

# 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: 20

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Mrs. Corliss D.  
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

NICKNAME

LAST

SUFFIX

Mr. Jacob D.  
Bunkley

7 CAMPAIGN  
TREASURER  
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

(Residence or Business)

1006 Bert Drive Arlington TX 76012

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(817)

675-5300

9 REPORT TYPE

☐

January 15

☐

30th day before election

☐

Runoff

☐

15th day after campaign  
treasurer appointment  
(Officeholder Only)

☐

July 15

☒

8th day before election

☐

Exceeded Modified  
Reporting Limit

☐

Final Report (Attach C/OH - FR)

10 PERIOD  
COVERED

Month

Day

Year

4 / 06 / 2023

(After 5 pm)  
THROUGH

Month

Day

Year

4 / 27 / 2023

11 ELECTION

ELECTION DATE

Month

Day

Year

05 / 06 / 2023

ELECTION TYPE

☐

Primary

☐

Runoff

☐

Other  
Description

☒

General

☐

Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

AlSD Board of Trustees, Pl. 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.

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

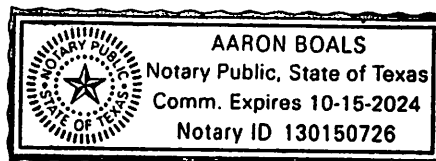
15 C/OH NAME <u>Corliss Bunkley</u>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>1,830</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>3,645.77</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>6,128.91</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>

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 28th day of April, 2023, 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

\$ 1,580

2. ☒ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

\$ 250

3. ☐ SCHEDULE B: PLEDGED CONTRIBUTIONS

\$

4. ☐ SCHEDULE E: LOANS

\$

5. ☒ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

\$ 3,145.77

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: <u>1/7</u>
2 FILER NAME <u>Corliss Bunkley</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>4/7/23</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Tracey Givens</u>	7 Amount of contribution (\$) <u>\$25<sup>00</sup></u>
6 Contributor address; City; State; Zip Code <div style="background-color: black; width: 150px; height: 20px; display: inline-block;"></div> <u>Fort Worth TX 76112</u>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>4/7/23</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Brittany Lee</u>	Amount of contribution (\$) <u>25<sup>00</sup></u>
Contributor address; City; State; Zip Code <div style="background-color: black; width: 150px; height: 20px; display: inline-block;"></div> <u>Arlington TX 76012</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>4/8/23</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Karina Morgan</u>	Amount of contribution (\$) <u>25<sup>00</sup></u>
Contributor address; City; State; Zip Code <div style="background-color: black; width: 150px; height: 20px; display: inline-block;"></div> <u>Fort Worth TX 76103</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>4/11/23</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Jennifer Cathcart</u>	Amount of contribution (\$) <u>25<sup>00</sup></u>
Contributor address; City; State; Zip Code <div style="background-color: black; width: 150px; height: 20px; display: inline-block;"></div> <u>Arlington TX 76013</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

# 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: <b>2/7</b>
2 FILER NAME <b>Corliss Bunkley</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>4/11/23</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Abigail Boatwright</b> 6 Contributor address; City; State; Zip Code <div style="background-color: black; width: 150px; height: 20px; display: inline-block;"></div> <b>Fort Worth TX 76112</b>	7 Amount of contribution (\$)  <b>25<sup>00</sup></b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <b>4/12/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Regina Vasquez</b> Contributor address; City; State; Zip Code <div style="background-color: black; width: 150px; height: 20px; display: inline-block;"></div> <b>Arlington TX 76001</b>	Amount of contribution (\$)  <b>50<sup>00</sup></b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <b>4/14/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Jessica Camacho</b> Contributor address; City; State; Zip Code <div style="background-color: black; width: 150px; height: 20px; display: inline-block;"></div> <b>Arlington TX 76016</b>	Amount of contribution (\$)  <b>25<sup>00</sup></b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <b>4/14/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Monte Carroll</b> Contributor address; City; State; Zip Code <div style="background-color: black; width: 150px; height: 20px; display: inline-block;"></div> <b>Arlington TX 76016</b>	Amount of contribution (\$)  <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

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: <b>3/7</b>
2 FILER NAME <b>Carliss Bunkley</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>4/14/23</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Emily Pierson</b>	7 Amount of contribution (\$) <b>50<sup>00</sup></b>
6 Contributor address; City; State; Zip Code <div style="background-color: black; width: 150px; height: 20px; display: inline-block;"></div> <b>Arlington TX 76012</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>4/14/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Jo Jimerson</b>	Amount of contribution (\$) <b>50<sup>00</sup></b>
Contributor address; City; State; Zip Code <div style="background-color: black; width: 150px; height: 20px; display: inline-block;"></div> <b>Arlington TX 76017</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>4/16/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Kelvin Goins</b>	Amount of contribution (\$) <b>100<sup>00</sup></b>
Contributor address; City; State; Zip Code <div style="background-color: black; width: 150px; height: 20px; display: inline-block;"></div> <b>Arlington TX 76002</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>4/16/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>David Hopkins</b>	Amount of contribution (\$) <b>10<sup>00</sup></b>
Contributor address; City; State; Zip Code <div style="background-color: black; width: 150px; height: 20px; display: inline-block;"></div> <b>Arlington TX 76013</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

# 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: <b>4/7</b>
2 FILER NAME <b>Corliss Bunkley</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>4/16/23</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Mary Alice Zavala</b>	7 Amount of contribution (\$) <b>40<sup>00</sup></b>
6 Contributor address; City; State; Zip Code [Redacted] <b>Arlington TX 76002</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <b>4/16/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Kacie Elwood</b>	Amount of contribution (\$) <b>100<sup>00</sup></b>
Contributor address; City; State; Zip Code [Redacted] <b>Arlington TX 76012</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <b>4/16/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Phyllis Dean</b>	Amount of contribution (\$) <b>25<sup>00</sup></b>
Contributor address; City; State; Zip Code [Redacted] <b>Arlington TX 76016</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <b>4/16/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Jill Weststrom</b>	Amount of contribution (\$) <b>100<sup>00</sup></b>
Contributor address; City; State; Zip Code [Redacted] <b>Arlington TX 76012</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

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: 5/7

2 FILER NAME Corliss Bunkley

3 Filer ID (Ethics Commission Filers)

4 Date

4/16/23

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

Rachel Lerberg

7 Amount of contribution (\$)

10<sup>00</sup>

6 Contributor address; City; State; Zip Code

[REDACTED] Arlington TX 76013

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/19/23

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

Kathryn Engebretson

Amount of contribution (\$)

25<sup>00</sup>

Contributor address; City; State; Zip Code

[REDACTED] Arlington TX 76017

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/19/23

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

Lauren Kulesz

Amount of contribution (\$)

30<sup>00</sup>

Contributor address; City; State; Zip Code

[REDACTED] Arlington TX 76013

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/20/23

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

Kathryn Engebretson

Amount of contribution (\$)

250<sup>00</sup>

Contributor address; City; State; Zip Code

[REDACTED] Arlington TX 76017

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

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: <b>6/7</b>
2 FILER NAME <b>Corliss Bunkley</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>4/20/23</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Timothy Richardson</b> 6 Contributor address; City: State: Zip Code <div style="background-color: black; width: 150px; height: 20px; display: inline-block;"></div> <b>Walker MN 56484</b>	7 Amount of contribution (\$) <b>50<sup>00</sup></b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>4/22/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Ginger Cleveland</b> Contributor address; City: State: Zip Code <div style="background-color: black; width: 150px; height: 20px; display: inline-block;"></div> <b>Arlington TX 76006</b>	Amount of contribution (\$) <b>20<sup>00</sup></b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>4/23/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Stacie Farr</b> Contributor address; City: State: Zip Code <div style="background-color: black; width: 150px; height: 20px; display: inline-block;"></div> <b>Arlington TX 76016</b>	Amount of contribution (\$) <b>50<sup>00</sup></b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>4/23/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Stephanie Girolamo</b> Contributor address; City: State: Zip Code <div style="background-color: black; width: 150px; height: 20px; display: inline-block;"></div> <b>Arlington TX 76016</b>	Amount of contribution (\$) <b>10<sup>00</sup></b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

# 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: <b>7/7</b>
2 FILER NAME <b>Corliss Bunkley</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>4/23/23</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Rhoda + Raymond Keptra</b> 6 Contributor address; City; State; Zip Code <div style="background-color: black; width: 150px; height: 20px; display: inline-block;"></div> <b>Arlington TX 76013</b>	7 Amount of contribution (\$) <b>250<sup>00</sup></b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <b>4/19/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Jeffrey Stewart</b> Contributor address; City; State; Zip Code <div style="background-color: black; width: 150px; height: 20px; display: inline-block;"></div> <b>Aledo TX 76008</b>	Amount of contribution (\$) <b>100<sup>00</sup></b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <b>4/26/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Kenneth Sanders</b> Contributor address; City; State; Zip Code <div style="background-color: black; width: 150px; height: 20px; display: inline-block;"></div> <b>Arlington TX 76012</b>	Amount of contribution (\$) <b>100<sup>00</sup></b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)
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 A2**

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

Revised 11/15/2022

# 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: <u>110</u>		2 FILER NAME <u>Corliss Bunkley</u>		3 Filer ID (Ethics Commission Filers)	
4 Date <u>4/6/23</u>		5 Payee name <u>Stripe</u>			
6 Amount (\$) <u>\$2271</u>		7 Payee address; City; State; Zip Code <u>510 Townsend St San Francisco CA 94103</u>			
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <u>Fundraising</u>		(b) Description <u>Service Fee</u>		
	(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 <u>4/7/23</u>		Payee name <u>Stripe</u>			
Amount (\$) <u>\$202</u>		Payee address; City; State; Zip Code <u>510 Townsend St San Francisco CA 94103</u>			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <u>Fundraising</u>		Description <u>Service Fee</u>		
	<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 <u>4/10/23</u>		Payee name <u>Collins Donuts</u>			
Amount (\$) <u>\$3906</u>		Payee address; City; State; Zip Code <u>2256 N Collins St Arlington TX 76011</u>			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <u>Event Expense</u>		Description <u>SAGU Event Speaker (Food)</u>		
	<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

# 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: 2/10	2 FILER NAME Corliss Bunkley	3 Filer ID (Ethics Commission Filers)
4 Date 4/26/23	5 Payee name U.S. Postal Service	
6 Amount (\$) 464 <sup>70</sup>	7 Payee address; 4600 Mark IV Pkwy Fort Worth TX 76161	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Postage for Mailers
	(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 4/27/23	Payee name Texas Heritage Imaging and Printing		
Amount (\$) \$806 <sup>46</sup>	Payee address; 2102 W. Pioneer Pkwy Arlington TX 76013	City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Mailers	
	<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 4/27/23	Payee name Raising Cane's Chicken Fingers		
Amount (\$) \$182 <sup>89</sup>	Payee address; 1322 N. Collins Arlington TX 76011	City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description Food for block walkers	
	<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			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# 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: 3/10	2 FILER NAME Corliss Bunkley	3 Filer ID (Ethics Commission Filers)
4 Date 4/10/23	5 Payee name Starbucks	
6 Amount (\$) \$169 <sup>30</sup>	7 Payee address; 14121 Trinity Blvd Fort Worth TX 76155	City; State; Zip Code
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description SAGV Event speaker (coffee)
	(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 4/10/23	Payee name Bird's Printing & Copies		
Amount (\$) \$171 <sup>12</sup>	Payee address; 208 S. East Street Arlington TX 76010	City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Post Cards	
	<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 4/11/23	Payee name Stripe		
Amount (\$) \$202	Payee address; 510 Townsend St. San Francisco CA 94103	City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fundraising	Description 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			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# 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: <b>4/10</b>	2 FILER NAME <b>Corliss Bunkley</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>4/12/23</b>	5 Payee name <b>Texas Heritage Imaging &amp; Printing</b>	
6 Amount (\$) <b>\$811.88</b>	7 Payee address; City; State; Zip Code <b>2102 W. Pioneer Pkwy Arlington TX 76013</b>	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Advertising/Printing</b>	(b) Description <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 <b>4/12/23</b>	Payee name <b>Stripe</b>		
Amount (\$) <b>\$141</b>	Payee address; City; State; Zip Code <b>570 Townsend St. San Francisco CA 94103</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Fundraising</b>	Description <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 <b>4/14/23</b>	Payee name <b>Home Depot</b>		
Amount (\$) <b>\$140.27</b>	Payee address; City; State; Zip Code <b>201 W. Road to Six Flags Arlington TX 76011</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising</b>	Description <b>Supplies for Large 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			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# 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: <b>2/10</b>	2 FILER NAME <b>Corliss Bunkley</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>4/14/23</b>	5 Payee name <b>Stripe</b>	
6 Amount (\$) <b>\$ 5<sup>32</sup></b>	7 Payee address; <b>510 Townsend St</b>	City; State; Zip Code <b>San Francisco CA 94103</b>
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Fundraising</b>	(b) Description <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 <b>4/16/23</b>	Payee name <b>Grab 'N' Go</b>		
Amount (\$) <b>\$12<sup>40</sup></b>	Payee address; <b>2319 N. Davis Drive</b>	City; State; Zip Code <b>Arlington TX 76012</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Event Expense</b>	Description <b>Ice for drinks for Golf Meet N greet</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 <b>4/16/23</b>	Payee name <b>Walmart</b>		
Amount (\$) <b>\$85<sup>40</sup></b>	Payee address; <b>2121 N. Collins Street</b>	City; State; Zip Code <b>Arlington TX 76011</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Event Expense</b>	Description <b>Supplies for Golf Meet-N-greet (drinks, plates, etc)</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			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# 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: 6/10	2 FILER NAME Corliss Bunkley	3 Filer ID (Ethics Commission Filers)
4 Date 4/16/23	5 Payee name Mr. Jim's Pizza of North Arlington	
6 Amount (\$) \$192 <sup>61</sup>	7 Payee address; 2430 N. Davis Drive	City; State; Zip Code Arlington TX 76012
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description Pizza for Golf Meet & Greet
	(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 4/18/23	Payee name Stripe		
Amount (\$) \$2 <sup>15</sup>	Payee address; 510 Townsend Street	City; State; Zip Code San Francisco CA 94103	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fundraising	Description 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
------------------------------------------------------------	-------------------------------	---------------	-------------

Date 4/18/23	Payee name Trinity Digital Printing		
Amount (\$) \$216 <sup>50</sup>	Payee address; 7429 Airport Freeway	City; State; Zip Code North Richland Hills TX 76118	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising	Description Yard Signs w/ picture & frame	
	<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

# 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: 7/10	2 FILER NAME Corliss Bunkley	3 Filer ID (Ethics Commission Filers)
4 Date 4/19/23	5 Payee name Stripe	
6 Amount (\$) \$2405	7 Payee address; 510 Townsend Street San Francisco CA 94103	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fundraising	(b) Description 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 4/20/23	Payee name Stripe	
Amount (\$) \$470	Payee address; 510 Townsend Street San Francisco CA 94103	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fundraising	Description 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		

Date 4/20/23	Payee name Trinity Digital Printing	
Amount (\$) \$216 <sup>60</sup>	Payee address; 7429 Airport Freeway North Richland Hills TX 76110	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Yard Signs w/ picture + # - Frames
	<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		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# 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: 8/10	2 FILER NAME Carliss Bunkley	3 Filer ID (Ethics Commission Filers)
4 Date 4/21/23	5 Payee name Birds Copies & Printing	
6 Amount (\$) \$171 <sup>00</sup>	7 Payee address; 2008 East Street	City; State; Zip Code Arlington TX 76010
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description Postcards
	(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 4/21/23	Payee name Stripe		
Amount (\$) \$3 <sup>03</sup>	Payee address; 510 Townsend Street	City; State; Zip Code San Francisco CA 94103	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fundraising	Description 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			

Date 4/22/23	Payee name Home Depot		
Amount (\$) \$1593	Payee address; 201 W. Road to Six Flags	City; State; Zip Code Arlington TX 76011	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description screws for fence 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			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# 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: <u>9/10</u>	2 FILER NAME <u>Corliss Bunkley</u>	3 Filer ID (Ethics Commission Filers)
4 Date <u>4/22/23</u>	5 Payee name <u>Stripe</u>	
6 Amount (\$) <u>\$1.18</u>	7 Payee address; City; State; Zip Code <u>510 Townsend St San Francisco CA 94103</u>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Fundraising</u>	(b) Description <u>Service Fee</u>
	(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 <u>4/23/23</u>	Payee name <u>Stripe</u>		
Amount (\$) <u>\$324</u>	Payee address; City; State; Zip Code <u>510 Townsend St San Francisco CA 94103</u>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Fundraising</u>	Description <u>Service Fee</u>	
	<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 <u>4/24/23</u>	Payee name <u>Bird's Printing &amp; Copies</u>		
Amount (\$) <u>\$70.36</u>	Payee address; City; State; Zip Code <u>208 S. East Street Arlington TX 76010</u>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Printing Expense</u>	Description <u>Business Cards</u>	
	<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

# 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.

<b>1</b> Total pages Schedule F1: <i>10/D</i>		<b>2</b> FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date		<b>5</b> Payee name			
<b>6</b> Amount (\$)		<b>7</b> Payee address;		City;	State; Zip Code
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule)		<b>(b)</b> Description		
	<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		Candidate / Officeholder name		Office sought	Office held
Date		Payee name			
Amount (\$)		Payee address;		City;	State; Zip Code
<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 <i>4/10/23</i>		Payee name <i>Chase Bank</i>			
Amount (\$) <i>495</i>		Payee address;		City;	State; Zip Code
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Account Fees</i>		Description <i>Bank 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		Candidate / Officeholder name		Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED