CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH instruction G	iulde explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	 Total pages fill 23 	ed:
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR FIRST	MI	OFFICE	USE ONLY
NAME	Mr. Brandy		Date Received	TO STATE OF THE SHARE
	Buntin	SUFFIX	COLUMN TO THE PARTY OF THE PART	IVED BY CRETARY
4 CANDIDATE/		CITY; STATE; ZIP CODE		
OFFICEHOLDER MAILING ADDRESS	P.O. Box 2155 Sou	th Padre Island, TX	JAN 1	1 5 202 0
Change of Address		78597	CITY OF SO	OUTH PADRE
5 CANDIDATE/ OFFICEHOLDER	AREA CODE PHONE NUMBER	EXTENSION		AND
PHONE	(808) 640-7474		Date Hand-delivered	l or Date Postmarked
6 CAMPAIGN	MS / MRS / MR FIRST	MI	Receipt #	Amount \$
TREASURER NAME	Mrs. Susan		Date Processed	
	NICKNAME LAST Ben-Hey	SUFFIX	Date Imaged	
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SI	UITE #; CITY; STATE;	ZIP CODE	
TREASURER ADDRESS	104 W. Georgia Ruth Dr. #	18, South Podre Islan	d, $TX = 7$	8597
(Residence or Business)				
8 CAMPAIGN TREASURER	AREA CODE PHONE NUMBER	EXTENSION		
PHONE	(540) 815	8653		
9 REPORT TYPE				
	January 15 30th day before e	election Runoff	treasurer a	
	July 15 Sth day before ele	ection Exceeded \$500 limit		rt (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year	Month	Day Year	_
	10/27/19	THROUGH / L/	31/1	7
11 ELECTION	ELECTION DATE	ELECTION TYPE		
	Month Day Year Primary	Runoff Other		
	11/5/19 Seneral	Special		
12 OFFICE	OFFICE HELD (If any)	13 OFFICE SOUGHT (if known	n)	
		0.1.6	1 Dags	1
		City Counci	111416	1
)		
	GO ТО	PAGE 2		

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

Toyn Sprovided by Texas Ethics Commission

FORM C/OH COVER SHEET PG 2

Revised 9/8/2015

14 C/OH NAME	randy B	auntin 1	15 Filer ID (Ethics Commission Filers)			
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.					
	COMMITTEE TYPE	COMMITTEE NAME				
	GENERAL					
	SPECIFIC	COMMITTEE ADDRESS				
		COMMITTEE CAMPAIGN TREASURER NAME				
Additional Pages						
		COMMITTEE CAMPAIGN TREASURER ADDRESS				
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THATES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ				
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 8826 €			
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED					
	4. TOTAL POLITICAL EXPENDITURES \$8674 10					
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST ORTING PERIOD	DAY \$ 647,48			
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TAY OF THE REPORTING PERIOD	* 500.°°			
18 AFFIDAVIT		i swear, or affirm, under penalty of p	perjury, that the accompanying report is			
		true and correct and includes all infe	ormation required to be reported by me			
THY PURE	SUSAN M HI	under Title 15, Election Code.				
	COMM. EXPIRES 3 NOTARY ID FE	B-60				
VEG NO		Signature of Can	eldate or Officeholder			
AFFIX NOTARY STAM	IP/SEALABOVE					
Sworn to and subsc	ribed before me,	by the said Brancy Buntin	this the 157#			
day of March V. 20 90 to certify which, witness my hand and seal of office.						
DESO	Marie	Susan M. Mauria	Cily Secretary			
Signature of officer a	administering oath	Printed name of officer administering oath	Title of difficer administering oath			

www.ethics.state.tx.us

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	19 FILER NAME Brandy Bunchn 20 Filer ID (Ethics Cor		
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	,	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 972600
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 192483
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE E: LOANS		\$ 500 00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ 8673 10
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 FU	NDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTE RETURNED TO FILER	TIONS	\$

SCHEDULE A1

	·		
The	Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME	Brandy Buntin		3 Filer ID (Ethics Commission Filers)
4 Date 8-24-19	5 Full name of contributor out-of-state PAC (IDS:		7 Amount of contribution (\$) \$3500
8 Principal occu	pation / Job title (See Instructions) 9 E	mployer (See Instructi	ons)
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)
9-3-19	Norris Fletcher Contributor address; City; State; Zip Co Golf House Dr., Laguna Visto	Code 78578	\$10000
		mployer (See Instructi	ons)
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)
9-10-19	Dennis W. Stahl Contributor address: City: State: Zig P.O. Box 40409, South Padrelson	Code 14 TX 7859 7	\$1,000.90
Principal occup	pation / Job title (See Instructions)	mployer (See Instructi	ons)
Date 9-10-19	Full name of contributor out-of-state PAC (ID#:_Arma, Stah) Contributor address; City; State; Zip P.O. Bax 40409 South Padre Island,	Code	Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions)	mployer (See Instructi	ions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE A1

The	Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1:
2 FILER NAME	Brandy Burlin		3 Filer ID (Ethics Commission Filers)
4 Date 9-12-19	5 Full name of contributor out-of-state PAC (IE Robert + Ann Shephard 6 Contributor address; City; State; 5348 Papaya Cr. Harlinge		7 Amount of contribution (\$)
	pation / Job title (See Instructions)		
Date	Full name of contributor		Amount of contribution (\$)
9-16-19	Paul E. Munarriz Contributor address; City: State: 5101 Laguna Blvd. # 505, 50	zip code Outh Podre Isla TX 7859	\$9500
Principal occup	eation / Job title (See Instructions)	Employer (See Instruct	ions)
Date 9-19.19	Courtney L. Hayden	Zip Code	Amount of contribution (\$) \$15000
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ioris)
Date Q 1919	Full name of contributor out-of-state PAC (IET Theresa Metry Contributor address; City; State; P.O. Box 3590, South Padre 1516 (See Instructions)	zip Code and TX 78597	Amount of contribution (\$) \$\frac{4}{\location} \location \frac{9}{2}
i inicipar occup	Autori / Goo and (Goo monucutris)	Employer (See Instruct	ionaj

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

SCHEDULE A1

	<u> </u>		
The	Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME	Brandy Bartin		3 Filer ID (Ethics Commission Filers)
	5 Full name of contributor out-of-state PAC (HD#:	Code 1, TX 70597 Imployer (See Instruction	
- Trinopal occo	pation / doo line (dee instructions)	inployer (See Histoca	ions)
Date 9-19-19	Full name of contributor [] out-of-state PAC (108:Paul Gifford + Katherine Sho Contributor address; City; State; Zip 114 E Dolphin, South Padre (Sland, 7	Code 78597	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions) Er	nployer (See Instructi	ons)
Date 9-19-19	Full name of contributor out-of-state PAC (10#:_ Elayne Milan Mattav Contributor address; City; State; Zip P.O. Box 3050, South Padre Island	code d,TX78597	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions) Er	nployer (See Instructi	ions)
Date Q-19-19	Full name of contributor out-of-state PAC (ID#:	Code	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions) Er	nployer (See Instructi	ions)

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

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	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)	
10-22-19	Anna Stahl 6 Contributor address; City; State; Zip Code P.O. Box 40409, South Padre Island, T	\$1,000.00	
	20. Box 40409, South Padre Island, T	Y 78541	
	pation / Job title (See Instructions) 9 Employer (See		
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)	
10-22-19	Anna Stahl Contributor address; City; State; Zip Code	\$500.00	
	P.O. BOX 40409, South Padre Island, TX 78 59	7	
		e Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)	
10-22-19	Dennis Stahl Contributor address: City: State: Zip Code P.O. Box 4D1109, SouthPadre Island, TX 7859	\$1,000.00	
Principal casus			
Principal occup	pation / Job title (See Instructions) Employer (Se	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)	
10-22-19	Dennis Stahl Contributor address; City; State; Zip Code P.O. BOY 40409, SouthPadrelsland, TX7	\$50000	
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 A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:	
2 FILER NAME	•		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (IDS:	7 Amount of contribution (\$)	
8 Principal occu	pation / Job title (See Instructions) 9 Em	nployer (See Instruc	tions)
Date	Full name of contributor Out-of-state PAC (ID#: Contributor address; City; State; Zip		Amount of contribution (\$)
Principal occup	eation / Job title (See Instructions) Em	ployer (See Instruc	tions)
Date	Full name of contributor	Code	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)	nployer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (ID#: Contributor address; City; State; Zip 0		Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)	nployer (See Instruc	tions)

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A2:		
2 FILER NAM	Brandy Buntin		3 Filer ID (Ethics Commission Filers)		
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$		
5 Date	Full name of contributor out-of-state PAC (ID#:	8 Amount of Contribution \$\frac{1}{2} \text{ In-kind contribution description Beverage Expense}\$\$ \text{ Check if travel outside of Texas. Complete Schedule T.}\$\$ \text{ In-kind contribution description Beverage Expense}\$\$\$ \text{ In-kind contribution description Beverage Expense}\$\$\$\$ \text{ In-kind contribution description Beverage Expense}\$			
10 Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employ	yer (FOR NON-JUDICIAL) (See Instructions)		
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contrib	outor's job title (FOR JUDICIAL) (See Instructions)		
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law fir	rm of contributor's spouse (if any) (FOR JUDICIAL)		
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date	Full name of contributor		Amount of In-kind contribution Contribution \$ description		
	Contributor address; City; State; Zip Cod	de	Check if travel outside of Texas. Complete Schedule T.		
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ	yer (FOR NON-JUDICIAL) (See Instructions)		
Contributor's	principal occupation (FOR JUDICIAL)	Contrib	outor's job title (FOR JUDICIAL) (See Instructions)		
Contributor's	employer/law firm (FOR JUDICIAL)	Law fir	r firm of contributor's spouse (if any) (FOR JUDICIAL)		
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
	ATTACH ADDITIONAL COPIES OF T	HIS SCHED	ULE AS NEEDED		

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

LOANS SCHEDULE E 1 Total pages Schedule E: The instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME TOTAL OF UNITEMIZED LOANS Date of loan Name of lender Out-of-state PAC (ID#: 10 Interest rate Is lender a financial Institution? P.O. Boy 2155, South Padre Island 11 Maturity date Ν 12 Principal occupation / Job title (See Instructions) 13 Employer (See Instructions) 15 Check if personal funds were deposited into political 14 Description of Collateral account (See Instructions) none 17 Name of guarantor **16** GUARANTOR 19 Amount Guaranteed (\$) INFORMATION 18 Guarantor address; City; State; Zip Code not applicable 21 Employer (See Instructions) 20 Principal Occupation (See Instructions) Loan Amount (\$) Date of loan 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 Amount Guaranteed (\$) **GUARANTOR** Name of guarantor 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.

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics Credit Card Payment		Event Expense Fees Food/Severage Expense GRA/wards/Memorials Expense Legal Services The Instruction Guide explain	Office Over Polling Exp Printing Exp Salaries/Wi	nense nges/Contract Labor	Solicitation/Fundrateing Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER N		urtin		3 Filer ID (Ethics Commission Filers)
9-16-19	5 Payee na	GODADDY.	iom L	LC	
6 Amount (\$)	7 Payee ad	,	•		
\$ 28 16	14455	N. Hayden Roo	id,Su	off solale, f	X 85260
8	(a) Category	(See Categories listed at the top of this s	schedule)	(b) Description	etsicle of Texas. Complete Schedula Y.
PURPOSE	Α .				I, TX, officeholder living expense
EXPENDITURE	Adve	ertising Exper	150	Websi	te Domain
9 Complete ONLY if direct expenditure to benefit C/Oi		ate / Officeholder name		Office sought	Office held
Date	Payee na	me			
9-16-19	Unli	mited Printing			
Amount (\$)	Payee ad	•••	•	711	
\$23274	260	15 N. Coria St	Bru	ownsville,	1X 78520
PURPOSE OF EXPENDITURE	Castegory (See Categories listed at the top of this schedule) Awertsing typense Description 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		ate / Officeholder name		Office sought	Office held
Date	Payee na	me			
9-16-19	60	+ Print. com			·
Amount (\$)	Payee ad		-		10 1 1 6
"4이벌	Burba	nk Airport Cr., 7	651N	Ferando K	91505
	Category	(See Categories listed at the top of this s	schedule)	Description	and a section of Commission Code and Y
PURPOSE OF EXPENDITURE	Adve	ertising Typen	ce		uside of Touas. Complete Schedule T. , TX, officeholder living expunse
Complete ONLY if direct expenditure to benefit C/OI		ate / Officeholder name		Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

		EXPENDITURE CATI	EGORIES I	FOR BOX 8(a)	
Accounting/Banking Fees Offic Constiling Expense Food/Beverage Expense Politic Contributions/Donations Made By Gills/Awards/Memorials Expense Print Candidate/Officeholder/Political Committee Legal Services Sale		Office Ove Pulling Eq Printing Ex		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 expla	ins how to c	omplete this form.	
1 Total pages Schedule F1:	2 FILER N	Brandy 1	Bunti	າ	3 Filer ID (Ethics Commission Filers)
4 Date 9-16-19	5 Payeen	Got Print.	com		
6 Amount (\$)	7 Payee a	ddress; City; State;	Zip Code		
\$56712	Bur	bank Airportate	7,7651	N: San Fera	ndoRd, Bulbant GA
8		y (See Categories listed at the top of this		(b) Description	
PURPOSE				Checkiitawelor	utside of Texas. Complete Schedule T.
OF EXPENDITURE	Λ			Check if Austr	n, TX, officeholder living expense
	HO	tvertising Ey	Densc		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oi		late / Officeholder name		Office sought	Office held
Date	Payee n	ame			
9-18-19	5	.0.5.			
Amount (\$)	Payee a	ddress; City; State;	Zip Code		
\$ Q 24	2214	Padre Blvd., Sc	wth Pa	dre Island,	TX 78597
PH INDOOR	Categor	(See Categories listed at the top of this	s schedule)	Description	tside of Texas. Complete Schedule T.
PURPOSE OF EXPENDITURE	Prir	iting Expense	2		TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH		lete / Officeholder name		Office sought	Office held
Date	Payee n	ame			
9-18-19	UZ	Marketing			
Amount (\$)	Payee a	ddress; City; State;	Zip Code		
177472	590	o Bingle R	oad,	Houston.	TX 77004
	Category	(See Categories listed at the top of this	achedale)	Description	
PURPOSE OF EXPENDITURE	Adv	ertising Exper	se		eside of Tiesas. Complete Schedule T. , TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought	Office held
	AT	TACH ADDITIONAL COPIE	S OF THIS	SCHEDULE AS NEE	DED

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consuling Expense Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment	Fees Food/Deverage Expense Gill/Awards/Memorials Expense	Loan Repayment/Reinbussement Office Overhead/Reinbi Expense Polling Expense Printing Expense Salarias/Wagus/Contract Labor how to complete this form.	Solicitation/Fundraleing Expense Transportation Equipment & Fished Expense Travel in District Travel Out Of District Other (soler a calegory not listed above)	
1 Total pages Schedule F1:	2 FILER NAME Brandy B	buntin	3 Filer ID (Ethics Commission Filers)	
4 Date 9-19-19	5 Payor name Palm Stree.	+ Pier		
6 Amount (\$)	7 Payee address; City; State; Zip	Code		
29468	204. W. Palm Street, S.	outhPadre Islan	d,TX 78597	
8	(a) Catagory (See Catagories listed at the top of this sch	· · · ·		
PURPOSE OF	Food + Beverage		tside of Yangs. Complete Schedule T. , TX, officeholder living expense	
EXPENDITURE	Expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
9-23-19	USPS			
Amount (\$)	Payee address; City; State; Zip			
\$40542	4701 Padre BIVd.,	South Padre !	sland, TX 78597	
	Category (See Categories listed at the top of this sch		side of Taxas. Complete Schedule T.	
PURPOSE OF	Alicari B		TX, officeholder living expense	
EXPENDITURE	Advertising Eupense			
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
9-24-19	Loan Star Natio	onal Bank		
Amount (\$)	Payee address; City; State; Zip		150	
\$ 00	601 Padre Blvd. So	with Yadre 1510	im, 1) 78597	
PURPOSE	Category (See Categories fisted at the top of this achi		side of Tiorgs. Complete Schedule T.	
OF EXPENDITURE	-	1 =	TX, officeholder living expense	
most totales i William	FEE	1		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidata/Officeholder/Politic Credit Card Payment	al Committee Legal Services	Loan Repayment/Relimburaement Office Overhood/Rentel Expense Polling Expense Printing Expense Seleries/Wages/Contract Labor	Solicitation/Fundraleing Expense Transportation Equipment & Petated Expense Travel in District Travel Out Of District Other (enter a category not listed above)	
	The Instruction Guide explain	as how to complete this form.		
1 Total pages Schedule F1:	2 FILER NAME Brandy	Burtin	3 Filer ID (Ethics Commission Filers)	
4 Date 9-26-19	5 Payee name Facebook,	Inc.		
6 Amount (\$)	7 Payee address; City; State; Z	ip Code		
\$2500	1601 Willow Road,	Menio Park,	CA 94025	
PURPOSE OF EXPENDITURE	(a) Catagory (See Catagories listed at the top of this a Advertising Exper	Check if travel	outside of Tiones. Complete Schedule T. In, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held	
Date	Payee name			
9-26-19	Facebook, Inc.			
Amount (\$)	Payee address; City; State; Z	ip Code		
\$ 25%	1601 Willow Road, 1	Menio Park, Ct	4 94025	
PURPOSE OF EXPENDITURE	Advertising Expe	Check if travel o	utside of Texas. Complete Schedule T. n, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/Oi	Cendidate / Officeholder name	Office sought	Office held	
Date	Payee name			
9-26-19	Facebook, Inc			
Amount (\$)	Payee address; City; State; Z			
\$ 2500	1601 Willow Rd., N	Menio Park, C	A 94025	
	Castegory (See Categories flated at the top of this s	Description		
PURPOSE OF EXPENDITURE	Advertising Expens		utside af Texas. Complete Schedule T. in, TX, 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 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/Severage Expense GIR/Awards/Memorials Expense Loan Repayment/Reimbussement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Waces/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District

Contributions/Donations Made B Candidate/Officeholder/Politics		xpense Vages/Contract Labor	Travel Out Of District Other (enter a calegory not listed above)
Credit Card Payment	The Instruction Guide explains how to		,
Total pages Schedule F1:	2 FILER NAME Brandy Bun	tin	3 Filer ID (Ethics Commission Filers)
Q-26-19	5 Payee name Toucan Graph		
Amount (\$)	7 Payee address; City; State; Zip Code		
1,212 4	147255 Padre Island Drive, L	lnit4, Corpu	schristiTX 78418
3	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE			outside of Texas. Complete Schedule T. In, TX, officeholder living expense
EXPENDITURE	Advertising Expense	Land Greek if Abol	ri, 17, omconous nand orburse
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
9-27-19	Facebook, Inc.		
Amount (\$)	Payee address; City; State; Zip Code	010	
\$3500	1601 Willow Road, Menic	Park CA	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertising Expense	1 =	utside of Texas. Complete Schedule T. in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
9-27-19	Home Depot		
Amount (\$)	Payee address; City; State; Zip Code		
# 1296	605 W. Morrison Road,	Brownsvil	le, 1778520
	Catagory (See Catagories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertising Expense		neside of Texas: Complete Schedule T. in, 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 NE	EDED

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics Credit Card Payment	Fees Ol Food/Beverage Expense Pr By Gilt/Awards/Memorials Expense Pr	on Repayment/Reimbursement lice Overheed/Rentel Expense uting Expense lation/Wages/Contract Labor ow to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule F1:	2 FILER NAME Brandy Bunt	วัก	3 Filer ID (Ethics Commission Filers)		
4 Pate 9.27.19	5 Payor name Home Depot	+ -			
\$ 644 96	605 Morrison Road,	2.4	TX 70=00		
8 PURPOSE OF EXPENDITURE	(a) Catagory (See Catagories listed at the top of this school Advertising Expense	(b) Description Chack it travel or	tside of Yeras. Complete Schedule T. TX, officeholder fiving expense		
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held		
0.29.19	Payee name Facebook, Inc				
Amount (\$)	Payee address; City; State; Zip C		,CA 94025		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense. Description Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
9-30-19	Facebook, Inc				
Amount (\$)	Payee address; City; State; Zip C				
\$ 7500	1601 Willow Road	, Menio Pari	KICA 94025		
PURPOSE OF EXPENDITURE	Advertising Eppense	Check if travel out	tside of Texas. Complete Schedule T. , TX, officeholder living expense		
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Benking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics Credit Card Payment		Event Expense Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services	Office Over Polling Exp Printing Exp		Solicitation/Fundraising Expense Transportation Equipment & Petated Expense Travel in District Travel Out Of District Other (enter a category not listed above)
CHULCHUT APAREL		The Instruction Guide expl	ains how to co	implete this form.	
1 Total pages Schedule F1:	2 FILER N	Brandy &	Bunti	'n	3 Filer ID (Ethics Commission Filers)
4 Date 9-30-19	5 Payee na	Home Dep	oot		
6 Amount (\$)	7 Payee ac	ddress; City; State;	Zip Gode		
911419	605	W. Morrison	-Rd. E	brownsville	TX 78520
8	(a) Category	(See Categories listed at the top of th	ils schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Adve	ertising Eyper	nse.		utside of Yexas. Complete Schedule T. n, TX, officeholder fiving expense
9 Complete ONLY if direct expenditure to benefit C/Oi		late / Officeholder name		Office sought	Office held
Date	Payee na	ame			
10-2-19	Face	ebook, Inc.			
Amount (\$)	Payee ad	ddress; City; State;	Zip Code		
\$7500	1601	Willow Road	Meni	o Park, C	A 94025
	Category	(See Categories listed at the top of th	is schedule)	Description	
PURPOSE OF	Λ ι	· · · ·			tside of Texas. Complete Schedule T. , TX, officeholder living expense
EXPENDITURE	Adve	rtising Euper	nse	L Castal a Assert	, i.e., unicassuces averg expende
Complete <u>ONLY</u> if direct expenditure to benefit C/Oi		ete / Officeholder name		Office sought	Office held
Date	Payee na	ume			
10-5-19	F	acebook, Inc	C.		·
Amount (\$)	Payee ac	ddress; City; State;	Zip Code		
12500	1601	Willow Road	d, Mer	rio Park, (LA 94025
	Category	/ (See Categories listed at the top of the	is schodule)	Description	and a Common Com
PURPOSE OF EXPENDITURE	Adve	extising Expe	inse	<u> </u>	ttide of Texas. Complete Schedule T. , TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OI		ate / Officeholder name		Office sought	Office held
	AT	TACH ADDITIONAL COPIE	SOFTHIS	CHEDULE AS NEE	EDED

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics Credit Card Payment		Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services The Instruction Guide expise	Office Over Polling Exp Printing Exp Salaries/Wi	iense iges/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel Out Of District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER N	AME Brandy	Bunt	in	3 Filer ID (Ethics Commission Filers)
4 Date 0- - 9	5 Payee na	Facebook,	Inc.		
6 Amount (\$)	7 Payee ac	idress; City; State;	Zip Code		
\$17500	1601	Willow Road	, Me	no Park,	CA 94025
8	(a) Category	(See Categories listed at the top of thi	s achedule)	(b) Description	All divine Could Shade Y
PURPOSE OF EXPENDITURE	Adve	rtising Exper	rse		uside of Yeas. Complete Schedule T. 1, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oi		ate / Officeholder name		Office sought	Office held
Date	Payee na	me			
10-15-19	U:	SPS			
Amount (\$)	Payee ad	Idress; City; State;	Zip Code		
\$40542	471	o Padre Blv	d.,50	wth Padre	Island, TX 7859
PURPOSE OF EXPENDITURE		ertising Eyr	12	$\overline{}$	iside of Texas. Complete Schedule T. TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought	Office held
Date	Payee na	ume			
10-22-19	Fo	icebook, Inc			
Amount (\$)	Payee ad				
₹250%	1601	Willow Rod	ad, M	enio Par	K,CA 94025
PURPOSE OF EXPENDITURE		vanishing Expe			tside of Texas. Complete Schedule T. TX, officeholder living expense
Complete ONLY If direct expenditure to benefit C/OH		ate / Officeholder name		Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

·	EXPENDITURE CATE	EGORIES FOR BOX 8(a)		
Advertising Expense Accounting/Sanking Consulting Expense Contributions/Donations Marie B Candidate/Officeholder/Politics Credit Card Payment	il Committee Legel Services	Loan Repayment/Relimbursement Office Overhead/Revital Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor das how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Retated Expense Travel in District Travel Out Of District 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 10-2319		Burkhart		
6 Amount (\$) \$795 %	7 Payee address; City; State; 304 Pinar Del	•	sille, TX 78526	
8 PURPOSE OF EXPENDITURE	(e) Cottogory (See Categories listed at the top of this Consulting + Adv Expense	Pertisin Chackitesedo	utside al Yeuas. Campleta Schedule T. n, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oi	Candidate / Officeholder name	Office sought	Office held	
Date 10-24-19	Payee name Loan Star Na	tional Bank		
Amount (\$)	Payee address; City: State; 601 Padre BlVd.		sland, TX 78597	
PURPOSE OF EXPENDITURE	Bank Fee	Check if travel or	utside of Texas. Complete Schedule T. a, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/Of	Candidete / Officeholder name	Office sought	Office held	
Date	Facebook Inc.			
Amount (\$) \$ 175 00	Payee address; City; State;	-	K,CA 94025	
PURPOSE OF EXPENDITURE	Advertising Exper	Check if travel or	utside of Tissus. Complete Schedule T. n, TX, officeholder living expense	
Complete ONLY If direct expenditure to benefit C/Oi	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/Benking

Event Expense Fees

Loan Repayment/Reimbursament Office Overhead/Rental Expense

Solicitation/Fundralsing Expense
Transportation Equipment & Related Expense

Contributions/Donations Made 8 Candidate/Officeholdes/Politics Credit Card Payment		roconseverage Expense Gilt/Awards/Memorials Expense Legal Services The Instruction Guide exp		pense lages/Contract Labor	Travel in District Travel Out Of District Other (enter a category not listed al	bove)
1 Total pages Schedule F1:	2 FILER N				3 Filer ID (Ethics Commission	n Filers)
4 Date 0-21-19	5 Payeen		200 00 0			
6 Amount (\$)	7 Payee a					
\$250 %	1601	Menio Park	JCA O	14025		
8	(e) Categor	y (See Categories Ested at the top of t	this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Adı	vertising Eyp	ense		utside of Yesas. Commisse Schedule T. n, TX, officeholder fiving expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oi		date / Officeholder name		Office sought	Office held	
Date	Payee n	ame				
10-25-19	1	-acebook, 1	nc.			
Amount (\$)	Payee a	ddress; City; State;	Zip Code		-	
*8846	1601	Willow Road,	Menia	Park, C	A 94025	
PURPOSE	Categor	y (See Categories listed at the top of t	his schedule)	Description Check if travel ou	tiside of Texas. Complete Schedule T.	
OF EXPENDITURE	Adve	extising Eyp	ense	Check # Austin	, TX, officeholder living expense	
Complete <u>QNLY</u> if direct expenditure to benefit C/OH		late / Officeholder name		Office sought	Office held	
Dete	Payee n	ame				
11-2-19	Fo	cebook, Ir	16			
Amount (\$)	Payee a	ddress; City; State;	Zip Code		1. 010075	
40099	1601	Willow Road	Men	io tark,	1A 94025	
numnoor	Category	/ (See Categories Ested at the top of t	his achedule)	Description Charleston	tside of Texas. Complete Schedule Y.	
PURPOSE OF EXPENDITURE	Ad	sertising Eup	ense-		, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought	Office held	
	AT	TACH ADDITIONAL COPI	ES OF THIS	SCHEDULE AS NEI	DED	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

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

The instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 5 Payee name 7 Payee address; Willow Road, Menio Park, CA 94025 121.05 8 (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Chack if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Pavee name Blue Marlin Supermarket 2912 Padre Blvd. South Padre Island, Food/Beverage Check if travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense **EXPENDITURE** Expense Office sought Candidate / Officeholder name Office held Complete ONLY if direct expenditure to benefit C/OH Payee name om + Jerry's Beach Chub
address; City; State; Zip Code Amount (\$) Padre Blvd., South Padre Island, TX 78597 Description Check if travel outside of Texas. Complete Schedule T. PURPOSE Beverage OF

EXPENDITURE

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name

Office held

Check if Austin, TX, officeholder living expense

Office sought

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Transportation Equipment & Related Exper Travel in District Office Overhead/Rental Expense Consulting Expense Contributions/Donations Made By Food/Beverage Expense Gift/Awards/Memorials Expense Poling 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 Brandu Buntun 5 Payee name Facebook Inc. 11-8-19 6 Amount (\$) 7 Payee address; 1601 Willow Road, Menio Park, CA (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 typense **EXPENDITURE** Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH _oan Star National Bank 601 Padre Blvd. South Padre Island, TX \$ 100 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 **EXPENDITURE** Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date Del Ric, Brownsville, TX 78526 Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

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

Candidate/Officeholder/Politica	al Committee Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)		
Credit Card Payment The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F1:	2 FILER NAME Brandy	Burtin	3 Filer ID (Ethics Commission Filers)		
4 Date 12-24-19	5 Payee name Loan Star No	Burtin Honal Banic			
6 Amount (\$)	7 Payee address; City; State;	Zip Code			
\$ 1,00	601 Padre Blvd.	Menio Park C	A 94025		
8	(a) Category (See Categories listed at the top of the	is schedule) (b) Description			
PURPOSE		Check if travel o	utside of Texas. Complete Schedule T.		
OF EXPENDITURE	Fees	Check if Austi	n, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
Amount (\$)	Payee address; City; State;	Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of the	Check if travel or	utside of Texas. Complete Schedule T.		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
Amount (\$)	Payee address; City; State;	Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of the	Check if travel or	utside of Texas. Complete Schedule T. n, 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 NEEDED					