CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. 3 CANDIDATE / MS/MRS/MR OFFICE USE ONLY **OFFICEHOLDER** NAME Date Received NICKNAME SUFFIX RECEIVED 4 CANDIDATE / ADDRESS / PO BOX; STATE ZIP CODE **OFFICEHOLDER** APR 28 2023 MAILING **ADDRESS** Change of Address EXTENSION CANDIDATE/ **OFFICEHOLDER** PHONE Receipt # Amount \$ / MRS / MR MI CAMPAIGN **TREASURER** Date Processed NAME NICKNAME SUFFIX Date Imaged STREET ADDRESS (NO PO BO STATE ZIP CODE CAMPAIGN **TREASURER ADDRESS** (Residence or Business) EXTENSION CAMPAIGN **TREASURER** PHONE 9 REPORT TYPE 15th day after campaign 30th day before election Runoff treasurer appointment (Officeholder Only) Exceeded Modified July 15 8th day before election Final Report (Attach C/OH - FR) Reporting Limit (After 5 pm) 10 PERIOD COVERED THROUGH 11 ELECTION **ELECTION DATE ELECTION TYPE** Primary Runoff Other Month Day Description General OFFICE SOUGHT (if known) OFFICE HELD (if any) 12 OFFICE THIS ROX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT 14 NOTICE FROM THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR POLITICAL CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

| 15 C/OH NAME | orliss Bunkley | 16 Filer ID (Ethics Commission Filers) |
|--------------------------------|--|--|
| 17 CONTRIBUTION TOTALS | TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ Ø |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 1,830 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. | \$ Ø |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 3645.77 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD | DAY \$ 6128.91 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD | THE \$ |
| 18 SIGNATURE s | wear, or affirm, under penalty of perjury, that the accompanying report is true | and correct and includes all information |
| rec | quired to be reported by me under Title 15, Election Code. | |
| | //all · · · · · | |
| | Million D | unkles |
| | | w y cuty |
| | Signature of Can | didate or Officeholde |
| | | |
| | | |
| | | |
| | Please complete either option below | |
| | | |
| | | |
| | AARON BOALS | |
| /1) Affidavit | Notary Public, State of Texas | |
| (1) Affidavit | Comm. Expires 10-15-2024 | |
| | Notary ID 130150726 | |
| NOTABY CTAMB (CEA | | |
| NOTARY STAMP/SEA | | |
| | before me by Corliss Runkley this the 2 | Paralegal |
| 20 <u>23</u> , to certify | which, witness my hand and seal of office. | 0 1 |
| franon Do | Aaron Boals | Paralegal |
| Signature of officer administe | ring oath Printed name of officer administering oath | Title of officer administering oath |
| | OR | |
| (2) Unsworn Declarati | on | |
| My namo is | and an date of that | |
| | , and my date of birth is _ | · |
| My address is | | · |
| | · · · · · · · · · · · · · · · · · · · | ate) (zip code) (country) |
| Executed in | County, State of , on the day of(month) | , 20 |
| | (month) | (year) |
| | Signature of Candida | ate/Officeholder (Declarant) |

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

| 19 FILER NAME CORLISS BUNKLES | 20 Filer ID (Ethics Co | mmission 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 | | s 250 |
| 3. SCHEDULE B: PLEDGED CONTRIBUTIONS | | \$ |
| 4. SCHEDULE E: LOANS | | \$ |
| 5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO | ONTRIBUTIONS | s 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 FU | NDS | \$ / |
| 10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A | A BUSINESS OF C/OH | \$ / |
| 11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO | ONTRIBUTIONS | \$ / |
| 12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTO FILER | TIONS RETURNED | \$ / |
| | | |

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: 1/7 | |
| 2 FILER NAME | Corliss Bunkley | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 4/19/23 | 5 Full name of contributor out-of-state PAC (ID#:) TYACEY GIVENS 6 Contributor address; City; State; Zip Code Full Work IX 76112 | 7 Amount of contribution (\$) \$260 | |
| 8 Principal occu | pation / Job title (See Instructions) 9 Employer (See Instructions) | tions) | |
| Date | Bri Hany Lee | Amount of contribution (\$) | |
| 4/7/23 | Contributor address; City: State: Zip Code Aslington TX 7602 | 2500 | |
| Principal occup | eation / Job title (See Instructions) Employer (See Instruct | tions) | |
| Date 4/8/23 | Full name of contributor out-of-state PAC (ID#:) KAHNA Movgan Contributor address; City: State; Zip Code Front X 16103 | Amount of contribution (\$) 2500 | |
| Principal occup | pation / Job title (See Instructions) Employer (See Instructions) | tions) | |
| Date 4/11/23 | Full name of contributor oul-of-state PAC (ID#) Tennifer CathCart Contributor address; City; State; Zip Code APINTON X 760 | Amount of contribution (\$) | |
| Principal occup | pation / Job title (See Instructions) | tions) | |
| | | | |

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: 2/7 | | |
| 2 FILER NAME COPLISS BUNKLEY | 3 Filer ID (Ethics Commission Filers) | | |
| 4 Date 5 Full name of contributor out-of-state PAC, (ID#: 4 / 11 / 2.3 6 Contributor address; City: For State; Z 8 Principal occupation / Job title (See Instructions) 9 Employee | 7 Amount of contribution (\$) p Code 7612 TGSee Instructions) | | |
| Artiraton TX | Amount of contribution (\$) ip Code 7600 T (See Instructions) | | |
| | | | |
| Full name of contributor out-of-state PAC (ID# | Amount of contribution (\$) 76016 76016 | | |
| Principal occupation / Job title (See Instructions) Employe | r (See Instructions) | | |
| Full name of contributor out-of-state PAC (ID# | Amount of contribution (\$) O Code 7606 | | |
| Principal occupation / Job title (See Instructions) Employe | r (See Instructions) | | |
| | | | |

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: 3/7 | | | |
| 2 FILER NAME () NISS | Bunkley | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 5 Full name of continuous add 6 Contributor add | Pierson City: Approximate: Zip Code TX 1606 | 7 Amount of contribution (\$) | |
| 8 Principal occupation / Job title (Sec | e Instructions) 9 Employer (See Instructions) | ructions) | |
| Date Full name of co | ntributor | _) Amount of contribution (\$) | |
| 4/14/23 Contributor add | dress: City: State: Zip Code | 7 5000 | |
| Principal occupation / Job title (See | Instructions) Employer (See Instr | ructions) | |
| Date Full name of con | <u> </u> | _) Amount of contribution (\$) | |
| 4/16/23 Contributor add | City: State: Zip Code Adipatin X 7600 | 10000 | |
| Principal occupation / Job title (See | Employer (See Inst | ructions) | |
| Date Full name of co | , , <u> </u> | _) Amount of contribution (\$) | |
| 4/16/23 Davia Contributor add | Hopkins Gress; City; State; Zip Code Arlingtin TX 76013 | 3 1000 | |
| Principal occupation / Job title (See | e Instructions) Employer (See Inst | ructions) | |
| | | | |
| | | | |
| | | | |

SCHEDULE A1

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

| ii tile reques | ted information is not applicable, DO NOT inc | nude uns page in the re | sport. |
|-----------------------------------|--|---|--|
| 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 4 Date 8 Principal occur | Full name of contributor MANY ALLE ZAVAIA City: Contributor address: City: Arling Contributor Job title (See Instructions) | State; Zip Code 70 | 7 Amount of contribution (\$) 40 ms) |
| Date | Full name of contributor | | Amount of contribution (\$) |
| Principal occup | Contributor address; City; A Ring ation / Job title (See Instructions) | State: Zip Code TM TX 76012 Employer (See Instructio | 100 oc |
| | , | | |
| Date 4/16/23 | Full name of contributor | (ID#) NState; Zip Code TX 76016 | Amount of contribution (\$) |
| Principal occup | pation / Job title (See Instructions) | Employer (See Instruction | ons) |
| H/16/23 | Full name of contributor out-of-state PAC JIII Wesstrom Contributor address; City; | (ID#:) State; Zip Code 7602 | Amount of contribution (\$) |
| Principal occup | oation / Job title (See Instructions) | Employer (See Instruction | ns) |
| | | | |

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 4/14/23 | Full name of contributor out-of-state PAC (ID#: | 7 Amount of contribution (\$) | |
| 8 Principal occu | pation / Job title (See Instructions) 9 Employer (See Instructions) | uctions) | |
| Date | Full name of contributor out-of-state PAC (ID#: | Amount of contribution (\$) | |
| 4/19/23 | Kathryn Engebretson Contributed address; City: State: Zip Code Allingtia TX 76017 | 2500 | |
| Principal occup | eation / Job title (See Instructions) Employer (See Instr | uctions) | |
| Date | Full name of contributor | Amount of contribution (\$) | |
| 4/19/23 | Contributor address; City; Code TX 70013 | 3000 | |
| Principal occupation / Job title (See Instructions) Employer (See Instructions) | | | |
| Date H2023 Principal occur | Full name of contributor out-of-state PAC AID#: Contributor address: City: City: The Code out-of-state PAC AID#: Contributor address: City: City: City: Code out-of-state PAC AID#: Contributor address: City: | Amount of contribution (\$) 250 00 | |
| | | | |

SCHEDULE A1

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

| ii tile requested iiiloitti | ation is not applicable, be not include this page i | iii iiio roport. |
|------------------------------|--|---------------------------------------|
| The Instruction | Guide explains how to complete this form. | 1 Total pages Schedule A1: |
| 2 FILER NAME | iss Bunktey | 3 Filer ID (Ethics Commission Filers) |
| Tin | nothy Richardson utor address; Walker MN 56 | 7 Amount of contribution (\$) |
| 8 Principal occupation / Job | title (See Instructions) 9 Employer (See | Instructions) |
| 1 /\.\ | me of contributor out-of-state PAC (ID# | Amount of contribution (\$) |
| | outbraddress; City: State: Zip Code Activity: 160 | 2000 |
| Principal occupation / Job t | title (See Instructions) Employer (See | Instructions) |
| ulada Stac | utor address; City; Att State; Zip Code | - 10 |
| Principal occupation / Job | title (See Instructions) Employer (See | Instructions) |
| 11 Step | me of contributor Chanie Girolamo Patrolamo City; State; Zip Code Arlington TX 766 | Amount of contribution (\$) |
| Principal occupation / Job | title (See Instructions) Employer (See | Instructions) |
| | | |

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: 7/7 |
| 2 FILER NAME | Corliss Bunktey | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 4 23 23 | Full name of contributor out-of-state PAG Rhoda i Raymond Kag 6 Contributor address; City; | State; Zip Code | 7 Amount of contribution (\$) 250 |
| 8 Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instruct | ions) |
| Date | 1 C A -P | (ID#:) | Amount of contribution (\$) |
| 4/19/23 | Contributor address; City; Aledo | State; Zip Code | 10000 |
| Principal occupation / Job title (See Instructions) Employer (See Instructions) | | | |
| Date 4/26/23 | Full name of contributor | State; Zip Code | Amount of contribution (\$) |
| Principal occupation / Job title (See Instructions) Employer (See Instructions) | | | |
| Date | Full name of contributor | (ID#:) State; Zip Code | Amount of contribution (\$) |
| Principal occup | ation / Job title (See Instructions) | Employer (See Instruct | ions) |
| | | | • |

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

| TI | ne Instruction Guide explains how to complete this form | n. | 1 Total pages Schedule A2: |
|-----------------------------|---|---------------------------------------|---|
| 2 FILER NAME COPISS BUNKLEY | | 3 Filer ID (Ethics Commission Filers) | |
| 4 TOTAL O | F UNITEMIZED IN-KIND POLITICAL CONTRIE | BUTIONS | \$6 |
| 5 Date 4/10/23 | Full name of contributor out-of-state PAC (ID#: Tishara Tackson-Shaw 7 Contributor address: City: State: For Worth | Zip Code 16134 | 8 Amount of 9 In-kind contribution Contribution \$ description |
| 10 Principal occ | supation / Job title (FOR NON-JUDICIAL) (See Instructions) | 11 Employe | er (FOR NON-JUDICIAL)(See Instructions) |
| 12 Contributor's | principal occupation (FOR JUDICIAL) | 13 Contribu | utor's job title (FØR JUDICIAL) (See Instructions) |
| 14 Contributor's | employer/law firm (FOR JUDICIAL) | 15 Law firm | n 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#: Contributor address; City; State; | Zip Code | Amount of In-kind contribution Contribution \$ description I In-kind contribution |
| Principal occ | supation / Job title (FOR NON-JUDICIAL) (See Instructions) | Employe | er (FOR NON-JUDICIAL)(See Instructions) |
| Contributor's | principal occupation (FOR JUDICIAL) | Contribu | utor's job title (FOR JUDICIAL) (See Instructions) |
| Contributor's | employer/law firm (FOR JUDICIAL) | Law firm | n of contributor's spouse (if any) (FOR JUDICIAL) |
| If contributor | is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | <u> </u> | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | · · · · · · · · · · · · · · · · · · · |
| | ATTACH ADDITIONAL COPIES OF T | HIS SCHEDU | JLE AS NEEDED |

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

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/Wades/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out of District

| Candidate/Officenoider/Politica Credit Card Payment | · · | explains how to complete this form. | Other (enter a category not listed above) |
|--|---|--------------------------------------|---|
| 1 Total pages Schedule F1: | 2 FILER NAME CON ISS | Bunkley | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 4/6/23 | 6 Payee name Stripe | <u> </u> | |
| 6 Amount (\$) | 7 Payee address; | City; | State; Zip Code |
| +2271 | 510 Townsend | St San Franci | 500 CA 94103 |
| 8 | (a) Category (See Categories listed at the to | p of this schedule) (b) Description | |
| PURPOSE OF EXPENDITURE | Fundraising | Service | Fee |
| • | (c) Check if travel outside of Texas. Co | mplete Schedule T. Check if Austi | n, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name | Office sought | Office held |
| Date | Payee name | | |
| 4/1/23 | Stripe | | |
| Amount (\$) | Payee address; | City; | State; Zip Code |
| 4787 | 510 Townsend | St San Flancis | to CA 94103 |
| | Category (See Categories listed at the top | of this schedule) Description | |
| PURPOSE OF EXPENDITURE | Fundraising | Service | tee |
| | Check if travel outside of Texas. Col | mplete Schedule T. Check if Austi | n, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name | Office sought | Office held |
| Date / / | Payee name | 1 | |
| 4/10/23 | Collins Donu | <i>t</i> s | |
| Amount (\$) | Payee address; | City; | State; Zip Code |
| f3900 | 2256 N Collins | St. Arlington | TX 76011 |
| | Category (See Categories listed at the top | of this schedule) Description | guent n |
| PURPOSE OF EXPENDITURE | Event Expense | of this schedule) Description SAGV | speaker (Food) |
| | Check if travel outside of Texas. Cor | mplete Schedule T. Check if Austi | n, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name | Office sought | Office held |
| | ATTACH ADDITIONAL CO | PIES OF 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
Credit Card Payment

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

| Candidate/Officeholder/Politica | Travel Out Of District |
|---|---|
| Credit Card Payment | The Instruction Guide explains how to complete this form. |
| 1 Total pages Schedule F1: | 2 FILER NAME COrliss Bunkley 3 Filer ID (Ethics Commission Filers) |
| 4 Date 4/276/23 | 6 Payee name U.S. Postal Service |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code |
| 41A 12 | 4600 Mark IV Pkwy Fort Worth TX 76161 |
| 8 | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| PURPOSE OF EXPENDITURE | Advertising Pastage for Mailers |
| | (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 4/27/12 | Payee name Tours Hartage Transiers and Printing |
| 1/21/28 | Texas Hentage I maging and Printing |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$80646 | 2102 W. Pioneer Pkwy Artinoton IX 760B |
| | Category (See Categories listed at the top of this schedule) Description |
| PURPOSE OF EXPENDITURE | Printing Expense Mailers |
| | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name Office sought Office held |
| Date , 1 | Payee name A |
| 4/27/23 | Raising Cone's Chicken Fingers |
| Amount (\$) | Payee address; City; State; Zip Code |
| # 9289 | 1322 N. Collins Arlington TX 76011 |
| PURPOSE | Category (See Categories listed at the top of this schedule) Description Description |
| OF EXPENDITURE | Uther backers |
| | Check if travel outside of Texas. Complete Schedule T. Check if Austin, 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 Solicitation/Fundraising Expense Accounting/Banking Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense **Travel In District** Contributions/Donations Made By 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: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 6 Payee name 6 Amount State; Payee address: Zip Code 8 (b) Description **PURPOSE** OF **EXPENDITURE** (c) Check if Austin. TX. officeholder living expense Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Date State: Zip Code Amount (\$) **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Candidate / Officeholder name Office held Complete ONLY if direct expenditure to benefit C/OH Pavee name Date 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 held Complete ONLY if direct Office sought

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
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

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

Solicitation/Fundraising Expense

| 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: | 2 FILER NAME COFFISS BUNK | ley 3 | Filer ID (Ethics Commission Filers) | | | |
| 4 Date 4/12/23 | 5 Payee name Texas Herito | ige Imagli | ng > Printing | | | |
| 6 Amount (\$) | 7 Payee address; | City; | State; Zip Code | | | |
| 50 98 | 2102 W. Pioncer Pku | oy Artington | 1 TX 76013 | | | |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | | | | |
| PURPOSE OF EXPENDITURE | Advertising/printing | Large | Signs | | | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austin, T | TX, officeholder living expense | | | |
| 9 Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name H | Office sought | Office held | | | |
| Date #12/23 | Payee name Stripe | | | | | |
| Amount (\$) | Payee address; | City; | State; Zip Code | | | |
| * 4L | 510 Townserd St. (| San Francisco | CA 94103 | | | |
| | Category (See Categories listed at the top of this schedule) | Description | | | | |
| PURPOSE OF EXPENDITURE | Fundraising | Service | tee | | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austin, T | X, officeholder living expense | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name H | Office sought | Office held | | | |
| H/14/23 | Payee name Howe Depot | | | | | |
| Amount (\$) | Payee address; | City; | State; Zip Code | | | |
| 4/4027 | 201 W. Road to SIX Plag | s Arlington | . TX 76011 | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising | Supplies - | for signs | | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austin, T | X, officeholder living expense | | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held | | | |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | | | | | |

SCHEDULE F1

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/Memonals Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Printing Expense Salaries/Wages/Contract Labor | Travel Out Of District Other (enter a category | not listed above) |
|---|--|---|---|--------------------|
| Gedit Cald Payment | The Instruction Guide explain | s how to complete this form. | | |
| 1 Total pages Schedule F1: | ^{2 filer NAME} CONISS Bun | Ktey | 3 Filer ID (Ethics (| Commission Filers) |
| 4 Date 4/14/23 | 6 Payee name Stripe | J | | |
| 6 Amount (\$) | 7 Payee address; | City; | State; | Zip Code |
| \$ 532 | 510 Townsend St | San Francis | sco CA | 94103 |
| 8 | (a) Category (See Categories listed at the top of this | schedule) (b) Description | | |
| PURPOSE OF EXPENDITURE | tundraising | Service | ce tee | |
| | (c) Check if travel outside of Texas. Complete So | chedule T. Check if Austi | n, TX, officeholder living e | xpense |
| 9 Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name | Office sought | C | office held |
| Date | Payee name | | | |
| 4/16/23 | Grab 'N' GO | | | |
| Amount (\$) | Payee address; | City; | State; | Zip Code |
| 4/240 | 2319 N. Davis | Drive Artinor | ton TX | 760/2 |
| | Category (See Categories listed at the top of this se | chedule) Description | | 1/1/2 |
| PURPOSE OF EXPENDITURE | Event Expense | Ice for | ks Phok | greet |
| | Check if travel outside of Texas. Complete So | chedule T. Check if Austi | n, TX, officeholder living e | xpense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | O | office held |
| | D-112 | | | |
| 4/16/23 | Payee name Walmark | | | |
| Amount (\$) | Payee address; | City; | State; | Zip Code |
| \$ 8540 | 2121 N. Collins Street | t Arlington | Th | 76011 |
| | Category (See Categories listed at the lop of this so | chedule) Description | For 117 | 1 saken |
| PURPOSE OF EXPENDITURE | Event Expense | Supplies | Meet-Cive | et Processi |
| | Check if travel outside of Texas Complete So | chedule T. Check if Austi | n, TX, 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 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

| Candidate/Officeholder/Politica | 1 | | | | |
|--|---|--|--|--|--|
| Credit Card Payment The Instruction Guide explains how to complete this form. | | | | | |
| 1 Total pages Schedule F1: | 2 FILER NAME (OMISS BUNKLEY) 3 Filer ID (Ethics Commission Filers) | | | | |
| 4 Date 4/16/23 | 6 Payee name Mr. Jims Pizza of North Artinoton | | | | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code | | | | |
| \$19261 | 2430 N. Davis Drive Arlington TX 76012 | | | | |
| 8 | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | |
| PURPOSE OF EXPENDITURE | Event expense Pizza for Gulf Meet Greet | | | | |
| | (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 | | | | |
| 4/10/23 | Stripe | | | | |
| Amount (\$) | Payee address; City; State; Zip Code | | | | |
| \$215 | 510 Townserd Street San Francisco Of 94103 | | | | |
| | Category (See Categories listed at the top of this schedule) Description | | | | |
| PURPOSE OF EXPENDITURE | Fundraising 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/OF | Candidate / Officeholder name Office sought Office held | | | | |
| Date | Payee name | | | | |
| 4/18/23 | Trinity Digital Printing | | | | |
| Amount (\$) | Payee address; City; State; Zip Code | | | | |
| #216 ⁵⁰ | 7429 Airport Freeway Nichtarins IX 76118 | | | | |
| | Category (See Categories listed at the top of this schedule) Description | | | | |
| PURPOSE OF EXPENDITURE | Advertising yard Signspicture France | | | | |
| | 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

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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

| Candidate/Officeholder/Politica | , | xpense Travel Out Of District Nages/Contract Labor Other (enter a category not listed above) | | | | |
|--|--|---|--|--|--|--|
| Credit Card Payment The Instruction Guide explains how to complete this form. | | | | | | |
| 1 Total pages Schedule F1: | 2 FILER NAME CONTISS BUNKIO | 3 Filer ID (Ethics Commission Filers) | | | | |
| 4 Date 4/19/23 | 6 Payee name Stripe | | | | | |
| 6 Amount (\$) | 7 Payee address; | City; State; Zip Code | | | | |
| 92400 | 510 Townsend Street | San Francisco GA 94103 | | | | |
| 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 expense | | | | |
| 9 Complete ONLY if direct expenditure to benefit C/Oh | Candidate / Officeholder name | Office sought Office held | | | | |
| Date / / | Payee name | | | | | |
| 4/20/23 | Stripe | | | | | |
| Amount (\$) | Payee address; | City; State; Zip Code | | | | |
| 4470 | 510 Townsend Street | San Francisco CA 94103 | | | | |
| | Category (See Categories listed at the top of this schedule) | Description | | | | |
| PURPOSE OF EXPENDITURE | Fundraising | 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 | | | | |
| Date / | Payee name | | | | | |
| 4/20/23 | Trinity Digital Print | ing | | | | |
| Amount (\$) | Payee address; | City; State; Zip Code | | | | |
| \$21660 | 7429 Airport Freeway | Northannis TX 76/18 | | | | |
| | Category (See Categories listed at the top of this schedule) | Description 11 0 and 17 9 | | | | |
| PURPOSE OF EXPENDITURE | Advertising | Yard Signs of Picture | | | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austin, 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 | | | | | | |
| | | 1 | | | | |

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| Candidate/Officeholder/Politica | Committee Lega | Services | Sal | aries/Wag | ges/Contract Labor | Other (enter a categ | ory not listed above) |
|--|-------------------|---------------------|-----------------------------|-----------|--------------------|---------------------------|-----------------------|
| Credit Card Payment The Instruction Guide explains how to complete this form. | | | | | | | |
| 1 Total pages Schedule F1: | 2 FILER NAME | Corli | ss Bun | Kle | e l | 3 Filer ID (Ethic | s Commission Filers) |
| 4 Date 4/21/23 | 5 Payee name - | Bird. | s Copies | 1 | Printing | | |
| 6 Amount (\$) | 7 Payee address | ; | • | | City; | State; | Zip Code |
| 9/7/19 | 208 8. | EUS- | f Street | | Arlington | 1) | 76010 |
| 8 | (a) Category (See | Categories liste | ed at the top of this sched | lule) | (b) Description | | |
| PURPOSE OF EXPENDITURE | Printir | 9 9 | opense | | Postco | rds | |
| | (c) Check | if travel outside o | f Texas. Complete Schedul | le T. | Check if Austin | , TX, officeholder livin | g expense |
| 9 Complete ONLY if direct expenditure to benefit C/OF | Candidate / (| Officeholder | name | | Office sought | | Office held |
| Date | Payee name | | | | | | |
| 4/21/23 | Strip | re | | | | | |
| Amount (\$) | Payee address | ; | | | City; | State; | Zip Code |
| #303 | 610 Tol | unsen | d Street | | San Franc | 1500 CA | 94103 |
| | Category (See (| Categories listed | d at the top of this schedu | ile) | Description | _ | |
| PURPOSE OF EXPENDITURE | Fundra | ising | | | Service | Fee | |
| | Check | f travel outside o | Texas. Complete Schedul | e T. | Check if Austin | , TX, officeholder living | g expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / C | Officeholder | name | | Office sought | | Office held |
| 1/22/23 | Payee name Home | De | pot | | | | |
| Amount (\$) | Payee address | ; | • | | City; | State; | Zip Code |
| # 1593 | 201 W. | Road | to SIX t | lag | is Artingt | on X | 76011 |
| PURPOSE OF EXPENDITURE | Category (See C | sategories listed | at the top of this schedu | le) | Screws for | e Sign! | Ś |
| | Check i | f travel outside of | Texas Complete Schedule | e T. | Check if Austin | TX, officeholder living | g 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

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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 Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out of District

| Candidate/Officeholder/Politica | | xpense Travel Out Of District Vages/Contract Labor Other (enter a category not listed above) | | |
|--|--|---|--|--|
| Credit Card Payment | The Instruction Guide explains how to c | omplete this form. | | |
| 1 Total pages Schedule F1: | 2 FILER NAME CONTISS BUNKE | 3 Filer ID (Ethics Commission Filers) | | |
| 4 Date 4/22/23 | 5 Payee name Stripe | | | |
| 6 Amount (\$) | 7 Payee address; | City; State; Zip Code | | |
| 5/./0 | 510 Townsend St San | ntrancisio CA 94103 | | |
| 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 | | | |
| 4/23/23 | Stripe | | | |
| Amount (\$) | Payee address; | City; State; Zip Code | | |
| £324 | 570 Townsend St Sa | in Francisco CA 9410B | | |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Fundraising | Service tee | | |
| | 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 | Office sought Office held | | |
| Date / / | Payee name | | | |
| 4/24/23 | Bird's Printing & Ci | pies | | |
| Amount (\$) | Payee address; | City; State; Zip Code | | |
| 97036 | 208 S. East Street | Arlington TX 76010 | | |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Printing Expense | Business Cards | | |
| | 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 | | | | |
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SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| Credit Card Payment | The Instruction Guide explains how to co | omplete this form. | Other (enter a category not listed above) | |
|---|--|---------------------|---|--|
| 1 Total pages Schedule F1: | 2 FILER NAME | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date | 5 Payee name | | | |
| 6 Amount (\$) | 7 Payee address; | City; | State; Zip Code | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description | | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living expense | |
| 9 Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name | Office sought | Office held | |
| Date | Payee name | | | |
| Amount (\$) | Payee address; | City; | State; Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held | |
| 4/10/23 | Payee name Chase Bank | | | |
| Amount (\$) 495 | Payee address; | City; | State; Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) ACCOUNT FEES | Description Bank | Fee | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held | |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | | | |