024
Anju	Ahuja	Corpus Christi	TX	78414	2500	9/24/2024
Patricia	Wallace	Corpus Christi	TX	78401	2500	9/17/2024
Sulakshai	na Modak	Corpus Christi	TX	78414	150	9/24/2024
Bayfront N	Marina Investments, LP	Corpus Christi	TX	78401	1000	9/24/2024
William	Miller	Austin	TX	78703	2500	9/23/2024
William C	la Miller	Austin	TX	78746	250	9/24/2024
Jerry	Susser	Corpus Christi	TX	78401	1000	9/19/2024
Jesse	Gilbert	Portland	TX	78374	260.59	7/30/2024
Justin	Green	Corpus Christi	TX	78418	520.87	8/1/2024
Francis	Gandy	Corpus Christi	TX	78403	250	8/2/2024
Jennifer	Vela	Odem	TX	78370	260.59	8/2/2024
Joan	Carrillo	Corpus Christi	TX	78413	52.37	8/3/2024
Don	Deaver	Corpus Christi	TX	78412	100	8/9/2024
David	Weber	Victoria	TX	77904	260.59	8/12/2024
Dos	Gates	Corpus Christi	TX	78411	2500	8/19/2024
Rene	Ramirez	Edinburg	TX	78539	1041.44	8/23/2024
Roy/Kathi	e Coons	Corpus Christi	TX	78418	100	8/23/2024
Donald	Taft	Corpus Christi	TX	78412	1041.44	8/27/2024
paul	heath	corpus christi	TX	78412	50	8/27/2024
Albert	Kessler	Corpus Christi	TX	78468	520.87	8/28/2024
Kanti	Bhakta	Corpus Christi	TX	78412	500	8/30/2024
Susan	Clark	Galveston	TX	77554	520.87	9/4/2024
Wayne	Squires	Corpus Christi	TX	78411	1400	9/4/2024
Leanne	L'Hirondelle	Corpus Christi	TX	78411	104.42	9/4/2024
Gordon	Welch	Corpus Christi	TX	78411	300	9/5/2024
James	Chenault	Corpus Christi	TX	78418	100	9/6/2024
Jim	Mailhes	Corpus Christi	TX	78418	100	9/6/2024
Charles	Hicks	Corpus Christi	TX	78411-123	520.87	9/8/2024
Dennis	Grebe	Dripping Springs	TX	78620	104.42	9/10/2024
Chris	Walden	Phoenix	AZ	85083	52.37	9/10/2024
Andy	Taubman	Corpus Christi	TX	78412	100	9/13/2024

pg4

Jesse	Gilbert	
Mayes	Middleton	
David	Weber	
Ron	Lewis	

			* Mound	
PORTLAND	TX	78374-416	500	9/14/2024
Galveston	TX	77550	1000	9/16/2024
Victoria	TX	77904	260.59	9/19/2024
Austin	TX	78701	500	9/26/2024

57,573.30

	Donating	Donor First	Donor Last					State /		1
Name	Company	Name	Name	Net Amount	Donated At	Address	City	Province	Postal Code	Country
Jesse Gilbert		Jesse	Gilbert	\$248.17	7/30/2024		Portland	TX	78374	United States
Justin Green		Justin	Green	\$496.34	8/1/2024		Corpus Christi	TX	78418	United States
Francis Gandy		Francis	Gandy	\$238.07	8/2/2024		Corpus Christi	TX	78403	United States
Jennifer Vela		Jennifer	Vela	\$248.17	8/2/2024		Odem	TX	78370	United States
Joan Carrillo		Joan	Carrillo	\$49.63	8/3/2024		Corpus Christi	TX	78413	United States
Don Deaver		Don	Deaver	\$95.05	8/9/2024		Corpus Christi	TX	78412	United States
David Weber		David	Weber	\$248.17	8/12/2024		Victoria	TX	77904	United States
Dos Gates		Dos	Gates	\$2,383.45	8/19/2024		Corpus Christi	TX	78411	United States
Rene Ramirez		Rene	Ramirez	\$992.71	8/23/2024		Edinburg	TX	78539	United States
Roy/Kathie Coons		Roy/Kathie	Coons	\$95.05	8/23/2024		Corpus Christi	TX	78418	United States
Donald Taft		Donald	Taft	\$992.71	8/27/2024		Corpus Christi	TX	78412	United States
paul heath		paul	heath	\$47.37	8/27/2024		corpus christi	TX	78412	United States
Albert Kessler		Albert	Kessler	\$496.34	8/28/2024		Corpus Christi	TX	78468	United States
Kanti Bhakta		Kanti	Bhakta	\$476.45	8/30/2024		Corpus Christi	TX	78412	United States
Susan Clark		Susan	Clark	\$496.34	9/4/2024		Galveston	TX	77554	United States
Wayne Squires		Wayne	Squires	\$1,334.60	9/4/2024		Corpus Christi	TX	78411	United States
Leanne L'Hirondelle		Leanne	L'Hirondelle	\$99.26	9/4/2024		Corpus Christi	TX	78411	United States
Gordon Welch		Gordon	Welch	\$285.75	9/5/2024		Corpus Christi	TX	78411	United States
James Chenault		James	Chenault	\$95.05	9/6/2024		Corpus Christi	TX	78418	United States
Jim Mailhes		Jim	Mailhes	\$95.05	9/6/2024		Corpus Christi	TX	78418	United States
Charles Hicks		Charles	Hicks	\$496.34	9/8/2024		Corpus Christi	TX	78411-1235	United States
Dennis Grebe		Dennis	Grebe	\$99.26	9/10/2024		<b>Dripping Springs</b>	TX	78620	United States
Chris Walden		Chris	Walden	\$49.63	9/10/2024		Phoenix	AZ	85083	United States
Andy Taubman		Andy	Taubman	\$95.05	9/13/2024		Corpus Christi	TX	78412	United States
Jesse Gilbert		Jesse	Gilbert	\$476.45	9/14/2024		PORTLAND	TX	78374-4160	United States
Mayes Middleton		Mayes	Middleton	\$953.20	9/16/2024		Galveston	TX	77550	United States
David Weber		David	Weber	\$248.17	9/19/2024		Victoria	TX	77904	United States
	Ron Lewis &									
Ron Lewis & Associates	Associates	Ron	Lewis	\$476.45	9/26/2024		Austin	TX	78701	United States
				\$12,408.28						

57,573.30+12,408.28=69,981.58