CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction C	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages file		
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIRST	МІ	OFFICE	USE ONLY	
NAME	Mr. Brandy	·	Date Received		
	NICKNAME LAST Buntin	SUFFIX	CITY SEC		
04440104757		OTATE TIP CORE			
4 CANDIDATE / OFFICEHOLDER		CITY; STATE; ZIP CODE	OCT 2	8 2019	
MAILING ADDRESS	P.O.Box 2155 South				
Change of Address		78597	CITY OF SOL		
5 CANDIDATE/ OFFICEHOLDER	AREA CODE PHONE NUMBER	EXTENSION	Date Hand-delivered		
PHONE	(808) 640-7474				
6 CAMPAIGN TREASURER	MS / MRS / MR FIRST	МІ	Receipt #	Amount \$	
NAME	NIVS. SUSAN	SUFFIX	Date Processed		
	Bentley		Date Imaged		
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SI		ZIP CODE		
TREASURER ADDRESS	104 W. Georgia Ruth Dr 18,	South Padre Island	1, Tx 7	8597	
(Residence or Business)				•	
8 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION			
TREASURER PHONE	(540) 815	8653			
,	3 ,0	-			
			·		
9 REPORT TYPE	January 15 30th day before e	election Runoff	15th day after treasurer app		
	The state of the s	ection Exceeded \$500 limit	(Officeholder		
	July 15 & 8th day before ele	ction Exceeded \$500 minit	Final Report	(Attach C/OH - FR)	
10 PERIOD	Month Day Year	Month	Day Year		
COVERED	9/27/19	THROUGH (0/	26/19		
11 ELECTION	ELECTION DATE	ELECTION TYPE			
	Month Day Year Primary	Runoff Other Description			
	11 / 5 / 19 🛭 General	Special			
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)			
		City Course	1 Place)	
		City Counci	1 . 100-22		
GO TO PAGE 2					

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME		3 . (5 Filer ID (Ethics Commission Filers)	
B	randy F	Buntin	, ,	
16 NOTICE FROM 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		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
Additional Pages				
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THE ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ		
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$87.26 9	
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$			
	4. TOTAL	POLITICAL EXPENDITURES	\$ 6760 44 \$ 3260 56	
CONTRIBUTION BALANCE	5. TOTAL I OF REF	* 3260 56		
OUTSTANDING LOAN TOTALS	6. TOTAL LAST D	* 500.00		
18 AFFIDAVIT				
SUSAN M HILL COMM. EXPIRES 3-28-2023 NOTARY ID FEB-60 I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code? Signature of Candidate or Officeholder				
Sworn to and subscribed before me, by the said Brandly Binding, this the				
day of Ogto, 20_17, to certify which, witness my hand and seal of office.				
Marin Susan Marine Cuty Socy 4/4m				
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 Brandy Burtin 20 Filer 1D (Ethics Com	nmission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$8726
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$ 50600
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 506 % \$ 6760 \frac{14}{2}
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	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 Tot	al pages Schedule A1:			
2 FILER NAME	Brandy Buntin	3 File	er ID (Ethics Commission Filers)			
8-24-19	5 Full name of contributor out-of-state PAC (ID#: William breen wood 6 Contributor address; City; State; Zip of 2600 Padre Blvd., STER., South Padre		nount of contribution (\$)			
8 Principal occu	pation / Job title (See Instructions) 9 Em	ployer (See Instructions)				
Date	Full name of contributor out-of-state PAC (ID#:	7.11	nount of contribution (\$)			
9-3-19	Norris Fletcher Contributor address; City; State; Zip (6 Golf House Dr., Laguna Vista)	TX 7859 7	10000			
Principal occup	eation / Job title (See Instructions) Em	oloyer (See Instructions)				
Date	Full name of contributor out-of-state PAC (ID#:		nount of contribution (\$)			
9-10-19	Dennis W. Stah! Contributor address; City; State; Zip of P.O. Box 40409 South Padre Is	\$ and TX 78957	000.00			
		oloyer (See Instructions)	_			
Date	Full name of contributor) Am	nount of contribution (\$)			
9-10-19	Anna Stahl Contributor address; City; State; Zip C P.O. Box 40409, South Padre Island	TX 78597	,000.00			
Principal occup		ployer (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	Brandy Bunlin	3 Filer ID (Ethics Commission Filers)
4 Date 9-12-19	5 Full name of contributor out-of-state PAC (ID#: Robert + Ann Shephard 6 Contributor address; City; State; Zip Code 5348 Papaya Cr., Harlingen, TX 78.	7 Amount of contribution (\$) \$ 250 99
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See	
Date 0-16-19	Paul E. Munarriz Contributor address; City; State; Zip Code 5101 Laguna Blvd. #505, South Padre Isla	Amount of contribution (\$) $4950^{\circ\circ}$ and 127
Principal occup	pation / Job title (See Instructions) Employer (See	e Instructions)
Date 9-19-19	Full name of contributor out-of-state PAC (ID#: Courtney L. Hayden Contributor address; City; State; Zip Code P.O. Box 3063, South Padre Sland, TX 78	Amount of contribution (\$) \$\\$15000\$
	eation / Job title (See Instructions) Employer (See	
Date 9-19-19	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$) \$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\
Principal occup	ation / Job title (See Instructions) Employer (See	

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 T	otal pages Schedule A1:
2 FILER NAME	Brandy Buntin	3 F	iler ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)
9-19-19	Kori Janell Marr 6 Contributor address; City; State; Zip Code		1009
	P.D. Box 3063, South Padre Island, T	X 78597	
8 Principal occu	pation / Job title (See Instructions) 9 Employe	r (See Instructions)	
Date	Full name of contributor		Amount of contribution (\$)
9-19-19	Paul Sifford + Katherine Sh Contributor address; City; State; Zip Code 114 E. Dolphin, South Padre (stand, T	aw.	30000
	114 E. Dolphin, South radre Island, 1	X 18597	
Principal occup	pation / Job title (See Instructions) Employe	(See Instructions)	
Date	Full name of contributor		Amount of contribution (\$)
9-19-19	Elayne Milan Mattar Contributor address; City; State; Zip Code P.O. Box 3050, South Padre Island, T		\$ 10000
	2.0. Box 30.50, South Hadre Island, I	78597	
Principal occup	pation / Job title (See Instructions) Employe	(See Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)
9-19-19	Contributor address; City; State; Zip Code	TV	# 10000
	5813 Padre Blvd., South Padre Island	18597	
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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Brandy Buntin 7 Amount of contribution (\$) 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor ut-of-state PAC (ID#:_ Date Amount of contribution (\$) Contributor address; City; State; Zip Code P.O. Box 40409 Southfadre Island TX 78597 Principal occupation / Job title (See Instructions) out-of-state PAC (ID#:__ Date Amount of contribution (\$) P.O. Box 40409, South Padre Island, TX 78597 Principal occupation / Job title (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) \$ 50000 P.O. Box 40409, South Padre Island, TX 78597 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.

SCHEDULE E LOANS Total pages Schedule E: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Brandy Buntin 4 TOTAL OF UNITEMIZED LOANS \$ Loan Amount (\$) Date of loan Name of lender out-of-state PAC (ID#: -16-19 10 Interest rate ls lender Zip Code a financial P.O. Box 2155, South Podre Island, TX Institution? 11 Maturity date 13 Employer (See Instructions) 12 Principal occupation / Job title (See Instructions) pusiness Owner 14 Description of Collateral 15 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; Zip Code not applicable 20 Principal Occupation (See Instructions) 21 Employer (See Instructions) Date of loan Loan Amount (\$) Name of lender out-of-state PAC (ID#: Interest rate Is lender Lender address: City; State; Zip Code a financial Institution? Maturity date Principal occupation / Job title (See Instructions) Employer (See Instructions) Description of Collateral Check if personal funds were deposited into political account (See Instructions) none GUARANTOR Name of guarantor Amount Guaranteed (\$) INFORMATION Guarantor address; City; State; Zip Code not applicable Principal Occupation (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender Is out-of-state PAC, please see instruction guide for additional reporting requirements.

SCHEDULE F1

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

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 Palaries/Manes/Contract Labor

Travel In District
Travel Out Of District
act Labor Other (enter a category not liste

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.	Other (enter a category not listed above)	
1 Total pages Schedule F1:	2 FILER NAME Brandy Buntin		3 Filer ID (Ethics Commission Filers)	
4 Date 9-16-19	5 Payee name GODADDY. com L			
\$ 28 <u>6</u>	7 Payee address; City; State; Zip Code 14455 N. Hayden Road, S	Scottsdale,	AZ 85260	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		side of Texas. Complete Schedule T. TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
9-16-19	Unlimited Printing			
Amount (\$)	Payee address; City; State; Zip Code			
\$ 2327	2695 N. Coria St., Bro	wnsville, T	78520	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		de of Texas. Complete Schedule T. 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			
9-16-19	Got Print.com			
Amount (\$)	Payee address; City; State; Zip Code	Francis D.	AB. d. K OA	
4401.4	Burbank Airport Gr. 7651 N.	rerando no	91505	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		de of Texas. Complete Schedule T. "X, 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

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense 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 Legal Services Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 5 Payee name ot Print com 9-16-19 City; State; Zip Code 6 Amount (\$) 7 Payee address; Burbank Airport CTR., 7651 N. San Ferando Rd., Burbank, (b) Description 8 (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense OF Advertising Expense **EXPENDITURE** Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name 9-18-19 Amount (\$) City: State: Zip Code 2216 Padre Blvd., South Padre Island, TX 78597 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Printing Expense Check if Austin, TX, officeholder living expense EXPENDITURE Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date 9-18-19 Amount (\$) 17004 Bingle Road, Houston, TX 77473 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Advertising Expense Check if Austin, TX, officeholder living expense **EXPENDITURE** Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

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

Candidate/Officeholder/Politic Credit Card Payment	al Committee	Legal Services			ages/Contract Labor	Other (en	ter a category not listed above)
	T	_				10.50	
1 Total pages Schedule F1:	2 FILER N	Br	andy E	Buntu	<u> </u>	3 Filer	ID (Ethics Commission Filers)
4 Date 9-19-19	5 Payeen	ame Pa	lm Stre	el Pic	ev		
6 Amount (\$)	7 Payee a	ddress;	City; State;	Zip Code			
	204	W. Palm	St., Sou	th Pad	re Island,	TX	78597
8	(a) Categor	y (See Categories	listed at the top of t	his schedule)	(b) Description		
PURPOSE	5 1	ρ.			Check if travel o	utside of Texas	. Complete Schedule T.
OF EXPENDITURE	tood	+ Bev	eraq e		Check if Austi	n, TX, officeh	older living expense
EXPENDITURE	440	Expens	The second secon				
9 Complete ONLY if direct expenditure to benefit C/O		date / Officeho	lder name		Office sought		Office held
Date	Payee n	ame					
9-23-19	US	P5					
Amount (\$)	Payee a	ddress;	City; State;	Zip Code			
40542	4701	Padre	Blvd., S	South Pa	adre Island	TX	78597
	Categor	y (See Categories	listed at the top of th	nis schedule)	Description		
PURPOSE	A .				Check if travel ou	ıtside of Texas.	Complete Schedule T.
OF EXPENDITURE	AdV	WHISIN	g typi	ensc	Check if Austin	, TX, officeho	lder living expense
	7 (0.00	,	J - 1 F				
Complete ONLY if direct	Candio	late / Officehol	der name		Office sought		Office held
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH							
Date	Payee n	ame					
9-24-19	100	in Star	Nation	al Ba	nk		
Amount (\$)	Payee a		City; State;				
\$ 100	601	Padre	Blvd.	SouthF	adre. Islan	$d_i J X$	78597
	Categor	(See Categories	listed at the top of th	is schedule)	Description		
PURPOSE					Check if travel ou	tside of Texas.	Complete Schedule T.
OF EXPENDITURE	free	2			Check if Austin	, TX, officeho	lder living expense
							
0	Candia	lato / Officeba	lder name		Office sought		Office hold
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH							
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

SCHEDULE F1

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 Gitt/Awards/Memorials Expense Legal Services Loan Repayment/Relmbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Candidate/Officeholder/Politic	•	Legal Services	Salaries/W	xpense Vages/Contract Labor	Other (enter a ca	strict ategory not listed above)
Credit Card Payment		The instruction Guide expl	ains how to c	complete this form.		
1 Total pages Schedule F1	: 2 FILER N	Brandy	Bunt	tin	3 Filer ID (E	thics Commission Filers)
4 Date 01-26-19	5 Payeen	Facebo	OK,	Inc.		
6 Amount (\$)	7 Payee a					
\$2500	160	1 Willow Roo	id, M	enio Park	L, C.A.	94025
8	(a) Categor	y (See Categories listed at the top of th	is schedule)	(b) Description		
PURPOSE				Check if travel or	utside of Texas. Compl	ete Schedule T.
OF EXPENDITURE	Adv	ertising Eype	nse	Check if Austi	n, TX, officeholder li	ving expense
9 Complete ONLY if direct expenditure to benefit C/O		date / Officeholder name		Office sought		Office held
Date	Payee na	ame				
9-26-19	Fai	cebook, Inc.				
Amount (\$)	Payee a	ddress; City; State;	Zip Code			
\$ 2500	16011	Willow Road, Me	nioPari	R, CA 94	025	
	Category	(See Categories listed at the top of thi	is schedule)	Description		
PURPOSE OF	4 1	~		\	tside of Texas. Comple	
EXPENDITURE	Adver	thsing Expens	e	Check if Austin	, TX, officeholder liv	ing expense
Complete ONLY if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held
Date	Payee na	ame				
9.26-19	Fai	iebook, Inc	•			
Amount (\$)	Payee ac	ldress; City; State;	Zip Code			
\$ 2500	1601	Willow Rd, N	lenio f	ark, CA	94	025
	Category	(See Categories listed at the top of this	s schedule)	Description		
PURPOSE	Α			Check if travel out	tside of Texas. Complet	e Schedule T.
OF EXPENDITURE	Adver	Thing Eupens	7	Check if Austin,	TX, officeholder livi	ng expense
		777	~			
Complete ONLY if direct	Candid	ate / Officeholder name		Office sought		Office held
expenditure to benefit C/OH						
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

SCHEDULE F1

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)

Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 9-26-19 City; State; 7 Payee address; 4725 S. Padre Island Pr., Unity, Corpus Christi (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Advertising Expense Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office sought 9 Complete ONLY if direct Office held expenditure to benefit C/OH Date Amount (\$) City; State; Zip Code Willow Road, Menio Park, CA 94025 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Advertising typense Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Home Depot 9-27-19 Amount (\$) City; State; Zip Code 605 W. Morrison Road, Brownsville, VA 78520 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense EXPENDITURE Advertising Expense Candidate / Officeholder name Office held Office sought Complete ONLY if direct expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Solicitation/Fundralsing Expense 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 Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 5 Payee name 7 Payee address; Morrison Road, Brownsville, TX \$64496 (b) Description (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Advertising Expense Check if Austin, TX, officeholder living expense EXPENDITURE 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH facebook, Inc. Amount (\$) Willow Road Menio Park, CA 94025 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. PURPOSE OF Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Facebook, Inc. 9-30-19 1601 Willow Road, Menio Park, CA Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. PURPOSE OF Advertising Expense Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Accounting/Banking Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Contributions/Donations Made By Polling Expense Travel Out Of District Printing Expense 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. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 4 Date 5 Payee name 605 W. Morrison Road, Brownsville, TX \$114.19 (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense OF Advertising Eypense EXPENDITURE Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH 10-2-19 Facebook, Inc Amount (\$) 1601 Willow Road, Menio Park, CA 94025 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense Advertising Expense EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH 10-5-19 Facebook Inc. Payee address; City; State; Zip Code 1601 Willow Road, Menio Park, CA Check if travel outside of Texas. Complete Schedule T. PURPOSE OF Advertising Expense Check if Austin, TX, officeholder living expense EXPENDITURE Office held Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

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/Fundralsing 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	omplete this form.	,	
1 Total pages Schedule F1:	Brandy Buntin		3 Filer ID (Ethics Commission Filers)	
4 Date 10-11-19	Face book, Inc.			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$17500	1601 Willow Road, Me	enio Park	CA 94025	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Eypense		tside of Texas. Complete Schedule T. , TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
10-15-19	USPS			
Amount (\$)	Payee address; City; State; Zip Code			
\$40542	4710 Padre Blvd. S	buth Padre	Island, TX 78597	
PURPOSE OF EXPENDITURE	Adventsing Expense		side of Texas. Complete Schedule T. TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
10-22-19	Facebook, Inc.			
Amount (\$)	Payee address; City; State; Zip Code		0114.05	
\$25000	1601 Willow Road. Menio Pa	ark CA	94025	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		side of Texas. Complete Schedule T. TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
ATTACH ADDITIONAL CODIES OF THIS SCHEDULE AS NEEDED				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Solicitation/Fundraising Expense Transportation Equipment & Related Expense Advertising Expense Event Expense Loan Repayment/Reimbursement. Office Overhead/Rental Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Food/Beverage Expense Glif/Awards/Memorials Expense Travel In District Polling Expense Printing Expense Salaries/Wages/Contract Labor Travel Out Of District 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. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 4 Date 5 Payee name Nathan Burkhart address: City: State: Zip Code 10-23-19 304 Pinar Del Rio, Brownsville, TX 78526 (b) Description 8 Check if travel outside of Texas. Complete Schedule Y. Consulting - Advertising PURPOSE OF Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date oan Star National Bank City: State: Zip Code Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. PURPOSE Bank Fee OF Check if Austin, TX, officeholder living expense EXPENDITURE Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date City; State; Zip Code Amount (\$) Payee address; Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE OF Check if Austin, TX, officeholder living expense EXPENDITURE Office held Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED