

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed: 44

|  |  |  |  |   |          |
|--|--|--|--|---|----------|
| 3 CANDIDATE / OFFICEHOLDER NAME            | MS / MRS / MR  | FIRST  | MI                                       | OFFICE USE ONLY   |          |
|  | Mrs.   | Corliss  | D.                                       |   |          |
|  | NICKNAME   | LAST   | SUFFIX                                   | <b>RECEIVED</b><br><br><b>APR 06 2023</b><br><br><b>BY: A. Boals</b>  |          |
|  |  | Bunkley  |  |   |          |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS | ADDRESS / PO BOX:  | APT / SUITE #:   | CITY:                                    | STATE:  | ZIP CODE |
| Change of Address                          | 1006 Bert Drive  |  | Arlington                                | TX  | 76012    |
| 5 CANDIDATE / OFFICEHOLDER PHONE           | AREA CODE  | PHONE NUMBER   | EXTENSION                                |   |          |
|  | (817 )   | 680-6541   |  |   |          |
| 6 CAMPAIGN TREASURER NAME                  | MS / MRS / MR  | FIRST  | MI                                       | Date Hand-delivered or Date Postmarked<br><br>Receipt #      Amount \$<br><br>Date Processed<br><br>Date Imaged |          |
|  | Mr.  | Jacob  | D  |   |          |
|  | NICKNAME   | LAST   | SUFFIX                                   |   |          |
|  |  | Bunkley  |  |   |          |
| 7 CAMPAIGN TREASURER ADDRESS               | STREET ADDRESS (NO PO BOX PLEASE):   |  | APT / SUITE #:                           | CITY:   | STATE:   |
| (Residence or Business)                    | 1006 Bert Drive  |  |  | Arlington   | TX       |
|  |  |  |  |   | ZIP CODE |
|  |  |  |  |   | 76012    |
| 8 CAMPAIGN TREASURER PHONE                 | AREA CODE  | PHONE NUMBER   | EXTENSION                                |   |          |
|  | (817 )   | 675-5300   |  |   |          |
| 9 REPORT TYPE                              | <input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)<br><input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR) |  |  |   |          |
| 10 PERIOD COVERED                          | Month      Day      Year   |  | Month      Day      Year                 |   |          |
|  | 1      20      23  |  | THROUGH      4      6      23            |   |          |
| 11 ELECTION                                | ELECTION DATE  |  | ELECTION TYPE                            |   |          |
|  | Month      Day      Year   | Primary      Runoff      Other Description                                   |  |   |          |
|  | 5      6      23   | <input checked="" type="checkbox"/> General <input type="checkbox"/> Special |  |   |          |
| 12 OFFICE                                  | OFFICE HELD (if any)   |  | 13 OFFICE SOUGHT (if known)              |   |          |
|  |  |  | Arlington ISD Board of Trustees, Place 7 |   |          |
| 14 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.  |  |  |   |          |
| Additional Pages                           | COMMITTEE TYPE   | COMMITTEE NAME   |  |   |          |
|  | GENERAL  | COMMITTEE ADDRESS  |  |   |          |
|  | SPECIFIC   | COMMITTEE CAMPAIGN TREASURER NAME  |  |   |          |
|  |  | COMMITTEE CAMPAIGN TREASURER ADDRESS   |  |   |          |

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

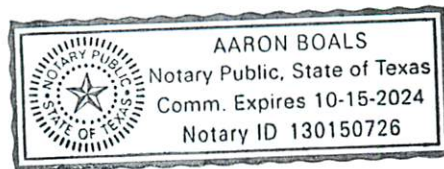
|                                    |   |  |
|------------------------------------|---|--|
| 15 C/OH NAME<br>Corliss D. Bunkley |   | 16 Filer ID (Ethics Commission Filers) |
| 17 CONTRIBUTION TOTALS             | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ 135.06 CB 0.00                      |
|                                    | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$ 9,709.65 CB 9,574.59                |
| EXPENDITURE TOTALS                 | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE   | \$ 0.00                                |
|                                    | 4. TOTAL POLITICAL EXPENDITURES   | \$ 5,323.83                            |
| CONTRIBUTION BALANCE               | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  | \$ 3,185.80                            |
| OUTSTANDING LOAN TOTALS            | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$ 0.00                                |

18 SIGNATURE 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.

*Corliss Bunkley*  
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Corliss Bunkley this the 6th day of April, 202023, to certify which, witness my hand and seal of office.

Aaron Boals Aaron Boals Paralegal  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(month) (year)

Signature of Candidate/Officeholder (Declarant)

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3****19 FILER NAME****Corliss Bunkley****20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE****SUBTOTAL  
AMOUNT**

|     |  |             |
|-----|--|-------------|
| 1.  | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                      | \$ 8,940.00 |
| 2.  | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        | \$ 634.59   |
| 3.  | SCHEDULE B: PLEDGED CONTRIBUTIONS  | \$          |
| 4.  | SCHEDULE E: LOANS  | \$          |
| 5.  | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS              | \$ 5,323.83 |
| 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

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 A1:                               |
| 2 FILER NAME<br><b>Corliss Bunkley</b>                    |   | 3 Filer ID (Ethics Commission Filers)                    |
| 4 Date<br><b>1/31/23</b>                                  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Keith Richardson</b><br>6 Contributor address; City; State; Zip Code<br><div style="background-color: black; width: 150px; height: 20px; display: inline-block;"></div> <b>Arlington TX 76016</b> | 7 Amount of contribution (\$)<br><b>100<sup>00</sup></b> |
| 8 Principal occupation / Job title (See Instructions)     |   | 9 Employer (See Instructions)                            |

|   |   |   |
|---|---|---|
| Date<br><b>1/31/23</b>                              | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Andrew Bonaparte</b><br>Contributor address; City; State; Zip Code<br><div style="background-color: black; width: 150px; height: 20px; display: inline-block;"></div> <b>Arlington TX 76012</b> | Amount of contribution (\$)<br><b>50<sup>00</sup></b> |
| Principal occupation / Job title (See Instructions) |   | Employer (See Instructions)                           |

|   |  |  |
|---|--|--|
| Date<br><b>2/1/03</b>                               | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Venzhela Tate</b><br>Contributor address; City; State; Zip Code<br><div style="background-color: black; width: 150px; height: 20px; display: inline-block;"></div> <b>Grand Prairie TX 75054</b> | Amount of contribution (\$)<br><b>100<sup>00</sup></b> |
| Principal occupation / Job title (See Instructions) |  | Employer (See Instructions)                            |

|   |  |   |
|---|--|---|
| Date<br><b>2/1/03</b>                               | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Sadia Hag</b><br>Contributor address; City; State; Zip Code<br><div style="background-color: black; width: 150px; height: 20px; display: inline-block;"></div> <b>Arlington TX 76012</b> | Amount of contribution (\$)<br><b>10<sup>00</sup></b> |
| 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

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| The Instruction Guide explains how to complete this form.  |  | 1 Total pages Schedule A1:                              |
| 2 FILER NAME <b>Corliss Bunkley</b>  |  | 3 Filer ID (Ethics Commission Filers)                   |
| 4 Date<br><b>2/1/23</b>  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Joe Lee</b>      | 7 Amount of contribution (\$)<br><b>25<sup>00</sup></b> |
| 6 Contributor address; City; State; Zip Code<br><b>[REDACTED] Burleson TX 76028</b>  |  |   |
| 8 Principal occupation / Job title (See Instructions)  |  | 9 Employer (See Instructions)                           |
| Date<br><b>2/2/23</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Kari Garcia</b>    | Amount of contribution (\$)<br><b>50<sup>00</sup></b>   |
| Contributor address; City; State; Zip Code<br><b>[REDACTED] Arlington TX 76006</b>   |  |   |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)                             |
| Date<br><b>2/4/23</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Khiandra Woods</b> | Amount of contribution (\$)<br><b>100<sup>00</sup></b>  |
| Contributor address; City; State; Zip Code<br><b>[REDACTED] Mansfield TX 76063</b>   |  |   |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)                             |
| Date<br><b>2/5/23</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Terri Davis</b>    | Amount of contribution (\$)<br><b>25<sup>00</sup></b>   |
| Contributor address; City; State; Zip Code<br><b>[REDACTED] Mansfield TX 76063</b>   |  |   |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)                             |
| <p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p> |  |   |



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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|   |  |   |
|---|--|---|
| The Instruction Guide explains how to complete this form.   |  | 1 Total pages Schedule A1:                            |
| 2 FILER NAME <b>Corliss Bunkley</b>   |  | 3 Filer ID (Ethics Commission Filers)                 |
| 4 Date<br><b>2/9/23</b>   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Kimberly Lloyd</b><br>6 Contributor address; City: <b>Arlington</b> State: <b>TX</b> Zip Code: <b>76010</b>  | 7 Amount of contribution (\$) <b>300<sup>00</sup></b> |
| 8 Principal occupation / Job title (See Instructions)   |  | 9 Employer (See Instructions)                         |
| Date<br><b>2/9/23</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Damela Clark</b><br>Contributor address; City: <b>Arlington</b> State: <b>TX</b> Zip Code: <b>76010</b>        | Amount of contribution (\$) <b>300<sup>00</sup></b>   |
| Principal occupation / Job title (See Instructions)   |  | Employer (See Instructions)                           |
| Date<br><b>2/9/23</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Katherine Kee</b><br>Contributor address; City: <b>Grand Prairie</b> State: <b>TX</b> Zip Code: <b>75052</b>   | Amount of contribution (\$) <b>50<sup>00</sup></b>    |
| Principal occupation / Job title (See Instructions)   |  | Employer (See Instructions)                           |
| Date<br><b>2/9/23</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Abigail Boatwright</b><br>Contributor address; City: <b>Fort Worth</b> State: <b>TX</b> Zip Code: <b>76112</b> | Amount of contribution (\$) <b>25<sup>00</sup></b>    |
| Principal occupation / Job title (See Instructions)   |  | Employer (See Instructions)                           |
|   |  |   |
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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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|---|---|---|
| The Instruction Guide explains how to complete this form. |   | 1 Total pages Schedule A1:                              |
| 2 FILER NAME <b>Corliss Bunkley</b>                       |   | 3 Filer ID (Ethics Commission Filers)                   |
| 4 Date<br><b>2/10/23</b>                                  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Ebony Turner</b><br>6 Contributor address; City; State; Zip Code<br><div style="background-color: black; width: 150px; height: 20px; display: inline-block;"></div> <b>Mansfield TX 76063</b> | 7 Amount of contribution (\$)<br><b>50<sup>00</sup></b> |
| 8 Principal occupation / Job title (See Instructions)     |   | 9 Employer (See Instructions)                           |

|   |  |  |
|---|--|--|
| Date<br><b>2/10/23</b>                              | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Kristina Turner</b><br>Contributor address; City; State; Zip Code<br><div style="background-color: black; width: 150px; height: 20px; display: inline-block;"></div> <b>Mansfield TX 76063</b> | Amount of contribution (\$)<br><del>50<sup>00</sup></del> <b>25<sup>00</sup></b> |
| Principal occupation / Job title (See Instructions) |  | Employer (See Instructions)  |

|   |   |   |
|---|---|---|
| Date<br><b>2/15/23</b>                              | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Amanda Sneed</b><br>Contributor address; City; State; Zip Code<br><div style="background-color: black; width: 150px; height: 20px; display: inline-block;"></div> <b>Arlington TX 76012</b> | Amount of contribution (\$)<br><b>50<sup>00</sup></b> |
| Principal occupation / Job title (See Instructions) |   | Employer (See Instructions)                           |

|   |   |  |
|---|---|--|
| Date<br><b>2/15/23</b>                              | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Sarah Hissin</b><br>Contributor address; City; State; Zip Code<br><div style="background-color: black; width: 150px; height: 20px; display: inline-block;"></div> <b>Arlington TX 76001</b> | Amount of contribution (\$)<br><b>400<sup>00</sup></b> |
| 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.**

**2 FILER NAME**

**4 Date**

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

50<sup>00</sup>

6 Contributor address; City; State; Zip Code

Mansfield TX 76063

**9 Employer (See Instructions)**

Date \_\_\_\_\_

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

Amount of contribution (\$)

2/17/23

Sarah Bell

Contributor address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Arlington TX 76015

100<sup>00</sup>

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date \_\_\_\_\_

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

Amount of contribution (\$)

2/17/23

Tamara Harrington

Contributor address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Dallas TX 75206

50 00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date \_\_\_\_\_

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

Amount of contribution (\$)

2/18/23

Erin Heinz

Contributor address; City; State; Zip Code

Arlington TX 76017

300<sup>00</sup>

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

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| 2 FILER NAME <i>Corliss Bunkley</i>  |  | 3 Filer ID (Ethics Commission Filers)                |
| 4 Date<br><i>2/27/23</i>   | 5 Full name of contributor <i>Joe Lee</i><br><input type="checkbox"/> out-of-state PAC (ID#: _____)        | 7 Amount of contribution (\$) <i>50<sup>00</sup></i> |
| 6 Contributor address; City; State; Zip Code<br><i>[Redacted] Burleson TX 76028</i>  |  |  |
| 8 Principal occupation / Job title (See Instructions)  |  | 9 Employer (See Instructions)                        |
| Date<br><i>2/26/23</i>   | Full name of contributor <i>Melissa Quince</i><br><input type="checkbox"/> out-of-state PAC (ID#: _____)   | Amount of contribution (\$) <i>50<sup>00</sup></i>   |
| Contributor address; City; State; Zip Code<br><i>[Redacted] Bedford TX 76021</i>   |  |  |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)                          |
| Date<br><i>2/27/23</i>   | Full name of contributor <i>Kimberly Lloyd</i><br><input type="checkbox"/> out-of-state PAC (ID#: _____)   | Amount of contribution (\$) <i>300<sup>00</sup></i>  |
| Contributor address; City; State; Zip Code<br><i>[Redacted] Arlington TX 76006</i>   |  |  |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)                          |
| Date<br><i>3/1/23</i>  | Full name of contributor <i>Valerie Cavanagh</i><br><input type="checkbox"/> out-of-state PAC (ID#: _____) | Amount of contribution (\$) <i>150<sup>00</sup></i>  |
| Contributor address; City; State; Zip Code<br><i>[Redacted] Arlington TX 76006</i>   |  |  |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)                          |
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| The Instruction Guide explains how to complete this form.   |   | 1 Total pages Schedule A1:                           |
| 2 FILER NAME <b>Corliss Bunkley</b>   |   | 3 Filer ID (Ethics Commission Filers)                |
| 4 Date<br><b>3/3/23</b>   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Sally Profitt</b> | 7 Amount of contribution (\$) <b>35<sup>00</sup></b> |
| 6 Contributor address; City; State; Zip Code<br>[Redacted] <b>Arlington TX 76013</b>  |   |  |
| 8 Principal occupation / Job title (See Instructions)   |   | 9 Employer (See Instructions)                        |
| Date<br><b>3/3/23</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Heather Lowe</b>    | Amount of contribution (\$) <b>10<sup>00</sup></b>   |
| Contributor address; City; State; Zip Code<br>[Redacted] <b>Arlington TX 76016</b>  |   |  |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)                          |
| Date<br><b>3/3/23</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Kristi Rush</b>     | Amount of contribution (\$) <b>50<sup>00</sup></b>   |
| Contributor address; City; State; Zip Code<br>[Redacted] <b>Ft Worth TX 76131</b>   |   |  |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)                          |
| Date<br><b>3/3/23</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Colleen Crocker</b> | Amount of contribution (\$) <b>15<sup>00</sup></b>   |
| Contributor address; City; State; Zip Code<br>[Redacted] <b>Arlington TX 76013</b>  |   |  |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)                          |
|   |   |  |
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| 4 Date<br><i>3/3/23</i>  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><i>Monica Graves</i>      | 7 Amount of contribution (\$)<br><i>25<sup>00</sup></i> |
| 6 Contributor address; City; State; Zip Code<br>[Redacted] <i>Scroggins TX 75480</i>   |  |   |
| 8 Principal occupation / Job title (See Instructions)  |  | 9 Employer (See Instructions)                           |
| Date<br><i>3/3/23</i>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><i>Debra Rhoades Newman</i> | Amount of contribution (\$)<br><i>10<sup>00</sup></i>   |
| Contributor address; City; State; Zip Code<br>[Redacted] <i>Arlington TX 76016</i>   |  |   |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)                             |
| Date<br><i>3/3/23</i>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><i>Jennifer Wozad</i>       | Amount of contribution (\$)<br><i>25<sup>00</sup></i>   |
| Contributor address; City; State; Zip Code<br>[Redacted] <i>Arlington TX 76013</i>   |  |   |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)                             |
| Date<br><i>3/3/23</i>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><i>Cindy Brown</i>          | Amount of contribution (\$)<br><i>50<sup>00</sup></i>   |
| Contributor address; City; State; Zip Code<br>[Redacted] <i>Arlington TX 76013</i>   |  |   |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)                             |
| <p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p> |  |   |

**SCHEDULE A1**

**1 Total pages Schedule A1:**

Corliss Bunkley

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

3/3/23

Meridith Randall

6. Contributor address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Aspington TX 76013

1000

**9 Employer (See Instructions)**

Amount of contribution (\$)

3/4/23

Bryan Perry

Contributor address; City; State; Zip Code

Ashtown TX 76012

50<sup>00</sup>

Employer (See Instructions)

Amount of contribution (\$)

3/5/23

Jennifer Miller

Contributor address: City: State: Zip Code

Arlington TX 76012

$$10^{\infty}$$

Employer (See Instructions)

Amount of contribution (\$)

3/5/23

Stephanie Miller

Contributor address: City: State: Zip Code

Arlington TX 76010

20<sup>00</sup>

Employer (See Instructions)

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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| The Instruction Guide explains how to complete this form.  |   | 1 Total pages Schedule A1:                    |
| 2 FILER NAME <i>Mary Corliss Bunkley</i>   |   | 3 Filer ID (Ethics Commission Filers)         |
| 4 Date<br><i>3/6/23</i>  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><i>Mary Alice Lavala</i>                 | 7 Amount of contribution (\$)<br><i>25.00</i> |
| 6 Contributor address; City; State; Zip Code<br><i>[Redacted] Abilene TX 76002</i>   |   |   |
| 8 Principal occupation / Job title (See Instructions)  |   | 9 Employer (See Instructions)                 |
| Date   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Contributor address; City; State; Zip Code | Amount of contribution (\$)                   |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)                   |
| Date   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Contributor address; City; State; Zip Code | Amount of contribution (\$)                   |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)                   |
| Date   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Contributor address; City; State; Zip Code | Amount of contribution (\$)                   |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)                   |
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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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| The Instruction Guide explains how to complete this form.  |  | 1 Total pages Schedule A1:                             |
| 2 FILER NAME <i>Carliss Bunkley</i>  |  | 3 Filer ID (Ethics Commission Filers)                  |
| 4 Date<br><i>3/6/23</i>  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><i>Steven Poole</i> | 7 Amount of contribution (\$)<br><i>\$ 2,000</i>       |
| 6 Contributor address; City; State; Zip Code<br>[Redacted] <i>Fort Worth TX 76107</i>  |  |  |
| 8 Principal occupation / Job title (See Instructions)  |  | 9 Employer (See Instructions)                          |
| Date<br><i>3/6/23</i>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><i>Polly Walton</i>   | Amount of contribution (\$)<br><i>100<sup>00</sup></i> |
| Contributor address; City; State; Zip Code<br>[Redacted] <i>Arlington TX 76012</i>   |  |  |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)                            |
| Date<br><i>3/7/23</i>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><i>Jill Wesstrom</i>  | Amount of contribution (\$)<br><i>100<sup>00</sup></i> |
| Contributor address; City; State; Zip Code<br>[Redacted] <i>Arlington TX 76012</i>   |  |  |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)                            |
| Date<br><i>3/8/23</i>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><i>Linda Wilson</i>   | Amount of contribution (\$)<br><i>25<sup>00</sup></i>  |
| Contributor address; City; State; Zip Code<br>[Redacted] <i>Arlington TX 76012</i>   |  |  |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)                            |
| <p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p> |  |  |



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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| The Instruction Guide explains how to complete this form.   |   | 1 Total pages Schedule A1:                           |
| 2 FILER NAME <b>Corliss Bunkley</b>   |   | 3 Filer ID (Ethics Commission Filers)                |
| 4 Date<br><b>3/8/23</b>   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Nicole Simmons</b><br>6 Contributor address; City: <b>Mansfield</b> State: <b>TX</b> Zip Code: <b>76063</b> | 7 Amount of contribution (\$) <b>25<sup>00</sup></b> |
| 8 Principal occupation / Job title (See Instructions)   |   | 9 Employer (See Instructions)                        |
| Date<br><b>3/11/23</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Tiffany Burks</b><br>Contributor address; City: <b>Mansfield</b> State: <b>TX</b> Zip Code: <b>76063</b>      | Amount of contribution (\$) <b>100<sup>00</sup></b>  |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)                          |
| Date<br><b>3/13/23</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Abigail Boatwright</b><br>Contributor address; City: <b>Ft Worth</b> State: <b>TX</b> Zip Code: <b>76112</b>  | Amount of contribution (\$) <b>25<sup>00</sup></b>   |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)                          |
| Date<br><b>3/15/23</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Theresa Jorgenson</b><br>Contributor address; City: <b>Arlington</b> State: <b>TX</b> Zip Code: <b>76012</b>  | Amount of contribution (\$) <b>25<sup>00</sup></b>   |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)                          |
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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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| The Instruction Guide explains how to complete this form.                            |  | 1 Total pages Schedule A1:                           |
| 2 FILER NAME <b>Corliss Bunkley</b>  |  | 3 Filer ID (Ethics Commission Filers)                |
| 4 Date<br><b>3/17/23</b>   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Brett Church</b> | 7 Amount of contribution (\$) <b>50<sup>00</sup></b> |
| 6 Contributor address; City; State; Zip Code<br>[Redacted] <b>Arlington TX 76010</b> |  |  |
| 8 Principal occupation / Job title (See Instructions)                                |  | 9 Employer (See Instructions)                        |

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|--|--|--|
| Date<br><b>3/17/23</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Carol Raburn</b> | Amount of contribution (\$) <b>60<sup>00</sup></b> |
| Contributor address; City; State; Zip Code<br>[Redacted] <b>Arlington TX 76010</b> |  |  |
| Principal occupation / Job title (See Instructions)                                |  | Employer (See Instructions)                        |

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|--|---|--|
| Date<br><b>3/17/23</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Rhonda McDonald</b> | Amount of contribution (\$) <b>30<sup>00</sup></b> |
| Contributor address; City; State; Zip Code<br>[Redacted] <b>Arlington TX 76010</b> |   |  |
| Principal occupation / Job title (See Instructions)                                |   | Employer (See Instructions)                        |

|  |  |  |
|--|--|--|
| Date<br><b>3/17/23</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Julienne Fagan</b> | Amount of contribution (\$) <b>50<sup>00</sup></b> |
| Contributor address; City; State; Zip Code<br>[Redacted] <b>Arlington TX 76010</b> |  |  |
| Principal occupation / Job title (See Instructions)                                |  | Employer (See Instructions)                        |

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# MONETARY POLITICAL CONTRIBUTIONS

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| 2 FILER NAME<br><b>Corliss Bunkley</b>   |  | 3 Filer ID (Ethics Commission Filers)                    |
| 4 Date<br><b>3/18/23</b>   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Kacie Elwood</b> | 7 Amount of contribution (\$)<br><b>100<sup>00</sup></b> |
| 6 Contributor address; City; State; Zip Code<br>[Redacted] <b>Arlington TX 76002</b>   |  |  |
| 8 Principal occupation / Job title (See Instructions)  |  | 9 Employer (See Instructions)                            |
| Date<br><b>3/19/23</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Lena Captain</b>   | Amount of contribution (\$)<br><b>100<sup>00</sup></b>   |
| Contributor address; City; State; Zip Code<br>[Redacted] <b>Arlington TX 76001</b>   |  |  |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)                              |
| Date<br><b>3/20/23</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Erika Sims</b>     | Amount of contribution (\$)<br><b>50<sup>00</sup></b>    |
| Contributor address; City; State; Zip Code<br>[Redacted] <b>Mansfield TX 76063</b>   |  |  |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)                              |
| Date<br><b>3/20/23</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Jolie Fralicks</b> | Amount of contribution (\$)<br><b>20<sup>00</sup></b>    |
| Contributor address; City; State; Zip Code<br>[Redacted] <b>Pantego TX 76013</b>   |  |  |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)                              |
| <p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p> |  |  |

# MONETARY POLITICAL CONTRIBUTIONS

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| The Instruction Guide explains how to complete this form.   |   | 1 Total pages Schedule A1:                              |
| 2 FILER NAME <b>Corliss Bunkley</b>   |   | 3 Filer ID (Ethics Commission Filers)                   |
| 4 Date<br><b>3/22/23</b>  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Amber Jackson</b> | 7 Amount of contribution (\$)<br><b>50<sup>00</sup></b> |
| 6 Contributor address; City; State; Zip Code<br>[REDACTED] <b>Ft Worth TX 76112</b>   |   |   |
| 8 Principal occupation / Job title (See Instructions)   |   | 9 Employer (See Instructions)                           |
| Date<br><b>3/22/23</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Karen Mims</b>      | Amount of contribution (\$)<br><b>25<sup>00</sup></b>   |
| Contributor address; City; State; Zip Code<br>[REDACTED] <b>Arlington TX 76002</b>  |   |   |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)                             |
| Date<br><b>3/24/23</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Josiah Miller</b>   | Amount of contribution (\$)<br><b>30<sup>00</sup></b>   |
| Contributor address; City; State; Zip Code<br>[REDACTED] <b>Arlington TX 76013</b>  |   |   |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)                             |
| Date<br><b>3/25/23</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Catherine Parra</b> | Amount of contribution (\$)<br><b>100<sup>00</sup></b>  |
| Contributor address; City; State; Zip Code<br>[REDACTED] <b>Arlington TX 76012</b>  |   |   |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)                             |
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# MONETARY POLITICAL CONTRIBUTIONS

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| 2 FILER NAME <b>Corliss Bunkley</b>   |   | 3 Filer ID (Ethics Commission Filers)                   |
| 4 Date<br><b>3/20/23</b>  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Siobhan Flowers</b> | 7 Amount of contribution (\$)<br><b>50<sup>00</sup></b> |
| 6 Contributor address; City; State; Zip Code<br>[Redacted] <b>Wylie TX 75098</b>  |   |   |
| 8 Principal occupation / Job title (See Instructions)   |   | 9 Employer (See Instructions)                           |
| Date<br><b>3/26/23</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Christopher Wood</b>  | Amount of contribution (\$)<br><b>100<sup>00</sup></b>  |
| Contributor address; City; State; Zip Code<br>[Redacted] <b>Arlington TX 76012</b>  |   |   |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)                             |
| Date<br><b>3/27/23</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Jill Westrom</b>      | Amount of contribution (\$)<br><b>50<sup>00</sup></b>   |
| Contributor address; City; State; Zip Code<br>[Redacted] <b>Arlington TX 76012</b>  |   |   |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)                             |
| Date<br><b>3/30/23</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Whitney Barker</b>    | Amount of contribution (\$)<br><b>20<sup>00</sup></b>   |
| Contributor address; City; State; Zip Code<br>[Redacted] <b>Arlington TX 76012</b>  |   |   |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)                             |
|   |   |   |
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# MONETARY POLITICAL CONTRIBUTIONS

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| 2 FILER NAME <b>Corliss Bunkley</b>   |  | 3 Filer ID (Ethics Commission Filers)                |
| 4 Date<br><b>3/30/23</b>  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Sarah Hissin</b><br>6 Contributor address: _____ City: <b>Arlington</b> State: <b>TX</b> Zip Code: <b>76001</b>    | 7 Amount of contribution (\$) <b>20<sup>00</sup></b> |
| 8 Principal occupation / Job title (See Instructions)   |  | 9 Employer (See Instructions)                        |
| Date<br><b>3/30/23</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Christy Underkofler</b><br>Contributor address: _____ City: <b>Arlington</b> State: <b>TX</b> Zip Code: <b>76010</b> | Amount of contribution (\$) <b>30<sup>00</sup></b>   |
| Principal occupation / Job title (See Instructions)   |  | Employer (See Instructions)                          |
| Date<br><b>3/30/23</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Robert Pruitt</b><br>Contributor address: _____ City: <b>Arlington</b> State: <b>TX</b> Zip Code: <b>76010</b>       | Amount of contribution (\$) <b>20<sup>00</sup></b>   |
| Principal occupation / Job title (See Instructions)   |  | Employer (See Instructions)                          |
| Date<br><b>3/31/23</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>David Hopkins</b><br>Contributor address: _____ City: <b>Arlington</b> State: <b>TX</b> Zip Code: <b>76013</b>       | Amount of contribution (\$) <b>20<sup>00</sup></b>   |
| Principal occupation / Job title (See Instructions)   |  | Employer (See Instructions)                          |
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# MONETARY POLITICAL CONTRIBUTIONS

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| 2 FILER NAME <b>Corliss Bunkled</b>  |  | 3 Filer ID (Ethics Commission Filers)                   |
| 4 Date<br><b>3/3/23</b>  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Joe Lee</b>      | 7 Amount of contribution (\$)<br><b>50<sup>00</sup></b> |
| 6 Contributor address; City; State; Zip Code<br><b>[REDACTED] Burleson TX 76028</b>  |  |   |
| 8 Principal occupation / Job title (See Instructions)  |  | 9 Employer (See Instructions)                           |
| Date<br><b>4/1/23</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Julienne Fagan</b> | Amount of contribution (\$)<br><b>100<sup>00</sup></b>  |
| Contributor address; City; State; Zip Code<br><b>[REDACTED] Arlington TX 76016</b>   |  |   |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)                             |
| Date<br><b>4/2/23</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Joe Lee</b>        | Amount of contribution (\$)<br><b>25<sup>00</sup></b>   |
| Contributor address; City; State; Zip Code<br><b>[REDACTED] Burleson TX 76028</b>  |  |   |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)                             |
| Date<br><b>4/3/23</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Kimberly Lloyd</b> | Amount of contribution (\$)<br><b>400<sup>00</sup></b>  |
| Contributor address; City; State; Zip Code<br><b>[REDACTED] Arlington TX 76006</b>   |  |   |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)                             |
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# MONETARY POLITICAL CONTRIBUTIONS

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| 2 FILER NAME <i>Cortiss Bunkley</i>  |  | 3 Filer ID (Ethics Commission Filers)                   |
| 4 Date<br><i>4/3/2023</i>  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><i>Alesha Price</i>   | 7 Amount of contribution (\$)<br><i>40<sup>00</sup></i> |
| 6 Contributor address; City: <i>Mansfield</i> State: <i>TX</i> Zip Code: <i>76063</i>  |  |   |
| 8 Principal occupation / Job title (See Instructions)  |  | 9 Employer (See Instructions)                           |
| Date<br><i>4/3/23</i>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><i>Priscilla Mendez</i> | Amount of contribution (\$)<br><i>50<sup>00</sup></i>   |
| Contributor address; City: <i>San Antonio</i> State: <i>TX</i> Zip Code: <i>78253</i>  |  |   |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)                             |
| Date<br><i>4/3/23</i>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><i>Sukai Durosimi</i>   | Amount of contribution (\$)<br><i>50<sup>00</sup></i>   |
| Contributor address; City: <i>Roanoke</i> State: <i>TX</i> Zip Code: <i>76262</i>  |  |   |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)                             |
| Date<br><i>4/3/23</i>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><i>Sanah Isa</i>        | Amount of contribution (\$)<br><i>20<sup>00</sup></i>   |
| Contributor address; City: <i>Burleson</i> State: <i>TX</i> Zip Code: <i>76028</i>   |  |   |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)                             |
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| 2 FILER NAME <u>Corliss Bunkley</u>  |   | 3 Filer ID (Ethics Commission Filers)                 |
| 4 Date<br><u>4/3/23</u>  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><u>Patricia Robinson</u> | 7 Amount of contribution (\$) <u>100<sup>00</sup></u> |
| 6 Contributor address; City; State; Zip Code<br><u>[REDACTED] Mansfield TX 76063</u>   |   |   |
| 8 Principal occupation / Job title (See Instructions)  |   | 9 Employer (See Instructions)                         |
| Date<br><u>4/3/23</u>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><u>Misti Turner</u>        | Amount of contribution (\$) <u>40<sup>00</sup></u>    |
| Contributor address; City; State; Zip Code<br><u>[REDACTED] Ft. Worth TX 76133</u>   |   |   |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)                           |
| Date<br><u>4/3/23</u>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><u>Branden Flowers</u>     | Amount of contribution (\$) <u>500<sup>00</sup></u>   |
| Contributor address; City; State; Zip Code<br><u>[REDACTED] Rowlett TX 75089</u>   |   |   |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)                           |
| Date<br><u>4/3/23</u>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><u>Tamiko Jones</u>        | Amount of contribution (\$) <u>50<sup>00</sup></u>    |
| Contributor address; City; State; Zip Code<br><u>[REDACTED] Arlington TX 76001</u>   |   |   |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)                           |
| <p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p> |   |   |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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 A1:                           |
| 2 FILER NAME <b>Carliss Bunkley</b>  |   | 3 Filer ID (Ethics Commission Filers)                |
| 4 Date<br><b>4/3/23</b>  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Ashley Harris</b>   | 7 Amount of contribution (\$) <b>10<sup>00</sup></b> |
| 6 Contributor address; City; State; Zip Code<br>[REDACTED] <b>Houston TX 77071</b>   |   |  |
| 8 Principal occupation / Job title (See Instructions)  |   | 9 Employer (See Instructions)                        |
| Date<br><b>4/3/23</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Iva Houston</b>       | Amount of contribution (\$) <b>20<sup>00</sup></b>   |
| Contributor address; City; State; Zip Code<br>[REDACTED] <b>Ft. Worth TX 76120</b>   |   |  |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)                          |
| Date<br><b>4/3/23</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Helena Toledo</b>     | Amount of contribution (\$) <b>100<sup>00</sup></b>  |
| Contributor address; City; State; Zip Code<br>[REDACTED] <b>Fort Worth TX 76244</b>  |   |  |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)                          |
| Date<br><b>4/3/23</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Tanisha Colquhoun</b> | Amount of contribution (\$) <b>100<sup>00</sup></b>  |
| Contributor address; City; State; Zip Code<br>[REDACTED] <b>Argyle TX 76226</b>  |   |  |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)                          |
| <p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p> |   |  |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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 A1:                              |
| 2 FILER NAME <b>Corliss Bunkley</b>  |   | 3 Filer ID (Ethics Commission Filers)                   |
| 4 Date<br><b>4/3/23</b>  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Charla Washington</b> | 7 Amount of contribution (\$)<br><b>50<sup>00</sup></b> |
| 6 Contributor address; City; State; Zip Code<br>[Redacted] <b>Ft Worth TX 76179</b>  |   |   |
| 8 Principal occupation / Job title (See Instructions)  |   | 9 Employer (See Instructions)                           |
| Date<br><b>4/4/23</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Andrea Reed</b>         | Amount of contribution (\$)<br><b>100<sup>00</sup></b>  |
| Contributor address; City; State; Zip Code<br>[Redacted] <b>Burleson TX 76028</b>  |   |   |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)                             |
| Date<br><b>4/4/23</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Ed Norice</b>           | Amount of contribution (\$)<br><b>25<sup>00</sup></b>   |
| Contributor address; City; State; Zip Code<br>[Redacted] <b>Ft Worth TX 76119</b>  |   |   |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)                             |
| Date<br><b>4/4/23</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Tami Bladare</b>        | Amount of contribution (\$)<br><b>100<sup>00</sup></b>  |
| Contributor address; City; State; Zip Code<br>[Redacted] <b>Mansfield TX 76063</b>   |   |   |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)                             |
| <p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p> |   |   |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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 A1:                              |
| 2 FILER NAME<br><b>Corliss Bunkley</b>   |  | 3 Filer ID (Ethics Commission Filers)                   |
| 4 Date<br><b>4/5/23</b>  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Cheryl Bunkley</b> | 7 Amount of contribution (\$)<br><b>25<sup>00</sup></b> |
| 6 Contributor address; City: <b>Fort Worth</b> State: <b>TX</b> Zip Code: <b>76140</b>   |  |   |
| 8 Principal occupation / Job title (See Instructions)  |  | 9 Employer (See Instructions)                           |
| Date<br><b>4/5/23</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>April Clark</b>      | Amount of contribution (\$)<br><b>25<sup>00</sup></b>   |
| Contributor address; City: <b>Fort Worth</b> State: <b>TX</b> Zip Code: <b>76111</b>   |  |   |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)                             |
| Date<br><b>4/5/23</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Emmanuel Asaolu</b>  | Amount of contribution (\$)<br><b>50<sup>00</sup></b>   |
| Contributor address; City: <b>Fort Worth</b> State: <b>TX</b> Zip Code: <b>76123</b>   |  |   |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)                             |
| Date<br><b>4/6/23</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Michelle Brown</b>   | Amount of contribution (\$)<br><b>40<sup>00</sup></b>   |
| Contributor address; City: <b>Abingdon</b> State: <b>TX</b> Zip Code: <b>76017</b>   |  |   |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)                             |
| <p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p> |  |   |



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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 A1:                                   |
| 2 FILER NAME <b>Corliss Bunkley</b>   |   | 3 Filer ID (Ethics Commission Filers)                        |
| 4 Date<br><b>2/19/23</b>  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Beniann Moss</b><br>6 Contributor address; City; State; Zip Code<br><div style="background-color: black; width: 150px; height: 20px; display: inline-block;"></div> <b>Arlington TX 76002</b> | 7 Amount of contribution (\$)<br><br><b>100<sup>00</sup></b> |
| 8 Principal occupation / Job title (See Instructions)   |   | 9 Employer (See Instructions)                                |
| Date<br><b>2/27/23</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Beniann Moss</b><br>Contributor address; City; State; Zip Code<br><div style="background-color: black; width: 150px; height: 20px; display: inline-block;"></div> <b>Arlington TX 76002</b>     | Amount of contribution (\$)<br><br><b>150<sup>00</sup></b>   |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)                                  |
| Date<br><b>3/1/23</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Franceen Lyons</b><br>Contributor address; City; State; Zip Code<br><div style="background-color: black; width: 150px; height: 20px; display: inline-block;"></div> <b>Arlington TX 76002</b>   | Amount of contribution (\$)<br><br><b>100<sup>00</sup></b>   |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)                                  |
| Date<br><b>3/6/23</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Beniann Moss</b><br>Contributor address; City; State; Zip Code<br><div style="background-color: black; width: 150px; height: 20px; display: inline-block;"></div> <b>Arlington TX 76002</b>     | Amount of contribution (\$)<br><br><b>100<sup>00</sup></b>   |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)                                  |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b><br>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements. |   |  |

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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 A2:  |  |
| 2 FILER NAME <i>Corliss Bunkley</i>   |  | 3 Filer ID (Ethics Commission Filers)   |  |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS   |  | \$ <i>135.06</i>  |  |
| 5 Date<br><i>1/31</i>   | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><i>Jacob Bunkley</i> | 8 Amount of Contribution \$<br><i>66.30</i>                                     | 9 In-kind contribution description<br><i>Website</i> |
| 7 Contributor address: _____ City: <i>Arling TX</i> State: _____ Zip Code: <i>76012</i>                 |  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |  |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)<br><i>Solutions Architect</i> |  | 11 Employer (FOR NON-JUDICIAL) (See Instructions)<br><i>Southwest Airlines</i>  |  |
| 12 Contributor's principal occupation (FOR JUDICIAL)  |  | 13 Contributor's job title (FOR JUDICIAL) (See Instructions)                    |  |
| 14 Contributor's employer/law firm (FOR JUDICIAL)   |  | 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)                     |  |
| 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)                             |  |   |  |

|  |  |   |  |
|--|--|---|--|
| Date<br><i>2/1</i>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><i>Jacob Bunkley</i> | Amount of Contribution \$<br><i>30.00</i>                                       | In-kind contribution description<br><i>Website</i> |
| Contributor address: _____ City: <i>Arlington TX</i> State: _____ Zip Code: <i>76012</i>             |  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |  |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)<br><i>Solutions Architect</i> |  | Employer (FOR NON-JUDICIAL) (See Instructions)<br><i>Southwest Airlines</i>     |  |
| Contributor's principal occupation (FOR JUDICIAL)  |  | Contributor's job title (FOR JUDICIAL) (See Instructions)                       |  |
| Contributor's employer/law firm (FOR JUDICIAL)   |  | Law firm of contributor's spouse (if any) (FOR JUDICIAL)                        |  |
| If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)                             |  |   |  |

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

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

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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 A2:  |   |
| 2 FILER NAME  |   | 3 Filer ID (Ethics Commission Filers)   |   |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS   |   | \$ 135 <sup>06</sup>  |   |
| 5 Date<br>2/28/23   | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:<br>Jacob Bunkley | 8 Amount of Contribution \$<br>\$ 76 <sup>15</sup>                              | 9 In-kind contribution description<br>Website |
| 7 Contributor address: [Redacted] City: Arlington TX State: TX Zip Code: 76012                  |   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |   |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)<br>Solution Architect |   | 11 Employer (FOR NON-JUDICIAL) (See Instructions)<br>Southwest Airlines         |   |
| 12 Contributor's principal occupation (FOR JUDICIAL)  |   | 13 Contributor's job title (FOR JUDICIAL) (See Instructions)                    |   |
| 14 Contributor's employer/law firm (FOR JUDICIAL)   |   | 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)                     |   |
| 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)                     |   |   |   |

|   |  |   |  |
|---|--|---|--|
| Date<br>3/15/23   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:<br>Tishara Jackson Shaw | Amount of Contribution \$<br>250 <sup>00</sup>                                  | In-kind contribution description<br>Social Media Manager |
| Contributor address: [Redacted] City: Fort Worth TX State: TX Zip Code: 76134       |  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |  |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)<br>Therapist |  | Employer (FOR NON-JUDICIAL) (See Instructions)<br>Self Employed                 |  |
| Contributor's principal occupation (FOR JUDICIAL)                                   |  | Contributor's job title (FOR JUDICIAL) (See Instructions)                       |  |
| Contributor's employer/law firm (FOR JUDICIAL)                                      |  | Law firm of contributor's spouse (if any) (FOR JUDICIAL)                        |  |
| If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)            |  |   |  |

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

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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 A2:  |   |
| 2 FILER NAME   |   | 3 Filer ID (Ethics Commission Filers)   |   |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS  |   | \$ 135 <sup>00</sup>  |   |
| 5 Date<br>3/28/23  | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:<br>Jacob Bunkley | 8 Amount of Contribution \$<br>76.75  | 9 In-kind contribution description<br>Website |
| 7 Contributor address; City; State; Zip Code<br>[REDACTED] Adolph TX 76012                       |   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |   |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)<br>Solutions Architect |   | 11 Employer (FOR NON-JUDICIAL) (See Instructions)<br>Southwest Airlines         |   |
| 12 Contributor's principal occupation (FOR JUDICIAL)   |   | 13 Contributor's job title (FOR JUDICIAL) (See Instructions)                    |   |
| 14 Contributor's employer/law firm (FOR JUDICIAL)  |   | 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)                     |   |
| 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)                      |   |   |   |

| Date   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:<br>Contributor address; City; State; Zip Code | Amount of Contribution \$                                 | In-kind contribution description |
|--|--|---|----------------------------------|
|  |  |   |                                  |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)   |  | Employer (FOR NON-JUDICIAL) (See Instructions)            |                                  |
| Contributor's principal occupation (FOR JUDICIAL)                        |  | Contributor's job title (FOR JUDICIAL) (See Instructions) |                                  |
| Contributor's employer/law firm (FOR JUDICIAL)                           |  | Law firm of contributor's spouse (if any) (FOR JUDICIAL)  |                                  |
| If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) |  |   |                                  |

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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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  
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.

|  |   |                      |  |              |
|--|---|----------------------|--|--------------|
| <b>1</b> Total pages Schedule F1:  | <b>2</b> FILER NAME   |                      | <b>3</b> Filer ID (Ethics Commission Filers) |              |
| <i>17</i>  | <i>Corliss Bunkley</i>  |                      |  |              |
| <b>4</b> Date  | <b>5</b> Payee name   |                      |  |              |
| <i>1/31/23</i>   | <i>Stripe</i>   |                      |  |              |
| <b>6</b> Amount (\$)   | <b>7</b> Payee address;   | City;                | State;                                       | Zip Code     |
| <i>4.10</i>  | <i>510 Townsend St.</i>   | <i>San Francisco</i> | <i>CA</i>                                    | <i>94103</i> |
| <b>8</b><br><br>PURPOSE<br>OF<br>EXPENDITURE   | <b>(a)</b> Category (See Categories listed at the top of this schedule) |                      | <b>(b)</b> Description                       |              |
|  | <i>Fundraising</i>  |                      | <i>Fundraising service fee</i>               |              |
| <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |   |                      |  |              |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH   |   |                      |  |              |
| Candidate / Officeholder name      Office sought      Office held  |   |                      |  |              |
|  |   |                      |  |              |
| Date   | Payee name  |                      |  |              |
| <i>2/1/23</i>  | <i>Stripe</i>   |                      |  |              |
| Amount (\$)  | Payee address;  | City;                | State;                                       | Zip Code     |
| <i>7.94</i>  | <i>510 Townsend St.</i>   | <i>San Francisco</i> | <i>CA</i>                                    | <i>94103</i> |
| PURPOSE<br>OF<br>EXPENDITURE   | Category (See Categories listed at the top of this schedule)            |                      | Description                                  |              |
|  | <i>Fundraising</i>  |                      | <i>Service Fee</i>                           |              |
| <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense            |   |                      |  |              |
| Complete ONLY if direct expenditure to benefit C/OH  |   |                      |  |              |
| Candidate / Officeholder name      Office sought      Office held  |   |                      |  |              |
|  |   |                      |  |              |
| Date   | Payee name  |                      |  |              |
| <i>2/2/23</i>  | <i>Stripe</i>   |                      |  |              |
| Amount (\$)  | Payee address;  | City;                | State;                                       | Zip Code     |
| <i>141</i>   | <i>510 Townsend St</i>  | <i>San Francisco</i> | <i>CA</i>                                    | <i>94103</i> |
| PURPOSE<br>OF<br>EXPENDITURE   | Category (See Categories listed at the top of this schedule)            |                      | Description                                  |              |
|  | <i>Fundraising</i>  |                      | <i>Service Fee</i>                           |              |
| <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense            |   |                      |  |              |
| Complete ONLY if direct expenditure to benefit C/OH  |   |                      |  |              |
| Candidate / Officeholder name      Office sought      Office held  |   |                      |  |              |
|  |   |                      |  |              |

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### 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.

|  |  |  |
|--|--|--|
| <b>1</b> Total pages Schedule F1:<br><i>2/17</i>   | <b>2</b> FILER NAME<br><i>Cortess Bunkley</i>  | <b>3</b> Filer ID (Ethics Commission Filers) |
| <b>4</b> Date<br><i>2/3/23</i>   | <b>5</b> Payee name<br><i>Stripe</i>   |  |
| <b>6</b> Amount (\$)<br><i>250</i>   | <b>7</b> Payee address; City; State; Zip Code<br><i>570 Townsend St San Francisco CA 94103</i>   |  |
| <b>8</b><br><br>PURPOSE OF EXPENDITURE   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br><i>Fundraising</i>  | <b>(b)</b> Description<br><i>Service Fee</i> |
|  | <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate / Officeholder name Office sought Office held |  |  |
| Date<br><i>2/4/23</i>  | Payee name<br><i>Stripe</i>  |  |
| Amount (\$)<br><i>470</i>  | Payee address; City; State; Zip Code<br><i>570 Townsend St San Francisco CA 94103</i>  |  |
| PURPOSE OF EXPENDITURE   | Category (See Categories listed at the top of this schedule)<br><i>Fundraising</i>   | Description<br><i>Service Fee</i>            |
|  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense            |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate / Officeholder name Office sought Office held          |  |  |
| Date<br><i>2/5</i>   | Payee name<br><i>Stripe</i>  |  |
| Amount (\$)<br><i>141</i>  | Payee address; City; State; Zip Code<br><i>570 Townsend St San Francisco CA 94103</i>  |  |
| PURPOSE OF EXPENDITURE   | Category (See Categories listed at the top of this schedule)<br><i>Fundraising</i>   | Description<br><i>Service Fee</i>            |
|  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense            |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate / Officeholder name Office sought Office held          |  |  |

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## 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  
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

|  |   |  |
|--|---|--|
| 1 Total pages Schedule F1:<br><b>3/11</b>                    | 2 FILER NAME<br><b>Cortiss Bunkley</b>  | 3 Filer ID (Ethics Commission Filers)                  |
| 4 Date<br><b>2/9</b>   | 5 Payee name<br><b>Stripe</b>   |  |
| 6 Amount (\$)<br><b>30<sup>91</sup></b>                      | 7 Payee address:<br><b>510 Townsend St</b>  | City; State; Zip Code<br><b>San Francisco CA 94103</b> |
| 8<br><b>PURPOSE OF EXPENDITURE</b>                           | (a) Category (See Categories listed at the top of this schedule)<br><b>Fundraising</b>  | (b) Description<br><b>Service Fee</b>                  |
|  | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name   | Office sought Office held                              |

|  |   |  |  |
|--|---|--|--|
| Date<br><b>2/10</b>  | Payee name<br><b>Stripe</b>   |  |  |
| Amount (\$)<br><b>39</b>                                   | Payee address:<br><b>510 Townsend St</b>  | City; State; Zip Code<br><b>San Francisco CA 94103</b> |  |
| <b>PURPOSE OF EXPENDITURE</b>                              | Category (See Categories listed at the top of this schedule)<br><b>Fundraising</b>  | Description<br><b>Service Fee</b>                      |  |
|  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name   | Office sought Office held                              |  |

|  |   |  |  |
|--|---|--|--|
| Date<br><b>2/15</b>  | Payee name<br><b>Stripe</b>   |  |  |
| Amount (\$)<br><b>20<sup>40</sup></b>                      | Payee address:<br><b>510 Townsend St</b>  | City; State; Zip Code<br><b>San Francisco CA 94103</b> |  |
| <b>PURPOSE OF EXPENDITURE</b>                              | Category (See Categories listed at the top of this schedule)<br><b>Fundraising</b>  | Description<br><b>Service Fee</b>                      |  |
|  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name   | Office sought Office held                              |  |

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## 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  
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

|   |   |  |
|---|---|--|
| 1 Total pages Schedule F1:<br><b>4/17</b>             | 2 FILER NAME<br><b>Cortiss Bunkley</b>  | 3 Filer ID (Ethics Commission Filers)                  |
| 4 Date<br><b>2/16/23</b>                              | 5 Payee name<br><b>Stripe</b>   |  |
| 6 Amount (\$)<br><b>250</b>                           | 7 Payee address;<br><b>510 Townsend St</b>  | City; State; Zip Code<br><b>San Francisco CA 94103</b> |
| 8<br><b>PURPOSE OF EXPENDITURE</b>                    | (a) Category (See Categories listed at the top of this schedule)<br><b>Fundraising</b>  | (b) Description<br><b>Service Fee</b>                  |
|   | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name   | Office sought Office held                              |
| Date<br><b>2/11/23</b>                                | Payee name<br><b>Stripe</b>   |  |
| Amount (\$)<br><b>470</b>                             | Payee address;<br><b>510 Townsend St</b>  | City; State; Zip Code<br><b>San Francisco CA 94103</b> |
| <b>PURPOSE OF EXPENDITURE</b>                         | Category (See Categories listed at the top of this schedule)<br><b>Fundraising</b>  | Description<br><b>Service Fee</b>                      |
|   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense     |  |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate / Officeholder name   | Office sought Office held                              |
| Date<br><b>2/18/23</b>                                | Payee name<br><b>Stripe</b>   |  |
| Amount (\$)<br><b>16<sup>00</sup></b>                 | Payee address;<br><b>510 Townsend St</b>  | City; State; Zip Code<br><b>San Francisco CA 94103</b> |
| <b>PURPOSE OF EXPENDITURE</b>                         | Category (See Categories listed at the top of this schedule)<br><b>Fundraising</b>  | Description<br><b>Service Fee</b>                      |
|   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense     |  |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate / Officeholder name   | Office sought Office held                              |

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## 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                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

|   |   |  |
|---|---|--|
| 1 Total pages Schedule F1:<br><b>5/17</b>             | 2 FILER NAME<br><b>Corliss Bunkley</b>  | 3 Filer ID (Ethics Commission Filers)        |
| 4 Date<br><b>2/22/23</b>                              | 5 Payee name<br><b>Bird's Printing: Copies</b>  |  |
| 6 Amount (\$)<br><b>38<sup>10</sup></b>               | 7 Payee address; City; State; Zip Code<br><b>208 S East Street Arlington TX 76010</b>   |  |
| 8<br><b>PURPOSE OF EXPENDITURE</b>                    | (a) Category (See Categories listed at the top of this schedule)<br><b>Printing Expense</b>   | (b) Description<br><b>One Pager About Me</b> |
|   | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name   | Office sought Office held                    |

|   |   |                                  |             |
|---|---|----------------------------------|-------------|
| Date<br><b>2/24/23</b>                              | Payee name<br><b>Trinity Digital Printing</b>   |                                  |             |
| Amount (\$)<br><b>419.47</b>                        | Payee address; City; State; Zip Code<br><b>7429 Airport Fwy NRH TX 76118</b>  |                                  |             |
| <b>PURPOSE OF EXPENDITURE</b>                       | Category (See Categories listed at the top of this schedule)<br><b>Printing / Advertising</b>   | Description<br><b>Yard Signs</b> |             |
|   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                  |             |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name   | Office sought                    | Office held |

|   |   |                                   |             |
|---|---|-----------------------------------|-------------|
| Date<br><b>2/27/23</b>                              | Payee name<br><b>Stripe</b>   |                                   |             |
| Amount (\$)<br><b>16<sup>00</sup></b>               | Payee address; City; State; Zip Code<br><b>510 Townsend St San Francisco CA 94103</b>   |                                   |             |
| <b>PURPOSE OF EXPENDITURE</b>                       | Category (See Categories listed at the top of this schedule)<br><b>Fundraising</b>  | Description<br><b>Service Fee</b> |             |
|   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                   |             |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name   | Office sought                     | Office held |

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## 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                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

|   |   |                                       |
|---|---|---------------------------------------|
| 1 Total pages Schedule F1:<br><i>6/17</i>             | 2 FILER NAME<br><i>Corliss Bunkley</i>  | 3 Filer ID (Ethics Commission Filers) |
| 4 Date<br><i>3/1/23</i>                               | 5 Payee name<br><i>Stripe</i>   |                                       |
| 6 Amount (\$)<br><i>690</i>                           | 7 Payee address; City; State; Zip Code<br><i>510 Townsend St San Francisco CA 94103</i>   |                                       |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See Categories listed at the top of this schedule)<br><i>Fundraising</i>  | (b) Description<br><i>Service Fee</i> |
|   | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name   | Office sought Office held             |

|   |   |                                  |             |
|---|---|----------------------------------|-------------|
| Date<br><i>3/3/23</i>                               | Payee name<br><i>Trinity Digital Printing</i>   |                                  |             |
| Amount (\$)<br><i>\$419.97</i>                      | Payee address; City; State; Zip Code<br><i>7429 Airport Fwy NRH TX 76118</i>  |                                  |             |
| PURPOSE OF EXPENDITURE                              | Category (See Categories listed at the top of this schedule)<br><i>Printing / Advertising</i>   | Description<br><i>Yard Signs</i> |             |
|   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                  |             |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name   | Office sought                    | Office held |

|   |   |                                   |             |
|---|---|-----------------------------------|-------------|
| Date<br><i>3/4/23</i>                               | Payee name<br><i>Stripe</i>   |                                   |             |
| Amount (\$)<br><i>1350</i>                          | Payee address; City; State; Zip Code<br><i>510 Townsend St San Francisco CA 94103</i>   |                                   |             |
| PURPOSE OF EXPENDITURE                              | Category (See Categories listed at the top of this schedule)<br><i>Fundraising</i>  | Description<br><i>Service Fee</i> |             |
|   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                   |             |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name   | Office sought                     | Office held |

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## 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  
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

|   |   |                                       |
|---|---|---------------------------------------|
| 1 Total pages Schedule F1:<br><b>7/19</b>             | 2 FILER NAME<br><b>Corliss Bunkley</b>  | 3 Filer ID (Ethics Commission Filers) |
| 4 Date<br><b>3/6/23</b>                               | 5 Payee name<br><b>Stripe</b>   |                                       |
| 6 Amount (\$)<br><b>1350.90</b>                       | 7 Payee address;<br><b>510 Townsend St San Francisco CA</b>   | City; State; Zip Code<br><b>94103</b> |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See Categories listed at the top of this schedule)<br><b>Fundraising</b>  | (b) Description<br><b>Service Fee</b> |
|   | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name   | Office sought Office held             |

|   |   |                                       |
|---|---|---------------------------------------|
| Date<br><b>3/7/23</b>                               | Payee name<br><b>Stripe</b>   |                                       |
| Amount (\$)<br><b>470</b>                           | Payee address;<br><b>510 Townsend St San Francisco CA</b>   | City; State; Zip Code<br><b>94103</b> |
| PURPOSE OF EXPENDITURE                              | Category (See Categories listed at the top of this schedule)<br><b>Fundraising</b>  | Description<br><b>Service Fee</b>     |
|   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name   | Office sought Office held             |

|   |   |                                       |
|---|---|---------------------------------------|
| Date<br><b>3/8/23</b>                               | Payee name<br><b>Stripe</b>   |                                       |
| Amount (\$)<br><b>6.11</b>                          | Payee address;<br><b>510 Townsend St San Francisco CA</b>   | City; State; Zip Code<br><b>94103</b> |
| PURPOSE OF EXPENDITURE                              | Category (See Categories listed at the top of this schedule)<br><b>Fundraising</b>  | Description<br><b>Service Fee</b>     |
|   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name   | Office sought Office held             |

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## 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  
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

|  |   |  |
|--|---|--|
| 1 Total pages Schedule F1:<br><b>8/17</b>                    | 2 FILER NAME<br><b>Corliss Bunkty</b>   | 3 Filer ID (Ethics Commission Filers)                  |
| 4 Date<br><b>3/9/23</b>                                      | 5 Payee name<br><b>Texas Heritage Printing</b>  |  |
| 6 Amount (\$)<br><b>1,623.75</b>                             | 7 Payee address;<br><b>2102 W Pioneer Pkwy</b>  | City; State; Zip Code<br><b>Arlington TX 76013</b>     |
| 8<br><b>PURPOSE OF EXPENDITURE</b>                           | (a) Category (See Categories listed at the top of this schedule)<br><b>Advertising</b>  | (b) Description<br><b>Large Signs</b>                  |
|  | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name   | Office sought Office held                              |
| Date<br><b>3/9/23</b>  | Payee name<br><b>Stripe</b>   |  |
| Amount (\$)<br><b>141</b>                                    | Payee address;<br><b>510 Townsend Street</b>  | City; State; Zip Code<br><b>San Francisco CA 94103</b> |
| <b>PURPOSE OF EXPENDITURE</b>                                | Category (See Categories listed at the top of this schedule)<br><b>Fundraising</b>  | Description<br><b>Service Fee</b>                      |
|  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense     |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   | Candidate / Officeholder name   | Office sought Office held                              |
| Date<br><b>3/11/23</b>                                       | Payee name<br><b>Stripe</b>   |  |
| Amount (\$)<br><b>470</b>                                    | Payee address;<br><b>510 Townsend St</b>  | City; State; Zip Code<br><b>San Francisco CA 94102</b> |
| <b>PURPOSE OF EXPENDITURE</b>                                | Category (See Categories listed at the top of this schedule)<br><b>Fundraising</b>  | Description<br><b>Service Fee</b>                      |
|  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense     |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   | Candidate / Officeholder name   | Office sought Office held                              |

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## 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                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

|   |   |                                       |
|---|---|---------------------------------------|
| 1 Total pages Schedule F1:<br><b>9/11</b>               | 2 FILER NAME<br><b>Corliss Bunker</b>   | 3 Filer ID (Ethics Commission Filers) |
| 4 Date<br><b>3/13/23</b>                                | 5 Payee name<br><b>Stripe</b>   |                                       |
| 6 Amount (\$)<br><b>141</b>                             | 7 Payee address; City; State; Zip Code<br><b>510 Townsend St San Francisco CA 94103</b>   |                                       |
| 8<br><b>PURPOSE OF EXPENDITURE</b>                      | (a) Category (See Categories listed at the top of this schedule)<br><b>Fundraising</b>  | (b) Description<br><b>Service Fee</b> |
|   | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |
| 9 Complete ONLY if direct expenditure to benefit C/OH   |   |                                       |
| Candidate / Officeholder name Office sought Office held |   |                                       |
|   |   |                                       |
| Date<br><b>3/15/23</b>                                  | Payee name<br><b>Inclusion Coffee</b>   |                                       |
| Amount (\$)<br><b>3248</b>                              | Payee address; City; State; Zip Code<br><b>101 E Abram St #110 Arlington TX 76010</b>   |                                       |
| <b>PURPOSE OF EXPENDITURE</b>                           | Category (See Categories listed at the top of this schedule)<br><b>Event Expense</b>  | Description<br><b>Conference Room</b> |
|   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense     |                                       |
| Complete ONLY if direct expenditure to benefit C/OH     |   |                                       |
| Candidate / Officeholder name Office sought Office held |   |                                       |
|   |   |                                       |
| Date<br><b>3/16/23</b>                                  | Payee name<br><b>Stripe</b>   |                                       |
| Amount (\$)<br><b>141</b>                               | Payee address; City; State; Zip Code<br><b>510 Townsend St San Francisco CA 94103</b>   |                                       |
| <b>PURPOSE OF EXPENDITURE</b>                           | Category (See Categories listed at the top of this schedule)<br><b>Fundraising</b>  | Description<br><b>Service Fee</b>     |
|   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense     |                                       |
| Complete ONLY if direct expenditure to benefit C/OH     |   |                                       |
| Candidate / Officeholder name Office sought Office held |   |                                       |
|   |   |                                       |

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## 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  
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

|   |   |                                       |
|---|---|---------------------------------------|
| 1 Total pages Schedule F1:<br>10/17                   | 2 FILER NAME<br>Carliss Bunkty  | 3 Filer ID (Ethics Commission Filers) |
| 4 Date<br>3/18  | 5 Payee name<br>Stripe  |                                       |
| 6 Amount (\$)<br>6 <sup>62</sup>                      | 7 Payee address; City; State; Zip Code<br>510 Townsend St San Francisco CA 94103  |                                       |
| 8<br><b>PURPOSE<br/>OF<br/>EXPENDITURE</b>            | (a) Category (See Categories listed at the top of this schedule)<br>Fundraising   | (b) Description<br>Service Fee        |
|   | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name   | Office sought Office held             |

|   |   |  |             |
|---|---|--|-------------|
| Date<br>3/19/23                                     | Payee name<br>Home Depot  |  |             |
| Amount (\$)<br>550.16                               | Payee address; City; State; Zip Code<br>201 W Rd. to Six Flags Arlington TX 76011   |  |             |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>               | Category (See Categories listed at the top of this schedule)<br>Advertising   | Description<br>Supplies for yard signs |             |
|   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |             |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name   | Office sought                          | Office held |

|   |   |                            |             |
|---|---|----------------------------|-------------|
| Date<br>3/20/23                                     | Payee name<br>Stripe  |                            |             |
| Amount (\$)<br>4 <sup>70</sup>                      | Payee address; City; State; Zip Code<br>510 Townsend St San Francisco CA 94103  |                            |             |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>               | Category (See Categories listed at the top of this schedule)<br>Fundraising   | Description<br>Service Fee |             |
|   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                            |             |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name   | Office sought              | Office held |

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## 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  
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

|  |   |                                       |
|--|---|---------------------------------------|
| 1 Total pages Schedule F1:<br><b>11/17</b>                   | 2 FILER NAME<br><b>Corliss Bunkley</b>  | 3 Filer ID (Ethics Commission Filers) |
| 4 Date<br><b>3/20/23</b>                                     | 5 Payee name<br><b>Stripe</b>   |                                       |
| 6 Amount (\$)<br><b>470</b>                                  | 7 Payee address; City; State; Zip Code<br><b>570 Townsend St San Francisco CA 94103</b>   |                                       |
| 8<br><b>PURPOSE OF EXPENDITURE</b>                           | (a) Category (See Categories listed at the top of this schedule)<br><b>Fundraising</b>  | (b) Description<br><b>Service Fee</b> |
|  | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name   | Office sought Office held             |

|  |   |                                   |
|--|---|-----------------------------------|
| Date<br><b>3/21/23</b>                                     | Payee name<br><b>Stripe</b>   |                                   |
| Amount (\$)<br><b>368</b>                                  | Payee address; City; State; Zip Code<br><b>570 Townsend St San Francisco CA 94103</b>   |                                   |
| <b>PURPOSE OF EXPENDITURE</b>                              | Category (See Categories listed at the top of this schedule)<br><b>Fundraising</b>  | Description<br><b>Service Fee</b> |
|  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                   |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name   | Office sought Office held         |

|  |   |                                   |
|--|---|-----------------------------------|
| Date<br><b>3/22/23</b>                                     | Payee name<br><b>Stripe</b>   |                                   |
| Amount (\$)<br><b>1250</b>                                 | Payee address; City; State; Zip Code<br><b>570 Townsend St San Francisco CA 94103</b>   |                                   |
| <b>PURPOSE OF EXPENDITURE</b>                              | Category (See Categories listed at the top of this schedule)<br><b>Fundraising</b>  | Description<br><b>Service Fee</b> |
|  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                   |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name   | Office sought Office held         |

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## 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  
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

|   |   |                                       |
|---|---|---------------------------------------|
| 1 Total pages Schedule F1:<br><b>12/17</b>            | 2 FILER NAME<br><b>Carliss Bunkty</b>   | 3 Filer ID (Ethics Commission Filers) |
| 4 Date<br><b>3/23/23</b>                              | 5 Payee name<br><b>Stripe</b>   |                                       |
| 6 Amount (\$)<br><b>141</b>                           | 7 Payee address;<br><b>570 Townsend St San Francisco CA</b>   | City; State; Zip Code<br><b>94103</b> |
| 8<br><b>PURPOSE OF EXPENDITURE</b>                    | (a) Category (See Categories listed at the top of this schedule)<br><b>Fundraising</b>  | (b) Description<br><b>Service Fee</b> |
|   | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name   | Office sought Office held             |
| Date<br><b>3/24/23</b>                                | Payee name<br><b>Stripe</b>   |                                       |
| Amount (\$)<br><b>162</b>                             | Payee address;<br><b>570 Townsend St San Francisco CA</b>   | City; State; Zip Code<br><b>94103</b> |
| <b>PURPOSE OF EXPENDITURE</b>                         | Category (See Categories listed at the top of this schedule)<br><b>Fundraising</b>  | Description<br><b>Service Fee</b>     |
|   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense     |                                       |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate / Officeholder name   | Office sought Office held             |
| Date<br><b>3/25/23</b>                                | Payee name<br><b>Stripe</b>   |                                       |
| Amount (\$)<br><b>720</b>                             | Payee address;<br><b>570 Townsend St San Francisco CA</b>   | City; State; Zip Code<br><b>94103</b> |
| <b>PURPOSE OF EXPENDITURE</b>                         | Category (See Categories listed at the top of this schedule)<br><b>Fundraising</b>  | Description<br><b>Service Fee</b>     |
|   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense     |                                       |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate / Officeholder name   | Office sought Office held             |

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|  |   |  |
|--|---|--|
| 1 Total pages Schedule F1:<br><b>13/17</b>                   | 2 FILER NAME<br><b>Carliss Bunkley</b>  | 3 Filer ID (Ethics Commission Filers)                  |
| 4 Date<br><b>3/27/23</b>                                     | 5 Payee name<br><b>Stripe</b>   |  |
| 6 Amount (\$)<br><b>720</b>                                  | 7 Payee address;<br><b>510 Townsend St.</b>   | City; State; Zip Code<br><b>San Francisco CA 94103</b> |
| 8<br><b>PURPOSE OF EXPENDITURE</b>                           | (a) Category (See Categories listed at the top of this schedule)<br><b>Fundraising</b>  | (b) Description<br><b>Service Fee</b>                  |
|  | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name   | Office sought Office held                              |
| Date<br><b>3/29/23</b>                                       | Payee name<br><b>Bird's Copies and Printing</b>   |  |
| Amount (\$)<br><b>3810</b>                                   | Payee address;<br><b>208 S. East St</b>   | City; State; Zip Code<br><b>Arlington TX 76010</b>     |
| <b>PURPOSE OF EXPENDITURE</b>                                | Category (See Categories listed at the top of this schedule)<br><b>Printing Expense</b>   | Description<br><b>Postcards</b>                        |
|  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense     |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   | Candidate / Officeholder name   | Office sought Office held                              |
| Date<br><b>3/29/23</b>                                       | Payee name<br><b>Anthony Cisneros (Cisneros Screen Printing)</b>  |  |
| Amount (\$)<br><b>297.00</b>                                 | Payee address;<br><b>7320 Martha Ln</b>   | City; State; Zip Code<br><b>Fort Worth TX 76112</b>    |
| <b>PURPOSE OF EXPENDITURE</b>                                | Category (See Categories listed at the top of this schedule)<br><b>Printing</b>   | Description<br><b>T-shirts</b>                         |
|  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense     |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   | Candidate / Officeholder name   | Office sought Office held                              |

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|  |   |                                       |
|--|---|---------------------------------------|
| 1 Total pages Schedule F1:<br><b>14/17</b>                   | 2 FILER NAME<br><b>Corliss Bunkley</b>  | 3 Filer ID (Ethics Commission Filers) |
| 4 Date<br><b>3/30/23</b>                                     | 5 Payee name<br><b>Stripe</b>   |                                       |
| 6 Amount (\$)<br><b>118</b>                                  | 7 Payee address;<br><b>510 Townsend St San Francisco CA 94103</b>   | City; State; Zip Code                 |
| 8<br><b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                   | (a) Category (See Categories listed at the top of this schedule)<br><b>Fundraising</b>  | (b) Description<br><b>Service Fee</b> |
|  | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name   | Office sought Office held             |

|  |   |                                   |
|--|---|-----------------------------------|
| Date<br><b>3/31/23</b>                                     | Payee name<br><b>Stripe</b>   |                                   |
| Amount (\$)<br><b>368</b>                                  | Payee address;<br><b>510 Townsend St San Francisco CA 94103</b>   |                                   |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                      | Category (See Categories listed at the top of this schedule)<br><b>Fundraising</b>  | Description<br><b>Service Fee</b> |
|  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                   |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name   | Office sought Office held         |

|  |   |   |
|--|---|---|
| Date<br><b>3/31/23</b>                                     | Payee name<br><b>Arlington Parks &amp; Rec</b>  |   |
| Amount (\$)<br><b>2500</b>                                 | Payee address;<br><b>717 W Main St Arlington TX 76013</b>   |   |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                      | Category (See Categories listed at the top of this schedule)<br><b>Event Expense</b>  | Description<br><b>Bounce House Rental</b> |
|  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |   |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name   | Office sought Office held                 |

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## 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  
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

|  |   |   |
|--|---|---|
| 1 Total pages Schedule F1:<br><b>15/17</b>                   | 2 FILER NAME<br><b>Corliss Bunkley</b>  | 3 Filer ID (Ethics Commission Filers)                 |
| 4 Date<br><b>3/31/23</b>                                     | 5 Payee name<br><b>Walmart</b>  |   |
| 6 Amount (\$)<br><b>\$38.65</b>                              | 7 Payee address;<br><b>2121 N Collins Street</b>  | City; State; Zip Code<br><b>Arlington TX 76011</b>    |
| 8<br><b>PURPOSE OF EXPENDITURE</b>                           | (a) Category (See Categories listed at the top of this schedule)<br><b>Event Expense</b>  | (b) Description<br><b>Water, Juice, Plates</b>        |
|  | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |   |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name   | Office sought Office held                             |
| Date<br><b>3/31/23</b>                                       | Payee name<br><b>Party City</b>   |   |
| Amount (\$)<br><b>\$56.13</b>                                | Payee address;<br><b>1520 W I-20</b>  | City; State; Zip Code<br><b>Arlington TX 76017</b>    |
| <b>PURPOSE OF EXPENDITURE</b>                                | Category (See Categories listed at the top of this schedule)<br><b>Event Expense</b>  | Description<br><b>Balloons, Table Cloths, weights</b> |
|  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense     |   |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   | Candidate / Officeholder name   | Office sought Office held                             |
| Date<br><b>4/1/23</b>  | Payee name<br><b>Cici's Pizza</b>   |   |
| Amount (\$)<br><b>\$151.44</b>                               | Payee address;<br><b>726 W Pioneer Pkwy</b>   | City; State; Zip Code<br><b>Arlington TX 76051</b>    |
| <b>PURPOSE OF EXPENDITURE</b>                                | Category (See Categories listed at the top of this schedule)<br><b>Event Expense</b>  | Description<br><b>Pizza</b>                           |
|  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense     |   |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   | Candidate / Officeholder name   | Office sought Office held                             |

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|  |  |   |  |   |                     |
|--|--|---|--|---|---------------------|
| 1 Total pages Schedule F1: <b>16/17</b>                      |  | 2 FILER NAME<br><b>Curtiss Bunko</b>  |  | 3 Filer ID (Ethics Commission Filers)                                     |                     |
| 4 Date<br><b>4/2/23</b>                                      |  | 5 Payee name<br><b>Stripe</b>   |  |   |                     |
| 6 Amount (\$)<br><b>6"</b>                                   |  | 7 Payee address;<br><b>570 Townsend St</b>  |  | City;<br><b>San Francisco</b>   | State;<br><b>CA</b> |
|  |  |   |  | Zip Code<br><b>94103</b>  |                     |
| 8<br><b>PURPOSE OF EXPENDITURE</b>                           |  | (a) Category (See Categories listed at the top of this schedule)                            |  | (b) Description   |                     |
|  |  | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.         |  | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                     |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH |  | Candidate / Officeholder name   |  | Office sought   |                     |
|  |  |   |  | Office held   |                     |
| Date<br><b>4/3/23</b>  |  | Payee name<br><b>Stripe</b>   |  |   |                     |
| Amount (\$)<br><b>5963</b>                                   |  | Payee address;<br><b>570 Townsend St</b>  |  | City;<br><b>San Francisco</b>   | State;<br><b>CA</b> |
|  |  |   |  | Zip Code<br><b>94103</b>  |                     |
| <b>PURPOSE OF EXPENDITURE</b>                                |  | Category (See Categories listed at the top of this schedule)                                |  | Description   |                     |
|  |  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.             |  | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                     |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   |  | Candidate / Officeholder name   |  | Office sought   |                     |
|  |  |   |  | Office held   |                     |
| Date<br><b>4/4/23</b>  |  | Payee name<br><b>Trinity Digital Printing</b>   |  |   |                     |
| Amount (\$)<br><b>71039</b>                                  |  | Payee address;<br><b>7429 Airport Fwy</b>   |  | City;<br><b>NRH</b>   | State;<br><b>TX</b> |
|  |  |   |  | Zip Code<br><b>76110</b>  |                     |
| <b>PURPOSE OF EXPENDITURE</b>                                |  | Category (See Categories listed at the top of this schedule)<br><b>Printing Advertising</b> |  | Description<br><b>Yard Signs</b>  |                     |
|  |  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.             |  | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                     |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   |  | Candidate / Officeholder name   |  | Office sought   |                     |
|  |  |   |  | Office held   |                     |

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|   |   |                                       |
|---|---|---------------------------------------|
| 1 Total pages Schedule F1:<br><b>17/17</b>  | 2 FILER NAME<br><b>Corliss Bunkley</b>  | 3 Filer ID (Ethics Commission Filers) |
| 4 Date<br><b>4/4/23</b>   | 5 Payee name<br><b>Birds Copies &amp; Printing</b>  |                                       |
| 6 Amount (\$)<br><b>4330</b>  | 7 Payee address; City; State; Zip Code<br><b>208 S. East St. Arlington TX 76010</b>   |                                       |
| 8<br><b>PURPOSE OF EXPENDITURE</b>  | (a) Category (See Categories listed at the top of this schedule)  | (b) Description                       |
|   | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH  | Candidate / Officeholder name   | Office sought Office held             |
| Date<br><b>4/6/23</b>   | Payee name<br><b>Trinity Digital Printing</b>   |                                       |
| Amount (\$)<br><b>710.39</b>  | Payee address; City; State; Zip Code<br><b>7429 Airport Freeway NRH 76110</b>   |                                       |
| <b>PURPOSE OF EXPENDITURE</b>   | Category (See Categories listed at the top of this schedule)  | Description                           |
|   | <b>Advertising / Printing Yard Signs</b>  |                                       |
| (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |   |                                       |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH  | Candidate / Officeholder name   | Office sought Office held             |
| Date<br><b>4/11/23</b>  | Payee name<br><b>1</b>  |                                       |
| Amount (\$)<br><b>17002</b>   | Payee address; City; State; Zip Code  |                                       |
| <b>PURPOSE OF EXPENDITURE</b>   | Category (See Categories listed at the top of this schedule)  | Description                           |
|   | <b>Event Expense Bounce House</b>   |                                       |
| (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |   |                                       |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH  | Candidate / Officeholder name   | Office sought Office held             |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED