CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT					ORM C/OH HEET PG 1	
The C/OH Instruction (Guide explains how	to complete this form.	1 Filer ID (Ethics Co	mmission Filers)	2 Total pages fil	led: 44
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR Mrs.	FIRST Corliss		мі D.	OFFICE	USE ONLY
NAME	NICKNAME	Bunkley		SUFFIX	Dat Recorded	EIVED
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX 1006 Bert Dr		oty, state; lington TX	76012		0 6 2023
Change of Address					BY: <u>A. 7</u>	Soals "
5 CANDIDATE/ OFFICEHOLDER PHONE	(817)	680-6541	EXTENSIO	N		or Date Postmarked
6 CAMPAIGN	MS / MRS / MR	FIRST		MI	Receipt #	Amount \$
TREASURER NAME	Mr.	Jacob		D	Date Processed	
	NICKNAME	Bunkley		SUFFIX	Date Imaged	
	CTREET ADDRESS	(NO PO BOX PLEASE); APT / SI	UITE #; CITY;		STATE:	ZIP CODE
7 CAMPAIGN TREASURER ADDRESS	1006 Bert Dr			gton	TX	76012
(Residence or Business)						
8 CAMPAIGN TREASURER PHONE	(817)	PHONE NUMBER 675-5300	EXTENSIO	N		
9 REPORT TYPE	January 15	30th day before e	lection Runc	off	15th day af treasurer ap (Officeholde	
	July 15	8th day before ele	CHOIL	eded Modified rting Limit	Final Repor	rt (Attach C/OH - FR)
10 PERIOD COVERED	Month 1	Day Year / 20 / 23	THROUGH	Month 4	Day Year / 6 / 23	
11 ELECTION	ELECTION DA			ELECTION TYPE		
	Month Day 5 6	Year Primary 23 General	Runoff Special	Other Description		*
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SC	OUGHT (if known	2)	
12 OFFICE			00000 100000 ABS BEAUTY	ESECUTION ASSOCIATION	rd of Trustees	s, Place 7
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFICE	CE OF POLITICAL CONTRIBUTIONS CEHOLDER. THESE EXPENDITURES S AND OFFICEHOLDERS ARE REQUIF	MAY HAVE BEEN MADE W	THOUT THE CAN	DIDATE'S OR OFFICEHOL	DER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME				
Additional Pages	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN TRE	ASURER NAME			
		COMMITTEE CAMPAIGN TRE	EASURER ADDRESS			
GO TO PAGE 2						

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME Corliss D. Bunkley		16 Filer	ID (Ethics Commission Filers)
			- (H)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)		\$ 3506 9.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	1.65	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 LAS OF REPORTING PERIOD	ST DAY	\$ 3,185.80
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE	\$ 0.00
18 SIGNATURE I st	wear, or affirm, under penalty of perjury, that the accompanying report is true	and cor	rect and includes all information
	Signature of Ca	ndidate d	or Officeholder
	Please complete either option below	<i>y</i> :	
(1) Affidavit NOTARY STAMP/SEAL	AARON BOALS Notary Public, State of Texas Comm. Expires 10-15-2024 Notary ID 130150726		
Sworn to and subscribed	before me by Corlice Bunkley this the	6th	day of April,
20 <u>2023</u> , to certify	which, witness my hand and seal of office.		D . 1. 1
Signature of officer administer	ring oath Printed name of officer administering oath		Title of officer administering oath
	OR		
(2) Unsworn Declaration	on		
	, and my date of birth is		•
My address is			·
			(zip code) (country)
Executed in	County, State of, on theday of(month	1)	_, 20 (year)
	Signature of Candid	date/Office	eholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	orliss Bunkley	20 Filer ID (Ethics Con	nmiss	ion 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.	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			

SCHEDULE A1

if the requested information is not applicable, DO NOT Include this page in the report.				
The Instr	uction Guide explains how to complete this form.	1 Total pages Schedule A1	:	
2 FILER NAME	Corliss Bunkley	3 Filer ID (Ethics Commiss	sion Filers)	
, , K	Full name of contributor out-of-state FAC (ID#: LI HA Richard SON Contributor address; City; State;	7 Amount of contribution	(\$)	
8 Principal occupation	n / Job title (See Instructions) 9 Employ	r (See Instructions)		
	Full name of contributor oul-of-state PAC (ID#:	Amount of contribution	(\$)	
1/01/ 1	Contributor address: City: State: As Lingfon TX	76012 50°		
Principal occupation	/ Job title (See Instructions) Employ	er (See Instructions)		
Date	Full name of contributor	Amount of contribution	(\$)	
2/1/00	Contributor address; City: State; 2 Grand Paine TX	15059 100°°		
Principal occupation	/ Job title (See Instructions) Employ	er (See Instructions)		
	Full name of contributor 🗆 out-of-state PAC (ID#:) Amount of contribution	(\$)	
2/1/03	Contributor address; City; State; Z	760 0		
Principal occupation	/ Job title (See Instructions) Employ	er (See Instructions)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

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 CONTISS BUNKLEY	3 Filer ID (Ethics Commission Filers)		
4 Date 5 Full name of contributor	7 Amount of contribution (\$)		
21/23 6 Contributor address; City: State; Zip Code Bullson IX 16020	2500		
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	tions)		
Date Full name of contributor out-of-state PAC (ID#:) KAN GAVAA	Amount of contribution (\$)		
2/2/23 Contributor address; City; State; Zip Code Ashiram TX 16066	500		
Principal occupation / Job title (See Instructions) Employer (See Instructions)			
Date Full name of contributor out-of-state PAC (ID#:) Khiandra Woods	Amount of contribution (\$)		
2/H/23 Contributor address: City: State; Zip Code Mansfield TX 76063	10000		
Principal occupation / Job title (See Instructions) Employer (See Instructions)	tions)		
Date Full name of contributor	Amount of contribution (\$)		
2/5/23 Contributor address: City; State; Zip Code Mansfield TX 76063	2500		
Principal occupation / Job title (See Instructions) Employer (See Instructions)	tions)		

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SCHEDULE A1

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

in the requested information is not applicable, be not include this page in the report.				
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:	
2 FILER NAME	Corliss Bunkley		3 Filer ID (Ethics Commission Filers)	
4 Date 2/9/23 8 Principal occup	5 Full name of contributor out-of-state PAC KIMPHY LOY 6 Contributor address, City; pation / Job title (See Instructions)	State; Zip Code M TX 166 9 Employer (See Instruct	7 Amount of contribution (\$)	
Date	name of contributor	(ID#:)	Amount of contribution (\$)	
()	Damela Clark		Amount of contribution (\$)	
2/9/23	Contributor address; City;	TX 7606	3000	
Principal occupation / Job title (See Instructions) Employer (See Instruction			ions)	
Date	Full name of contributor Out-of-state PAC	(ID#:)	Amount of contribution (\$)	
2/9/23	Contributor address: City: Grand P	Miles: Zip Code TX 75052	5000	
Principal occup	etion / Job title (See Instructions)	Employer (See Instructi	ions)	
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)	
2/9/23	Contributor address: , City: Fort	State; Zip Code h TX 1612	2500	
Principal occupation / Job title (See Instructions) Employer (See Instructions)				

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SCHEDULE A1

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

		. opo. u		
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:		
2 FILER NAME	Corliss Bunkley	3 Filer ID (Ethics Commission Filers)		
4 Date 5 Full name of contributor out-of-state PAC (ID#:) EDINY TURNEY 6 Contributor address; City; State; Ztp Code Handfeld TX 76063		7 Amount of contribution (\$)		
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruc	tions)		
Date 2/10/23	Full name of contributor out-of-state PAC (ID#:) KNSHNA TWNEF Contributor address; City; State; Zip Code Mansfield TX 76063	Amount of contribution (\$) 500 2500		
Principal occup	Principal occupation / Job title (See Instructions) Employer (See Instructions)			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)		
2/15/23	Contributor address: City: State; Zip Code	5000		
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	tions)		
Date 2/15/23 Principal occup	Full name of contributor out-of-state PAC (ID#:) SWAH HISSIN Contributor address: City; State; Zip Code Alington TX 16001 Dation / Job title (See Instructions) Employer (See Instructions)	Amount of contribution (\$) HODO		

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SCHEDULE A1

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The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Costiss Bunkley	3 Filer ID (Ethics Commission Filers)
4 Date 2/15/23 8 Principal occu	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
Date	Full name of contributor out-of-state PAC (ID#:	——) Amount of contribution (\$)
2/17/23	Contributor address: City; State; Zip Code Alingfor TX 160	5 10000
Principal occup	ation / Job title (See Instructions) Employer (See In	nstructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
2/17/23	Contributor address: City: State; Zip Code DallaS TX 752	06 5000
Principal occup	eation / Job title (See Instructions) Employer (See In	nstructions)
Date	Full name of contributor out-of-state PAC (ID#:	
2/18/23	Contributor address; City: State; Zip Code Astingth TX 760	7 3000
Principal occup	eation / Job title (See Instructions) Employer (See In	nstructions)

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SCHEDULE A1

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The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME COHISS BUNKLEY	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC (ID#:) 2/2/3 6 Contributor address; City; State; Zip Code 2/2/37 1/4/09	7 Amount of contribution (\$)
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
2/24/23 Melissa Duince Contributor address; City; State; Zip Code Bedford TX 16021	500
Principal occupation / Job title (See Instructions) Employer (See Instruc	tions)
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
2/1/13 Contributor address: City: State: Zip Code As Grafton TX 1600b	3000
Principal occupation / Job title (See Instructions) Employer (See Instruc	lions)
Date Full name of contributor Out-of-state PAC (ID#:	Amount of contribution (\$)

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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 CONISS BUNKLY	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instruc	ctions)
Date Full name of contributor oul-of-state PAC (ID#:) Heather Lowo	Amount of contribution (\$)
3/3/23 Contributor address; City; State; Zip Code Attington 11 766/6	108
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ctions)
Date Full name of contributor Out-of-state PAC (ID#:	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ctions)
Date Full name of contributor out-of-state PAC (ID#:) Collection Codder Contributor address; City; State; Zip Code Away TX 1683	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ctions)
ATTACH ADDITIONAL CODIES OF THE COUEDING SAC	

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

SCHEDULE A1

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The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Corles Burley	3 Filer ID (Ethics Commission Filers)
3/3/23	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Inst	tructions)
Date	Full name of contributor	_) Amount of contribution (\$)
3/3/23	Debra Rhoades Newman Contributor address; City; State; Zip Code Aylington Y 76016	102
Principal occup	eation / Job title (See Instructions) Employer (See Inst	tructions)
Date	Full name of contributor out-of-state PAC (ID#:	_) Amount of contribution (\$)
3/3/23	Contributor address; City: Amate: Zip Code	2500
Principal occup	pation / Job title (See Instructions) Employer (See Inst	tructions)
Date	Full name of contributor	_) Amount of contribution (\$)
3/3/23	Contributor address; City; State; Zip Code	B 5000
Principal occup	ation / Job title (See Instructions) Employer (See Inst	tructions)

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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	Corliss Bunkly		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor out-of-state PACE	(ID#:)	7 Amount of contribution (\$)	
3/3/23	City: Affigian	State; Zip Code TX 140B	1000	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructi	ions)	
Date	D	(ID#:)	Amount of contribution (\$)	
3/4/23	Byan Ferry Contributor address; City; Alayto	State; Zip Code	5000	
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)	
Date	T. C. X1.11	(ID#:)	Amount of contribution (\$)	
3/6/23	Contributor address; City: Asking	State; Zip Code	1000	
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)	
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)	
3/6/13	Contributor address; City;	State; Zip Code M T/ 760B	2000	
Principal occupation / Job title (See Instructions) Employer (See Instructions)				

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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	Mary Corliss Bun	Hey	3 Filer ID (Ethics Commission Filers)	
4 Date 3/6/23	5 Full name of contributer out-of-state PAC MAN HICE WARD 6 Contributor address; City;	State; Zip Code	7 Amount of contribution (\$)	
8 Principal occu	pation / Job title (See Instructions)	Y Employer (See Instruct	tions)	
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)	
	Contributor address; City;	State; Zip Code		
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)	
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)	
	Contributor address; City;	State; Zip Code		
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
Date	Full name of contributor	G (ID#:)	Amount of contribution (\$)	
	Contributor address; City;	State; Zip Code		
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	tions)	
	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

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

ii the requested intermedent to not applicable, be not include this page in the report.			
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:	
2 FILER NAME	Cirliss Bunkley	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor out-of-state PAC (ID#:) Steven Poole	7 Amount of contribution (\$)	
3/6/23	6 Contributor address; City: State: Zip Code Foundation TV 76/07	42,000	
8 Principal occup	pation / Job title (See Instructions) 9 Employer (See Instruc	tions)	
Date	Full name of contributor	Amount of contribution (\$)	
3/6/23	Contributor address; City; State; Zip Code Aslingth TX 7602	10000	
Principal occup	eation / Job title (See Instructions) Employer (See Instruc	tions)	
Date	Full name of contributor	Amount of contribution (\$)	
3/1/23	Jill Wesstrom Contributor address; City: State; Zip Code ARiggLTX 7610	10000	
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	tions)	
Date	Full name of contributor	Amount of contribution (\$)	
3/8/23	Vinda WISON Contributor address; City; State; Zip Code Advisator IX 7666	2500	
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	tions)	
		i	

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SCHEDULE A1

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

The Instruction Guide explains h	now to complete this form.	1 Total pages Schedule A1:
2 FILER NAME CIRCLES BU	kly	3 Filer ID (Ethics Commission Filers)
6 Contributor address;	Out-of-state PAC (ID#:) MMONS City: Mans State; Zip Code Held TX 76663	7 Amount of contribution (\$)
8 Principal occupation / Job title (See Instruction	9 Employer (See Instruc	tions)
Date Full name of contributor	out-of-state PAC (ID#:)	Amount of contribution (\$)
3/11/23 Contributor address;	City: Hansfidstate: Zip Code	: 10000
Principal occupation / Job title (See Instruction	ns) Employer (See Instruc	tions)
Date Full name of contributor Abigail	Soatwright	Amount of contribution (\$)
3/13/23 Contributor address;	For Worth TX 76112	200
Principal occupation / Job title (See Instruction	ns) Employer (See Instruc	tions)
Date Full name of contributor	out-of-state PAC (ID#:)	Amount of contribution (\$)
3/15/23 Contributor address;	City; State; Zip Code Alington TX 7606	2500
Principal occupation / Job title (See Instruction	ns) Employer (See Instruc	tions)

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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 COrliss Bunktey	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)
3/17/23 6 Contributor address; City; State; Zip Code All All TX 160/b	5000
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instruc	tions)
Date Full name of contributor	Amount of contribution (\$)
3/17/23 Contributor address; City; State; Zip Code	6000
Principal occupation / Job title (See Instructions) Employer (See Instructions)	tions)
Date Full name of contributor out-of-state PAC (ID#:) Rhonda Madonald	Amount of contribution (\$)
3/17/23 Contributor address; City; State; Zip Code Aligh IX 760 b	3000
Principal occupation / Job title (See Instructions) Employer (See Instruc	tions)
Date <u>Full name of contributor</u> out-of-state PAC (ID#:)	Amount of contribution (\$)
3/17/23 Contributor address: City; State; Zip Code Askingstrac TX 7686	, 50 °
Principal occupation / Job title (See Instructions) Employer (See Instruc	tions)

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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 f	orm.	1 Total pages Schedule A1:
2 FILER NAME	Corliss Bunkley		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (I	ID#:)	7 Amount of contribution (\$)
3/18/23	6 Contributor address; City;	State; Zip Code	1000
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor out-of-state PAC (I)D#:)	Amount of contribution (\$)
3/19/23	Contributor address; City;	State; Zip Code	10000
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor out-of-state PAC (I	ID#:)	Amount of contribution (\$)
3/20/23	Contributor address; City:	State; Zip Code 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	5000
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor Out-of-state PAC (I	ID#:)	Amount of contribution (\$)
3/20/23	Contributor address; City;	State; Zip Code	2000
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)

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SCHEDULE A1

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if the requested information is not applicable, bo Not include this page in the report.			
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:	
2 FILER NAME	Corliss Bunkley	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor out-of-state PAC (ID#:) AMBER JACKSUN	7 Amount of contribution (\$)	
3/22/23	6 Contributor address: City: State: Zip Code	5000	
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruc	tions)	
Date .	Full name of contributor	Amount of contribution (\$)	
3/22/23	Contributor address; City; State; Zip Code Afterdon TX 7002	2500	
Principal occup	ation / Job title (See Instructions) Employer (See Instruc	tions)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	
3/24/23	Contributor address; City; State; Zip Code Address Ti 1663	3000	
Principal occup	eation / Job title (See Instructions) Employer (See Instruc	tions)	
Date	Aull name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	
3/25/23	Contributor address: City: State: Zip Code ARingfon T/ 760/2	10000	
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	tions)	

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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 for	rm.	1 Total pages Schedule A1:
2 FILER NAME	Corliss Bunkley		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#	:)	7 Amount of contribution (\$)
3/26/23	6 Contributor address; City; Wylie's	State; Zip Code	50=
8 Principal occu	pation / Job title (See Instructions) 9	Employer (See Instructi	ons)
Date	Full name of contributor out-of-state PAC (ID#	#:)	Amount of contribution (\$)
3/26/23	Contributor address: City:	State; Zip Code X 7602	10000
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full-name of contributor Out-of-state PAC (ID4	*:)	Amount of contribution (\$)
3/21/23	Contributor address: City; s Alingtm	State; Zip Code 7 160 2	5000
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor Out of state PAC (IDA	*:)	Amount of contribution (\$)
3/30/23	Contributor address: City: s	State; Zip Code	2000
Principal occup	eation / Job title (See Instructions)	Employer (See Instructi	ons)
w). v			

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

SCHEDULE A1

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

in the requested information to het applicable, be itel include this page in the repert			
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:		
2 FILER NAME CITISS Bundley	3 Filer ID (Ethics Commission Filers)		
5 Full name of contributor out-of-state PAC (ID#:) 3 3 0 2	7 Amount of contribution (\$)		
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	tions)		
Date Full name of contributor out-of-state PAC (ID#:) Underkofter	Amount of contribution (\$)		
3/30/23 Contributor Seddress: City State: Zip Code Artingto Tlato	3000		
Principal occupation / Job title (See Instructions) U Employer (See Instructions)	tions)		
Pate Full name of contributor Robert Fruitt Contributor address: City: State; Zip Code Alight V 1600	Amount of contribution (\$)		
Principal occupation / Job title (See Instructions) Employer (See Instruc	tions)		
Date Full name of contributor David Hopkins Contributor address: City; State; Zip Code Allington X 160B	Amount of contribution (\$)		
Principal occupation / Job title (See Instructions) Employer (See Instruc	tions)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	JEEDED		

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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	Corliss Bunkter	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:	
3/3/23		6028 50°
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)
Date A [Full name of contributor	Amount of contribution (\$)
A/1/23	Julienne Fagan Contributor address: City; State: Zip Affingfro TX	16016 10000
Principal occup	ation / Job title (See Instructions) Employer (See Instructions)
Date	Full name of contributor	Amount of contribution (\$)
4/2/13	Contributor address; City: State; Zip of Buffern 17 7	60de 25°C
Principal occup	eation / Job title (See Instructions) Employer (See Instructions)
Date	Full name of contributor	Amount of contribution (\$)
43/23	Contributor address City; State; Zip C	16006 A 500°C
Principal occup	eation / Job title (See Instructions) Employer (See Instructions)
	ATTACH ADDITIONAL CODIES OF THE COLUE	

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

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

The	Instruction Guide explains how to complete this fo	orm.	Total pages Schedule A1:
2 FILER NAME	Corliss Burkley	3	Filer ID (Ethics Commission Filers)
4 Date 43 2033	5 Full name of contributor out-of-state PAC (IE) HESTA PHCE 6 Contributor address; City;	State: Zip Code	Amount of contribution (\$)
8 Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ns)
Date	Full name of contributor out-of-state PAC (IE	D#:)	Amount of contribution (\$)
4/3/13		State: Zip Code	5000
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	os)
Date 4/3/23	Full name of contributor out-of-state PAC (III SUKAN DUYOSÌMI Contributor address; City; Ruanoka	State; Zip Code	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ns)
Date 4/3/23		State; Zip Code TX 74028	Amount of contribution (\$)
Principal occup	eation / Job title (See instructions)	Employer (See Instruction	ns)

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

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

in the requested minormation to not approache, 20 to 1 miletals time page in the report				
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:			
2 FILER NAME COM 155 Bunkley	3 Filer ID (Ethics Commission Filers)			
4 Date 5 Full name of contributor out-of-state PAC (ID#: Pathicia Robinson 6 Contributor address; City; State; Zip Code Mansfield TX 16	7 Amount of contribution (\$)			
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	tructions)			
Date Full name of contributor oul-of-state PAC (ID#:	Amount of contribution (\$)			
Principal occupation / Job title (See Instructions) Employer (See Inst	ructions)			
Date Full name of contributor Branden # lowers Contributor address; City; State; Zip Code Rowlett TX 75089 Principal occupation / Job title (See Instructions) Employer (See Instructions)	Amount of contribution (\$)			
Principal occupation / Job title (See Instructions) Full name of contributor				

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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 (IN)ISS BUNKLEY	3 Filer ID (Ethics Commission Filers)		
4 Date 5 Full name of contributor out-of-state PAC (ID#:) A 3 23 6 Contributor address; City; State; Zip Code Houston TX 71071	7 Amount of contribution (\$)		
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	tions)		
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)		
4/3/23 Contributor address: City; State; Zip Code TH, Worth TX 76/20	2000		
Principal occupation / Job title (See Instructions) Employer (See Instructions)	tions)		
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)		
4/3/23 Contributor address: City: A State; Zip Code Funda TX 1624	10000		
Principal occupation / Job title (See Instructions) Employer (See Instruc	lions)		
Date Full name of contributor Out-qf-state PAC (ID#:)	Amount of contribution (\$)		
13/23 Tanisha Colquhoun Contributor address: City: State: Zip Code Argyle X 1420	0 10000		
Principal occupation / Job title (See Thistructions) Employer (See Instruc	tions)		

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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 COVISS BUNKLEY	3 Filer ID (Ethics Commission Filers)				
4 Date 5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$) 500 ions)				
Principal occupation / Job title (See Instructions) Full name of contributor	Amount of contribution (\$)				
Principal occupation / Job title (See Instructions) Fut! name of contributor oul-of-state PAC (ID#:) Contributor address; City: State; Zip Code Full name of contributor Oul-of-state PAC (ID#:) City: State; Zip Code Full name of contributor Oul-of-state PAC (ID#:) Employer (See Instructions)	Amount of contribution (\$)				
Principal occupation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)				

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SCHEDULE A1

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

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 CONISS BUNKLEY	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of centributor out-of-state PAC (ID#:) 6 Contributor address; City State; Zip Code Tol UAD 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	7 Amount of contribution (\$)
	,
Date Full name of contributor oul-of-state PAC (ID#:)	Amount of contribution (\$)
Contributor address: City; State; Zip Code For Town 10 11	2500
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ions)
Date Full name of contributor Contributor address; City; State; Zip Code TWANT WILL Contributor address; City; City; Contributor Address; City; City; Contributor Address; City; City; Contributor Address; City; City; Contributor Address; City; City; Contributor Address; City; Contributor Address; City; Ci	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	lions)
Pull name of contributor out-of-state PAC (ID#:) Higher Brown Contributor address: City: Light X LWT	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	tions)

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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 CIMISS BUNKLEY	3 Filer ID (Ethics Commission Filers)				
4 Date 5 Full name of contributor out-of-state PAC (ID#:) Benfun Hoss 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)				
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	tions)				
Date Full name of contributor out-of-state PAC (ID#:) Beniann Moss Contributor address: City; State; Zip Code Alinen TX 76002	Amount of contribution (\$)				
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ions)				
Date Full name of contributor out-of-state PAC (ID#:) Flanclen Lyons Contributor address: () City: State; Zip Code All 23	Amount of contribution (\$)				
Principal occupation / Job title (See Instructions) Employer (See Instruc	tions)				
Date Full name of contributor out-of-state PAC (ID#:) Banjann Moss Contributor address: City: State; Zip Code Alingan TI TWW	Amount of contribution (\$)				
Principal occupation / Job title (See Instructions) Employer (See Instruc	lions)				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	FEDED				

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

in the requested information is not applicable, be not include	
The Instruction Guide explains how to complete this form	n. 1 Total pages Schedule A2:
2 FILER NAME COPTISS BUNKLEY	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIB	\$ 135.06
5 Date 6 Full name of contributor out-of-state PAC (ID#:	8 Amount of Contribution \$ In-kind contribution description Zip Code Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Solutions Architect	11 Employer (FOR NON-JUDICIAL) (See Instructions) SOUTHWEST AIR UPS
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 out-of-state PAC (ID#:	Amount of Contribution \$ In-kind contribution description Zip Code Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer (FOR NON-JUDICIAL) (See Instructions)
Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)
Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	

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	ı.	1 Total pages Schedule A2:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ 135°°
5 Date 2/28/ 3 Contributor address: City: State;	zip Code	8 Amount of Contribution \$ In-kind contribution description The Local Description description Check if travel outside of Texas. Complete Schedule T.
10 Principal opcupation / Job title (FOR NON-JUDICIAL) (See Instructions)	<u> </u>	TO FOR NON-JUDICIAL) (See Instructions)
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contribu	tor'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)		
Full name of contributor out-of-state PAC (ID#: Shad) Shad Contributor address; City: State; Tork Wash TW	W Zip Code 10134	Amount of Contribution \$\text{In-kind contribution description}\$ Society Amount of Contribution description Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe Self	(FOR NON-JUDICIAL)(Signe Instructions)
Contributor's principal occupation (FOR JUDICIAL)	Contribu	tor's job title (FOR DICIAL) (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 T	HIS SCHEDU	II F AS NEEDED

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

т	he Instruction Guide explains how to complete this form	n.	1 Total pages Schedu	ıle A2:
2 FILER NAM	E		3 Filer ID (Ethics Co.	mmission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ 13500	P
5 Date \$\frac{1}{2}\text{23}\$	7 Contributor address; City; State; Cupation / Job, title (FOR NONAJUDICIAL) (See Instructions)	Zip Code Lip Code 11 Employs	8 Amount of Contribution \$ 1	9 In-kind contribution description Website de of Texas. Complete Schedule T.
	Solutions Architect	S	authorst 7	Airlines
12 Contributor's	s principal occupation (FOR JUDICIAL)	13 Contribu	itor's job title (FOR JÚ	DICIAL) (See Instructions)
14 Contributor's	s employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spous	se (if any) (FOR JUDICIAL)
16 If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor	Zip Code	Amount of Contribution \$	In-kind contribution description
			Check if travel outside	le of Texas. Complete Schedule T.
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIA	AL)(See Instructions)
Contributors	s principal occupation (FOR JUDICIAL)	Contribu	itor's job title (FOR JU	DICIAL) (See Instructions)
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firm	of contributor's spous	se (if any) (FOR JUDICIAL)
If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
	ATTACH ADDITIONAL COPIES OF T			

Forms provided by Texas Ethics Commission

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SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Git/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Contract Labor

Candidate/Officeholder/Politica	cal Committee Legal Services Salaries/Wages/Contract Labor Other (enter a cate)	gory not listed above)		
Credit Card Payment	The Instruction Guide explains how to complete this form.			
1 Total pages Schedule F1:	2 FILER NAME Orliss Bunkley 3 Filer ID (Ethi	cs Commission Filers)		
V31/23	5 Payee name Stripe			
6 Amount (\$) 4.10	7 Payee address: State: San Francisco (A)	Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Tundrai Sing Set Fundrai Sing	viæ		
	(C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder tivit	ng expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name Office sought OH	Office held		
Date 2/1/23	Payee name Shipe			
Amount (\$) 7.94	Payee address; State: 570 Townsend St. San Francisco CA	Zip Code 94103		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Description Service Fee	/		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin. TX, officeholder living	ng expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name Office sought OH	Office held		
2/2/23	Payee name Stipe			
Amount (\$)	Payee address: 5/0 Townsend State: San Francisco CA	Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the lop of this schedule) Description Service Fe	e		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living	g expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought OH	Office held		
And the second s	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wages/Co The Instruction Guide explains how to complete	
1 Total pages Schedule F1:	2 FILER NAME CONTES BUNKLY	3 Filer ID (Ethics Commission Filers)
4 Date 2/3/23	5 Payee name Shipe	
6 Amount (\$) 259	7 Payee address; 510 Townsend St San	City; State; Zip Code Francisa CA 94/13
8		escription
PURPOSE OF EXPENDITURE	Fundraistry 3	Service tee
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF		fice sought Office held
Date 2/4/23	Payee name Stripe	
Amount (\$)	Payee address;	City; State; Zip Code
410	570 Townsend St San	trancisco CA 94/03
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) D Tundrai Si T	Service Fee
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		fice sought Office held
2/5	Payee name Stipe	
Amount (\$)	Payee address;	City; State; Zip Code
41	510 Townsend St Sai	n Francisco (A 94/03
PURPOSE OF EXPENDITURE	Category (See Categories listed at the lop of this schedule) D Tundfül 87	Service Fee
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH		ffice sought Office held
	ATTACH ADDITIONAL COPIES OF THIS SCHEI	DULE AS NEEDED

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Magney/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out of District
Class (selection expenses thirted phone)

Candidate/Officeholder/Politica Credit Card Payment	al Committee	Legal Services The Instruction Gi		Wages/Contract Labor complete this form.	Other (enter a catego	ory not listed above)
1 Total pages Schedule F1:	2 FILER N	AME COMIS	ss Bun	Klej	3 Filer ID (Ethics	s Commission Filers)
4 Date 2/9	5 Payee na	ame Stripe	<u> </u>			
6 Amount (\$) 30 91	7 Payee at	townsen	d St	San Francis	State;	Zip Code
8 PURPOSE OF EXPENDITURE	1	ry (See Categories listed a		(b) Description Service	e Fee	
	(c)	Check if travel outside of Tex	as. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OI		date / Officeholder na	me 	Office sought		Office held
2/10	Payee na	hipe				
Amount (\$)	Payee a	ddress;	,	City;	State;	Zip Code
391	570	Townsen	d St	an Francisc	OD CA	94/13
PURPOSE OF EXPENDITURE	1 .	(See Categories listed at		Service Service	tee fee	
		Check if travel outside of Tex	as. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh		late / Officeholder na	me	Office sought		Office held
Date 2/15	Payee n	\sim \sim \sim \sim	e			
Amount (\$)	Payee a	ddress;	/	City;	State;	Zip Code
2010	510	OWNS	1 St 5	un trancis	W CA	94/03
PURPOSE OF EXPENDITURE	Category FW	(See Calegories listed at 1	the lop of this schedule)	Description	ce Fee	り
		Check if travel outside of Tex	as. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officeholder na	ame	Office sought		Office held
	AT	TACH ADDITIONA	L COPIES OF THI	S SCHEDULE AS NEE	EDED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Contributions/Donations Made By Candidate/Officeholder/Politica		pense Travel Out Of District (ages/Contract Labor Other (enter a category not listed above)
Credit Card Payment	·	
	The Instruction Guide explains how to co	omprete this form.
1 Total pages Schedule F1:	2 FILER NAME CONTISS BUNK	3 Filer ID (Ethics Commission Filers)
4 Date 2/14/23	5 Payee name Stribe	
6 Amount (\$)	7 Payee address;	City; State; Zip Code
250	570 Townsend St Sa	n Francisco GA 94/03
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF EXPENDITURE	Fundraising	Service fee
	(c) Check if travel outside of Texas. Complete Schedule T.	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 2/11/23	Payee name Stripe	
Amount (\$)	Payee address;	City; State; Zip Code
470	510 Townsend St S	San Francisco CA 9418
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	Fundraisio	Servicetee
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin. TX, officeholder living expense
Complete <u>QNLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
2/18/23	Stype name	
Amount (\$)	Payee address;	City; State; Zip Code
16	570 Townsend St S	an Francisco CA 94108
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	Fundrai8178	Service Fee
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX. officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense **Event Expense** Loan Repayment/Reimbursement Office Overhead/Rental Expense Accounting/Banking Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Contributions/Donations Made By Polling Expense Travel In District Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name_ 6 Amount (\$) 7 Pavee address: State; Zip Code (b) Description 8 **PURPOSE** OF **EXPENDITURE** (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Description **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held

expenditure to benefit C/OH

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 Office Overhead/Rental Expense Solicitation/Fundraising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Fees Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel In District Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name 6 Amount (\$) Pavee address: Citv: State: Zip Code 8 ies listed at the top of this schedule) (b) Description PURPOSE OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH State: Zip Code **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

Amount (\$) Zip Code **PURPOSE** OF **EXPENDITURE**

Check if travel outside of Texas. Complete Schedule T.

Check if Austin, TX. officeholder living expense

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

Office sought

Office held

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Selsries (Magnes/Contract Labor

Candidate/Officeholder/Politica	l Committee	Legal Services	Salaries	s/Wages/Contract Labor	Other (enter a categor	y not listed above)
Credit Card Payment		The Instruction Guide	explains how to	complete this form.		
1 Total pages Schedule F1:	2 FILER N	AME COrliss	Burn	LIEU	3 Filer ID (Ethics	Commission Filers)
4 Date 3/6/23	5 Payee na	Stripe	,			
6 Amount (\$)	7 Payee ac	ddress;	_	City;	State;	Zip Code
1330 9022	510	Townsend	\$ 3	gan Francis	co OA	94103
8	(a) Categor	y (See Categories listed at the to	p of this schedule)	(b) Description		•
PURPOSE OF EXPENDITURE	Fu	ndvaising	9	Service	e Fee	
	(c)	Check if travel outside of Texas. Co	mplete Schedule T.	Check if Aust	tin. TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held
3/1/23	Payee na	hipe				
Amount (\$)	Payee ac	ddress;	,	City;	State;	Zip Code
470	510	Townsend	<u>H</u>	SanFall	rcisco (A	94/18
PURPOSE OF EXPENDITURE		(See Categories listed at the top	of this schedule)	Semic	e tee	
		Check if travel outside of Texas. Co	mplete Schedule T.	Check if Aust	in. TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought	(Office held
3/8/23	Sty	ipe				
Amount (\$)	Payee ad	ddress;		City;	State;	Zip Code
6"	570	Townsend	`S7 .	San Franci	isco CA	94103
	Category	(See Categories listed at the lop	of this schedule)	Description	-	•
PURPOSE OF EXPENDITURE	Fune	draising		Servic	ce tee	•
		Check if travel outside of Texas. Con	mplete Schedule T.	Check if Austi	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
	AT	TACH ADDITIONAL CO	PIES OF THI	S SCHEDULE AS NEI	EDED	

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

Candidate/Officeholder/Political Committee

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Fees Polling Expense

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

Printing Expense Salaries/Wages/Contract Labor

Oredit Cald Laymont	The Instruction Guide explains how to co	omplete this form.	
1 Total pages Schedule F1:	2 FILER NAME COHISS Bunkt	3 Filer	ID (Ethics Commission Filers)
4 Date 3/9/23	5 Payee name TEXAS Heritag	ge Printing	•
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
1,623.75	2102 W Pioneer Huk	y Arlington	76013
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Advertising	Large Sig	<i>Ins</i>
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officel	holder living expense
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought	Office held
Date _ /	Payee name		
3/9/23	Stripe		
Amount (\$)	Payee address;	City;	State; Zip Code
141	510 Townsend Street	San Francisc	0 CA 94/03
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Fundraismo	Service f	Re
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, office	holder living expense
Complete ONLY if direct expenditure to benefit C/Oi	Candidate / Officeholder name	Office sought	Office held
Date 4	Payee name		
3/1/23	Stripe		
Amount (\$)	Payee address;	City;	State; Zip Code
470	570 Townserd St San	l Francisco C	A 94100
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Fundraising	Service Fe	e
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officer	holder 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	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Candidate/Officeholder/Politica Credit Card Payment	al Committee	Legal Services The Instruction Gu	/Salaries ide explains how to	Vages/Contract Labor complete this form.	Other (enter a catego	ry not listed above)
1 Total pages Schodule 54	2 50 50 **	71	77		2 Files ID (Etti-	Commission Filess)
1 Total pages Schedule F1:	2 FILER N	LON is	is Bury	lter	3 Filer ID (Etnics	Commission Filers)
4 Date 3/13/23	5 Payee na	me Strip	pe			
6 Amount (\$),	7 Payee ac	dress; DWNSC	end St	San Franc	State:	Zip Code 94/03
8	(a) Categor	y (See Categories listed at	the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Fun	draising	3	Service	e tee	:
	(c)	Check if travel outside of Tex	as. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OF		ate / Officeholder na	me	Office sought		Office held
3/15/23	Payee na	nclusion	e Cot	Fee		
Amount (\$)	Payee ac			City;	State;	Zip Code
3243	101	E Abra	m St #1	O Arling	to TI	76010
PURPOSE OF EXPENDITURE	Category	(See Categories listed at 1)	the top of this schedule)	Description	rence 4	Brom
		Check if travel outside of Tex	as. Complete Schedule T.	Check if Austi	in. TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officeholder na	me	Office sought		Office held
3/16/23	Payee na	ipe				
Amount (\$)	Payee ac			City;	State;	Zip Code
141	5/0	Townserd	St Sa	n trancisc	CO CA	94/03
PURPOSE OF EXPENDITURE		(See Calegories listed at I		Service	e Fee	
		Check if travel outside of Tex	as. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF		ate / Officeholder na	ame	Office sought		Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name 6 Amount (\$) City; State: Zip Code Payee address; (b) Description 8 **PURPOSE** OF **EXPENDITURE** (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH State: Zip Code Amount (\$) Category (See Categories listed at the top of this schedule) **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee per City; State; Zip Code **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

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

Contributions/Donations Made By Candidate/Officeholder/Politica	•		Fravel Out Of District Other (enter a category	/ not listed above)
Credit Card Payment	The Instruction Guide explains how to		,	•
1 Total pages Schedule F1:	2 FILER NAME Orliss But	uktey 3	Filer ID (Ethics	Commission Filers)
4 Date 3/20/23	5 Payee name Stripe			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
410	570 Townsend St	San Francis	500 CA	94/13
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Fundraising	Service	tee	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living e	expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	C	Office held
Date 3/21/23	Payee name SHipl			
Amount (\$)	Payee address;	City;	State;	Zip Code
360	570 Townsend St	San France	isco GA	94/18
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FundraiSing	Description	e Fee	,
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, 1	TX, officeholder living e	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	C	Office held
3/22/23	Payee name Stripe			
Amount (\$)	Payee address;	City;	State;	Zip Code
1250	570 Townsend St J	an Francisc	v CA	94/03
PURPOSE OF EXPENDITURE	Category (See Calegories listed at the top of this schedule) Fundraising	Description	ce Fe	e
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, T	X, officeholder living e	xpense
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 NEED	ED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politica Credit Card Payment	al Committee	Legal Services The Instruction G		Wages/Contract Labor complete this form.	Other (enter a catego	ry not listed above)
1 Total pages Schedule F1:	2 FILER N	AMENISS	Bunkt	9	3 Filer ID (Ethics	Commission Filers)
4 Date 3/23/23	5 Payee na	ime Stri	pe .			
6 Amount (\$)	7 Payee at	ddress; TDWNSU	nd St	San Fran	State; LUSW CA	Zip Code 94/33
8 PURPOSE OF EXPENDITURE		y (Sco Categories listed	at the top of this schedule)	(b) Description	e Fee	
	(c)	Check if travel outside of To	exas. Complete Schedule T.	Check if Aus	stin, TX, officeholder living	expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oh		ate / Officeholder n	ame	Office sought		Office held
3/24/23	Payee na	Strip	2			
Amount (\$)	Payee at	tdress; TDWNSIN	d st Si	in Fancis	State:	Zip Code 941B
PURPOSE OF CEXPENDITURE		(See Categories listed a	t the tap of this schedule)	Description	ice Fe	e
		Check if travel outside of To	exas. Complete Schedule T.	Check if Aus	stin, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder n	ame	Office sought		Office held
3/25/23	Payean	hipe				
Amount 20	Payee at	idress;		City;	State;	Zip Code
/	570	lownser	1 St Sa	un trancis	SCO CA	94/03
PURPOSE OF EXPENDITURE	Category	(See Categories listed a	t the lop of this schedule)	Description	ce Fee	_
		Check if travel outside of Te	exas. Complete Schedule T.	Check if Aus	stin, TX. officeholder living	expense
Complete ONLY if direct expenditure to benefit C/Oh		ate / Officeholder r	name	Office sought		Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politica Credit Card Payment	l Committee L	egal Services		ies/Wages/Contract Labor	Other (enter a categor	ry not listed above)
The Instruction Guide explains how to complete this form.						
1 Total pages Schedule F1:	2 FILER NAM	e Corl	iss Bu	inkler	3 Filer ID (Ethics	Commission Filers)
4 Date 3/27/23	5 Payee name	Stri	oe '	-		
6 Amount (\$)	7 Payee addr	ess;		City;	State;	Zip Code
720	570.	Townse	nd St.	San trans	cisco CA	94103
8	(a) Category (See Categories listed a	It the top of this schedul	e) (b) Description		
PURPOSE OF EXPENDITURE	Fun	draisi	G	Servi	ce Fee)
	(c) Ch	eck if travel outside of Te	xas. Complete Schedule	T. Check if Au	ustin, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OF		e / Officeholder na	ame	Office sought		Office held
3/29/23	Payee name	ird's	Copic	s and l	pinting	,
Amount (\$)	Payee addr	ess;		City;	State;	Zip Code
38/0	208	3 S. E	East St	- Arling	Aton TX	76010
PURPOSE OF EXPENDITURE	Category (S	ee Categories listed at	the top of this schedule	Description PostCo	ards	
	Ch	eck if travel outside of Te	xas. Complete Schedule 1	f. Check if Au	ustin, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH		e / Officeholder na	ime	Office sought		Office held
3/29/23	Payee nam Anth		Cisner	as (Cish	eros Spri	ntivy)
Amount (\$) 297 00	Payee addr	7-	lartha.	La Forth	State;	Zip 0006 16/10
PURPOSE OF EXPENDITURE	Category (S Printing	ee Calegories listed at	the top of this schedute	Description /- Shill	4s	
	Ch	eck if travel outside of Te	kas. Complete Schedule 1	. Check if Au	istin, TX. officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH		e / Officeholder n	ame	Office sought		Office held
	ATTA	CH ADDITIONA	L COPIES OF TI	HIS SCHEDULE AS N	EEDED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Glit/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services SalariesA The Instruction Guide explains how to	Other (enter a category not listed above) complete this form.			
1 Total pages Schedule F1:	2 FILER NAME CONTISS BUT	3 Filer ID (Ethics Commission Filers)			
4 Date 3/30/23	5 Payee name Stripe				
6 Amount (\$)	7 Payee address;	City; State; Zip Code			
110	510 Townsend St Sa	in Francisco OA 94/03			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Fundraising	Service Fee			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held			
Date	Payee name				
3/31/23	Stripe				
Amount (\$)	Payee address;	City; State; Zip Code			
368	510 Townsend St Sa	in trancisco (At 94/03			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fundrais Ing	Service for			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name H	Office sought Office held			
3/31/23	Arlington Parks	+ Rec			
Amount (\$)	Payee address;	City; State; Zip Code			
2500	717 W Main St	Arlington 76013			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE	Bounce House Rental			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought Office held			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Food/Beverage Expense Gift/Awards/Memorials Expense I Committee 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.				
Total pages Schedule F1:	2 FILER NAME UTISS	Burkty	3 Filer ID (Ethics Commission Filers)			
3/31/23	5 Payee name Walmarf					
8 Amount (\$) 438.65	2121 N Collins St	reet At Angth	State; Zip Code 760			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this set EVENT EXPENSE	(b) Description Water (Juice Plates			
	(c) Check if travel outside of Texas. Complete Sche	edule T. Check if Austin	, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held			
3/31/23	Party City					
Amount (\$) \$66.13	Payee address; 520 W I-20	Aflington	State: Zip Code 7607			
PURPOSE OF EXPENDITURE	Event Expense	Description Ballows	Table Clothes,			
	Check if travel outside of Texas. Complete Sche	edule T. Check if Austin	. TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held			
Pate 4/1/23	Payee name CiCiS Pizza	•				
Amount (\$) \$151. 44	Payee address; 726 W Pinner Pa	kwy Arfi	State: Zip Code			
PURPOSE OF EXPENDITURE	Sategory (See Categories listed at the top of this school of the September 1997)	Description P1220				
	Check if travel outside of Texas. Complete Sche	dule T. Check if Austin	, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held			
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS NEE	DED			

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to co	mplete this form.			
1 Total pages Schedule F1:	2 FILAR NAME BUNKE		3 Filer ID (Ethics	Commission Filers)	
4 Date 223	5 Payee name Shipe				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
6"	510 Townserd St Sa	n Franci	sco CA	94/13	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE					
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense	
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held	
Date /	Payee pame				
4/3/23	Stripe				
Amount (\$)	Payee address;	City;	State:	Zip Code	
5960	570 Townsend St S	an Franc	isco OA	94/03	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE					
OF EXPENDITURE					
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n. TX, officeholder living	expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	(Office held	
Date , ,	Payee name	n 1.			
4/4/23	Trinity Digital &	rinting			
Amount (\$)	Payee address;	City;	State;	Zip Code	
71039	7429 Airport twy	NRH	TX	76118	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Advertising	Description	SIGKIS	,	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense **Event Expense** Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Fees Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel In District Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Sphedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name State: 6 Amount (\$) City: 7 Pavee address: Zip Code (a) Category (See Categories listed at the top of this schedule) 8 (b) Description **PURPOSE** OF **EXPENDITURE** (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Zip Code Amount (\$) State; Pavee address: **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. ck if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Pavee name Payee address; City; State: Zip Code Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH