FORM C/OH CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID Total pages filed: The C/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 120 00020493 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Todd A. NAME Date Received **ELECTRONICALLY FILED** 07/17/2023 NICKNAME LAST **SUFFIX** Hunter CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** 445 Cape Henry MAILING Receipt # Amount **ADDRESS** Corpus Christi, TX 78412 Change of Address Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Glen NAME NICKNAME LAST **SUFFIX** Guillory STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE **CAMPAIGN** APT / SUITE #; CITY; STATE; **TREASURER** 2755 Shady Oak Ln. **ADDRESS** (Residence or Business) Ingleside, TX 78362

EXTENSION

THROUGH

Primary

General

Runoff

Exceeded modified

Month

ELECTION TYPE

Runoff

Special

Day

06/30/2023

12 OFFICE SOUGHT (if known)

Year

Other

reporting limit

30th day before election

8th day before election

CAMPAIGN

PHONE

REPORT TYPE

PERIOD

10 ELECTION

11 OFFICE

COVERED

TREASURER

AREA CODE

(361) 944-7725

January 15

Day

Day

OFFICE HELD (if any)

ELECTION DATE

State Representative District 32

01/01/2023

July 15

Х

Month

Month

PHONE NUMBER

Year

Year

15th day after campaign treasurer appointment (officeholder only)
Final Report (Attach C/OH-FR)

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 120

13 C / OH NAME	Hunter, Todd A. (The	Honorable)	14 Filer ID (00020493	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	the candidate's or office	ommittees to support the cholder's knowledge or tice of such expenditures.		
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
Ш	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRE	55	
16 CONTRIBUTION TOTALS		IZED POLITICAL CONTRIBUTIONS (OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00
		CAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAN:	S)	\$ 17,500.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLITION	CAL EXPENDITURES		\$ 377,133.93
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PI	AL CONTRIBUTIONS MAINTAINED AS OF THE LERIOD	AST DAY OF THE	\$ 1,298,970.49
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF	PAL AMOUNT OF ALL OUTSTANDING LOANS AS RTING PERIOD	OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT		I swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code.		
		The Hon	orable Todd A. Hunte	er
		Signature o	f Candidate or Officehol	der
AFFIX NO	TARY STAMP / SEAL AB	OVE		
Sworn to and subs	cribed before me, by the s	aid	, this the	day
of	, 20, to c	ertify which, witness my hand and seal of office.		
Signature of office	cer administering	Printed name of officer administering	Title of officer	r administering oath

SUBTOTALS - C/OH

FORM C/OH **COVER SHEET PG 3**

					3 0f 120
	ER NAM	19 Filer ID 00020493	(Ethi	ics Commission Filers)	
	HEDUL ME OF		SUBTOTAL AMOUNT		
1.	Х	\$	17,500.00		
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	Х	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	250.00
4.		SCHEDULE E: LOANS		\$	
5.	Х	\$	343,562.79		
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$		
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	\$		
8.	Х	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	13,514.55	
9.	X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$	20,056.59	
10		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS C	OF C/OH	\$	
11		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	NS	\$	
12	Х	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	ETURNED	\$	1,603.98

Hunter, Todd A. (The Honorable) O6/29/2023 Full name of contributor out-of-state PAC (ID#:	MONE	TARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A1
Hunter, Todd A. (The Honorable) Date O6/29/2023 Full name of contributor out-of-state PAC (ID#:	The Instru	uction Guide explains how to complete this		
Dallas, TX 75218-4340 September 2018 September 2018				3 Filer ID (Ethics Commission Filers) 00020493
Principal occupation / Job title (See Instructions) General Counsel Date 06/29/2023 Nye, Erle Contributor address; City; State; Zip Code Dallas, TX 75225-7117 Principal occupation / Job title (See Instructions) Pmincipal occupation / Job title (See Instructions)		Henry, Matthew	7 Amount of Contribution (\$) \$2,500.0	
General Counsel Date Full name of contributor out-of-state PAC (ID#:			,	
06/29/2023 Nye, Erle Contributor address; City; State; Zip Code Dallas, TX 75225-7117 Principal occupation / Job title (See Instructions) Employer (See Instructions)				
Dallas, TX 75225-7117 Principal occupation / Job title (See Instructions) Employer (See Instructions)		<u> </u>)	Amount of Contribution (\$) \$15,000.0
Principal occupation / Job title (See Instructions) Employer (See Instructions)		Contributor address; City; State; Zip Code		
Official Electric Delivery				s)

PLEDGED CONTRIBUTIONS			SCHEDULE B
The Instruction Guide explains how to comple	1 Total pages Sched Sch: 1/1 Rpt: 5/		
2 FILER NAME Hunter, Todd A. (The Honorable)		ics Commission Filers)	
TOTAL OF UNITEMIZED PLEDGES		\$	0.00
6 Full name of pledgor out-of-state PAC (ID#: McCord, Mia		8 Amount of pledge (\$)	9 In-kind description (If applicable)
7 Pledgor Address; City; State; Zip Code 06/27/2023		\$250.00	
Leander, TX 78641		Check if travel outs	i ide of Texas. Complete Schedule T.
10 Principal occupation / Job title (See Instructions) Consultant	11 Employer (See Instru- Hourglass Strateg		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Candidate/Officeholder/Politica Credit Card Payment		
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
Sch: 1/73 Rpt: 6/120	Hunter, Todd A. (The Honorable) 00020493	
4 Date	5 Payee name	
01/13/2023	ATT Teleconference Service	
6 Amount (\$) \$9.43	7 Payee address; City; State; Zip Code PO Box 5002 Carol Stream, IL 60197-5002	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Telephone expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
02/17/2023	ATT Teleconference Service	
Amount (\$) \$30.07	Payee address; City; State; Zip Code PO Box 5002	
	Carol Stream, IL 60197-5002	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Telephone expense	
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
Date 03/17/2023	Payee name ATT Teleconference Service	
Amount (\$) \$16.99	Payee address; City; State; Zip Code PO Box 5002	
	Carol Stream, IL 60197-5002	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Telephone expense	
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gitt/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	mple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 2/73 Rpt: 7/120	Hunter, Todd A. (The Honorable)		00020493
4	Date	5 Payee name		
	02/03/2023	Above All the Rest		
6	Amount (\$)	7 Payee address; City; State; Zip Co	de	
	\$278.72	7469 Viking Dr.		
		Corpus Christi, TX 78412		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Moving expense		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense Moving expense
				Moving expense
_	Commission ONII V if alice at	Constitute (Office Includes yourse)	a la t	Office held
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sout	gnt	Office held
	·			
	Date	Payee name		
	02/09/2023	Aloe Tile Works		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$227.32	301 Kinney St		
		Corpus Christi, TX 78401-2834		
	PURPOSE OF	, (************************************	(b)	Description
	EXPENDITURE	Gift/Awards/Memorials Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				Gifts for constituents.
	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held
	expenditure to benefit C/O	•	giit	Office field
_				
	Date	Payee name		
	02/24/2023	Aloe Tile Works		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$130.00	301 Kinney St		
		Corpus Christi, TX 78401-2834		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense		Check if travel outside of Texas. Complete Schedule T.
	LAFENDITORE			Check if Austin, TX, officeholder living expense
				Gifts for constituents
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ght	Office held
	experiulture to beriefit C/Or	7		

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) 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	omplete th	nis form.		
1 Total pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)
Sch: 3/73 Rpt: 8/120	Hunter, Todd A. (The Honorable)			00020493	
4 Date	5 Payee name		<u> </u>		
05/15/2023	Amazon.com, Inc.				
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode			
\$256.19	PO Box 81226				
	Seattle, WA 98108-1226				
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Des	scription		
OF EXPENDITURE	Supplies		Check if travel outsid		
LXI LINDITORE		_	Check if Austin, TX,	officeholder living	g expense
		Su	pplies		
O Complete ONLY if direct	Candidata/Officeholder name Office equ	ı abt		Office be	ald.
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	agnı		Office he	eiu
Date	Payee name				
01/03/2023	American Cancer Society				
Amount (\$)	Payee address; City; State; Zip Co	ode			
\$5,000.00	210 S Carancahua				
	Suite 301				
	Corpus Christi, TX 78401				
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)		scription		
EXPENDITURE	Event Expense		Check if travel outsion Check if Austin, TX,		
			ent sponsorsh		CAPCING
			•	•	
Complete ONLY if direct	Candidate/Officeholder name Office sou	ıght		Office he	eld
expenditure to benefit C/O	Н				
Date	Payee name				
03/31/2023	American Express				
Amount (\$)	Payee address; City; State; Zip Co	ode			
\$563.83	P.O. BOX 650448				
	Dallas, TX 75265-0448				
PURPOSE		(h) Dog	corintion		
OF	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment		scription Check if travel outside	de of Texas. Com	plete Schedule T.
EXPENDITURE	Great Gara Fayment		Check if Austin, TX,	officeholder living	expense
		Cre	edit Card Payı	ment	
Complete ONLY if direct	Candidate/Officeholder name Office sou	ught	<u> </u>	Office he	eld
expenditure to benefit C/O	п				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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 complete this form.
1	Total pages Schedule F1: Sch: 4/73 Rpt: 9/120	2 FILER NAME Hunter, Todd A. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00020493
4	Date 01/05/2023	5 Payee name American Heart Association
6	Amount (\$) \$3,000.00	7 Payee address; City; State; Zip Code PO Box 4002903
8	PURPOSE OF EXPENDITURE	Des Moines, IA 50340-2903 (a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Event sponsorship
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 02/01/2023	Payee name American Heart Association
	Amount (\$) \$375.00	Payee address; City; State; Zip Code PO Box 4002903 Des Moines, IA 50340-2903
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Event sponsorship
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 01/03/2023	Payee name Ara's Seafood & Steaks
	Amount (\$) \$55.29	Payee address; City; State; Zip Code 6917 S Staples St
		Corpus Christi, TX 78413
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Meeting expense
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
_		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officenoider/Politica 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)	_
	Sch: 5/73 Rpt: 10/120	Hunter, Todd A. (The Honorable) 00020493	
4	Date	5 Payee name	
	02/03/2023	Ara's Seafood & Steaks	
6	Amount (\$) \$27.26	7 Payee address; City; State; Zip Code 6917 S Staples St	
		Corpus Christi, TX 78413	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Meeting expense	
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held H	
	Date	Payee name	
	02/03/2023	Aransas County Republican Club	
	Amount (\$) \$107.85	Payee address; City; State; Zip Code 1796 Bay Shore Drive	
		Rockport, TX 78382	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Meeting expense	
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	Π
	02/03/2023	Aransas County Republican Club	
	Amount (\$) \$80.00	Payee address; City; State; Zip Code 1796 Bay Shore Drive	
		Rockport, TX 78382	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Membership dues (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Membership dues	
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held	_

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 6/73 Rpt: 11/120	Hunter, Todd A. (The Honorable) 00020493
4	Date	5 Payee name
	06/01/2023	Aransas Pass Chamber of Commerce
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$125.00	130 W Goodnight
		Aransas Pass, TX 78336
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Membership dues Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Membership dues
		Wiembership dues
_	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/03/2023	Art Museum of South Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$900.00	1902 N Shoreline
		Corpus Christi, TX 78401
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Event sponsorship
		Everit sponsorstip
_	Operation ONLY if allowed	Our stide to 100% as health as a sure
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	<u> </u>	
	Date	Payee name
	01/03/2023	Associated Builders & Contractors, Texas Coastal Bend Chapter
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,132.00	P.O. Box 2584
		Corpus Christi, TX 77403
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Membership Dues Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Membership Dues
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
L	CAPETIGITATE TO DELICIT C/OF	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 7/73 Rpt: 12/120 Hunter, Todd A. (The Honorable) 00020493 4 Date Payee name 02/03/2023 Associated Builders & Contractors, Texas Coastal Bend Chapter 6 Amount (\$) Payee address; City; State; Zip Code \$40.00 P.O. Box 2584 Corpus Christi, TX 77403 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Meeting expense Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/03/2023 Associated Builders & Contractors, Texas Coastal Bend Chapter Amount (\$) Payee address; City; State; Zip Code \$70.00 P.O. Box 2584 Corpus Christi, TX 77403 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Membership dues **EXPENDITURE** Check if Austin, TX, officeholder living expense Membership due for Emerging Leaders Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 03/17/2023 Associated Builders & Contractors, Texas Coastal Bend Chapter Amount (\$) Payee address: City: State: Zip Code \$80.00 P.O. Box 2584 Corpus Christi, TX 77403 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Meeting expense Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Transportation Equipment & Related 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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
	Sch: 8/73 Rpt: 13/120	Hunter, Todd A. (The Honorable)	00020493		
4	Date	5 Payee name			
	06/01/2023	Associated Builders & Contractors, Texas Coastal Bend Chapter			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$120.00	P.O. Box 2584			
		Corpus Christi, TX 77403			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE		outside of Texas. Complete Schedule T.		
	LAFENDITORE		TX, officeholder living expense		
		Meeting expe	ense		
_	Operation ONE V & discont	Out that Off a half a range	Office held		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held		
	Date	Payee name			
	03/24/2023	Associated Republicans of Texas			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$250.00	807 Brazos Street			
		Suite 601			
		Austin, TX 78701			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Continuations Made by	outside of Texas. Complete Schedule T. TX, officeholder living expense		
		Candidate/Officeholder/Political Committee Check if Austin, Political Cont			
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held		
	expenditure to benefit C/OI	1			
	Date	Payee name			
	01/13/2023	Barefoot Mardi Gras			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$1,500.00	14493 SPID			
	•				
		Corpus Christi, TX 78418			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF		outside of Texas. Complete Schedule T.		
	EXPENDITURE	Check if Austin,	TX, officeholder living expense		
		Event sponso	orship		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held		
	experientare to beliefft G/OI	,			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awa e Legal So	everage Expense ards/Memorials Expe ervices		Office Overhead/Rental Expense Polling Expense Printing Expense				Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2 FILE	R NAME						3	Filer ID	(Ethics Commission Filers)	
	Sch: 9/73 Rpt: 14/120	Hun	Hunter, Todd A. (The Honorable) 00020493									
4	Date	5 Paye	ee name									
	05/29/2023	Bell	, Ginny									
6	Amount (\$)	7 Paye	ee address;	City;	State;	Zip Co	de					
	\$2,000.00	Сар	itol Building									
		Ext	52.108									
		Aus	tin, TX 78768									
8	PURPOSE	(a) Cate	egory (See Categ	ories listed at the to	n of this sche	edule)	(b)	Description				
	OF EXPENDITURE		aries/Wages/C			oduic)		_ `	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE							—		officeholder living	expense	
								Contract labo	or e	xpense		
		-										
9	Complete ONLY if direct expenditure to benefit C/Oh		date/Officehold	er name	0	office sou	ght			Office he	eld	
	Date	Paye	ee name									
	01/13/2023	Brer	nt Chesney C	ampaign								
	Amount (\$)	Paye	ee address;	City;	State;	Zip Co	de					
	\$1,380.00 242 Cape Aron											
		Corp	pus Christi, T	X 78412								
	PURPOSE OF		gory (See Categ		p of this sche	edule)	(b)	Description		d4.T O	olate Calcadula T	
	EXPENDITURE	Foo	d/Beverage E	xpense				=		de of Texas. Com officeholder living		
								Event expens				
	Complete ONLY if direct		date/Officehold	er name	0	office sou	ght			Office he	eld	
	expenditure to benefit C/OH											
	Date	Paye	ee name									
	01/03/2023	Brya	an, Kenneth									
	Amount (\$)	Paye	ee address;	City;	State;	Zip Co	de					
	\$6,600.00	112	2 Colorado St	, Apt. 2105								
		Aus	tin, TX 78701	-2142								
	PURPOSE	(a) Cate	gory (See Categ	ories listed at the to	p of this sche	edule)	(b)	Description				
	OF EXPENDITURE		ısing expense							de of Texas. Com		
								_		officeholder living	expense	
								Housing expe	2 115	C		
	Complete ONLY if direct	Candi	date/Officehold	er name	0	office sou	aht			Office he	ald	
	expenditure to benefit C/O				J		t			000 110	-	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
		· · · · · · · · · · · · · · · · · · ·
1	Total pages Schedule F1:	
	Sch: 10/73 Rpt:	Hunter, Todd A. (The Honorable) 00020493
4	Date	5 Payee name
	04/03/2023	Bryan, Kenneth
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$6,600.00	1122 Colorado St, Apt. 2105
		Austin, TX 78701-2142
8	PURPOSE	1
ľ	OF	(a) Category (See Categories listed at the top of this schedule) Housing expense. (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Housing expense Check if travel outside of Texas. Complete Schedule T. X Check if Austin, TX, officeholder living expense
		Housing expense
		3 · p · ·
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
_	D :	
	Date	Payee name
	06/01/2023	Bryant Printing Company, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,287.09	4009 Sherwood Dr
		Rowlett, TX 75088
_	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Printing Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Graduation certificates
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	04/24/2023	Calk-Wilson Elementary School
-	Amount (\$)	Payee address; City; State; Zip Code
	\$400.00	3925 Ft Worth S
	Ψ400.00	33231 (900111 3
		O O
		Corpus Christi, TX 78411
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Event sponsorship
_	Operation Children	On didn't 10 ff a halden name
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services The Instruction Guid			pense ages/Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	trict category not listed above)	
1	Total pages Schedule F1:	2 FILER NAI	ME				3	Filer ID	(Ethics Commission Filer	rs)
	Sch: 11/73 Rpt:	Hunter, T	odd A. (The Honora	ıble)				00020493		
4	Date	5 Payee nan	 ne							
	06/01/2023	,	isitor Parking Garag	е						
6	Amount (\$)	7 Payee add			Zip Cod	 le				
	\$12.00	_	Jacinto Blvd	Jiaio,	p 000	- -				
	412.00	2202 0011								
		Austin, T	× 78701							
8	PURPOSE	(a) Category	(See Categories listed at the	top of this sched	dule)	(b) Description				
	OF EXPENDITURE	Parking e	expense at Capitol			=		de of Texas. Com		
						Parking expe		officeholder living	expense	
						. arming expt	J. 1JC	at Jupitoi		
9	Complete ONLY if direct	Candidate/C	Officeholder name		ffice soug	ht		Office he		
	expenditure to benefit C/O		ZINGCHOIUGI HAIHE		ce soug			————		
	Date	Payee nan								
L	01/03/2023	Charity Le	eague							
	Amount (\$)	Payee add	lress; City;	State;	Zip Cod	le				
	\$1,000.00	P.O. Box	6757							
		Corpus C	hristi, TX 78466							
	PURPOSE	(a) Category	(See Categories listed at the	top of this sche	dule)	(b) Description				
	OF EXPENDITURE	Event Exp				Check if travel		de of Texas. Com		
	LA LIBITORE					ш		officeholder living	expense	
						Event spons	orsn	ıιþ		
_	Commission ONE V. C. F.	Committee of	Nesia a la al al antica a		#: a = -	la 4		Ott: 1	- Ial	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Officeholder name	Oi	ffice soug	Irit		Office he	eiu	
	Date	Payee nan								
	01/03/2023	Citi Bank	Credit Card							
	Amount (\$)	Payee add	•	State;	Zip Cod	le	_	_		
	\$2,708.80	P.O. BOX	< 78045							
		Phoenix,	AZ 85062-8045							
	PURPOSE	(a) Category	(See Categories listed at the	top of this sche	dule)	(b) Description				
	OF EXPENDITURE		rd Payment			Check if travel		de of Texas. Com		
	LAFENDITURE							officeholder living	expense	
						Credit Card F	rayı	nent		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Officeholder name	Oì	ffice soug	ht		Office he	eld	
	experiolitate to beliefit O/OFI									
_										

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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 complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 12/73 Rpt:	Hunter, Todd A. (The Honorable)	00020493
4	Date	5 Payee name	•
	02/02/2023	Citi Bank Credit Card	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$3,830.32	P.O. BOX 78045	
		Phoenix, AZ 85062-8045	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	· · · · · · · · · · · · · · · · · · ·	l outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austi	n, TX, officeholder living expense
		Credit Card	payment
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experientare to benefit Grot	'	
	Date	Payee name	
	02/24/2023	Citi Bank Credit Card	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$2,279.39	P.O. BOX 78045	
l		Phoenix, AZ 85062-8045	
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Credit Card Payment	I outside of Texas. Complete Schedule T.
l			n, TX, officeholder living expense
		Credit card p	dayment
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	9	Office field
⊨	D-4-		
	Date 03/31/2023	Payee name Citi Bank Credit Card	
L			
	Amount (\$)	Payee address; City; State; Zip Code	
	\$4,888.43	P.O. BOX 78045	
l			
		Phoenix, AZ 85062-8045	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Credit Card Layment	I outside of Texas. Complete Schedule T. n, TX, officeholder living expense
		Credit Card	
			-
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
\vdash			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 13/73 Rpt:	Hunter, Todd A. (The Honorable) 00020493
4	Date	5 Payee name
	06/03/2023	Citi Bank Credit Card
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,523.17	P.O. BOX 78045
		Phoenix, AZ 85062-8045
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Credit card payment
		Ground data paymone
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	01/03/2023	Coastal Bend Community Foundation
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	555 N. Carancahua St
		Suite 900
		Corpus Christi, TX 78401
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
	LXI LINDITORL	Check if Austin, TX, officeholder living expense
		Event sponsorship
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	03/31/2023	Coastal Bend Home Builders Association
H	Amount (\$)	Payee address; City; State; Zip Code
	\$45.00	5325 Yorktown Blvd
	Ψ43.00	3323 TORROWN DIVU
		Corpus Christi, TX 78413
一	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Meeting expense
L		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	Orange to borion Oron	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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 o	complete	e this form.
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission File
Sch: 14/73 Rpt:	Hunter, Todd A. (The Honorable)		00020493
4 Date	5 Payee name		•
01/03/2023	Coastal Bend Republican Coalition		
6 Amount (\$)	7 Payee address; City; State; Zip C	Code	
\$21,550.00	15346 Cartagena Court		
	Corpus Christi, TX 78418		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) D	Description
OF EXPENDITURE	Contributions/Donations Made By		Check if travel outside of Texas. Complete Schedule T.
LAFLINDITORL	Candidate/Officeholder/Political Committee	[Check if Austin, TX, officeholder living expense
		P	Political Contribution
		1	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office so	ought	Office held
Date	Payee name		
04/24/2023	Corpus Christi Black Chamber of Commerce		
Amount (\$)	Payee address; City; State; Zip C	Code	
\$600.00	PO Box 60574		
	Corpus Christi, TX 78466		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) D	Description
OF EXPENDITURE	Event Expense		Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE		[Check if Austin, TX, officeholder living expense
			Event sponsorship
Complete ONLY if direct	Candidate/Officeholder name Office so		Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/O		Jugni	Office field
	1		
Date	Payee name		
01/03/2023	Cort Austin Rental		
Amount (\$)	Payee address; City; State; Zip C	Code	
\$600.00	9821A IH-35 North		
	Austin, TX 78753		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) D	Description
OF EXPENDITURE	Housing expense		Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE		>	-
		+	Housing expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office so	ought	Office held
experiorale to benefit C/O			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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 complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 15/73 Rpt:	Hunter, Todd A. (The Honorable) 00020493
4	Date	5 Payee name
	01/13/2023	County Citizens Defending Freedom
6	Amount (\$) \$500.00	7 Payee address; City; State; Zip Code 10309 SPID, Ste E1
		Corpus Christi, TX 78418
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Political Contribution
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/01/2023	Downtown Management District
	Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 223 N Chaparral St # A
		Corpus Christi, TX 78401
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Event sponsorship
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 01/03/2023	Payee name Dr. Hector P. Garcia Memorial Foundation
	Amount (\$) \$850.00	Payee address; City; State; Zip Code 2014 Encino Vista
		San Antonio, TX 78259-2430
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Event sponsorship
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
rtising Expense Event Expense Loan Repayment/Reimbu

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

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

ordan dara r aymon	The Instruction Guide explains how to co	mplete this form.		
1 Total pages Schedule F1:	2 FILER NAME	3	3 Filer ID (Ethics Commiss	sion Filers)
Sch: 16/73 Rpt:	Hunter, Todd A. (The Honorable)		00020493	
4 Date	5 Payee name			
04/10/2023	Education is Our Freedom			
6 Amount (\$)	7 Payee address; City; State; Zip Co	de		
\$1,000.00	PO Box 10307			
	Corpus Christi, TX 78760-0307			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Event Expense		utside of Texas. Complete Schedule T.	
EXPENDITURE	·		TX, officeholder living expense	
		Event sponsor	rship	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sou	ght	Office held	
Date	Payee name			
06/02/2023	Flour Bluff Booster Club			
Amount (\$)	Payee address; City; State; Zip Co	de		
\$600.00	P.O. Box 18002			
	Corpus Christi, TX 78418			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Event Expense	ш	utside of Texas. Complete Schedule T. TX, officeholder living expense	
		Event sponsor		
Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held	
expenditure to benefit C/O		•		
Date	Payee name			
03/13/2023	Flour Bluff Business Association			
Amount (\$)	Payee address; City; State; Zip Co	de		
\$65.00	P.O. Box 181423	uc		
700.00				
	Corpus Christi, TX 78418			
PURPOSE		(b) Description		
OF	(a) Category (See Categories listed at the top of this schedule) Membership dues	(b) Description Check if travel out	utside of Texas. Complete Schedule T.	
EXPENDITURE	Membership ddes	ш	TX, officeholder living expense	
		Membership d	ues	
_				
Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held	
expenditure to benefit C/O	1			

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to complete	te this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 17/73 Rpt:	Hunter, Todd A. (The Honorable)	00020493
4	Date	5 Payee name	·
	01/03/2023	Flour Bluff High School Baseball	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$750.00	2505 Waldrod Rd.	
		Corpus Christi, TX 78418	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Event Expense	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense Event sponsorship
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		
	Date	Payee name	
	01/03/2023	Foltz, Adam	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$271.25	1219 South Lamar Blvd #804	
	42.2.20		
		Austin, TX 78704	
	PURPOSE		Description
	OF	Transportation Equipment & Related	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Expense	Check if Austin, TX, officeholder living expense
			Mileage expense
			200
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	01/03/2023	Foltz, Adam	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$179.06	1219 South Lamar Blvd #804	
		Austin, TX 78704	
	PURPOSE OF	` · · · · · · · · · · · · · · · · · · ·	Description
	EXPENDITURE	Hotel expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		'	Hotel expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	1	
_			

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
•	Sch: 18/73 Rpt:	Hunter, Todd A. (The Honorable) 00020493
4	Date	5 Payee name
	01/03/2023	Granado, Angie Flores
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$6,500.00	418 Peoples St
		# 505
		Corpus Christi, TX 78401
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Contract Labor
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
⊨	Date	Daysa nama
	01/04/2023	Payee name Granado, Angie Flores
	Amount (\$)	Payee address; City; State; Zip Code
	\$6,500.00	418 Peoples St
		# 505
		Corpus Christi, TX 78401
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense
		Contract Labor
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/20/2023	Granado, Angie Flores
	Amount (\$)	Payee address; City; State; Zip Code
	\$6,500.00	418 Peoples St
		# 505
		Corpus Christi, TX 78401
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Contract Labor
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiorare to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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)	
Sch: 19/73 Rpt:	Hunter, Todd A. (The Honorable) 00020493	
4 Date	5 Payee name	
02/01/2023	Granado, Angie Flores	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$6,500.00	418 Peoples St	
	# 505	
	Corpus Christi, TX 78401	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.	
E/11 E/15/1. C. 1.	Check if Austin, TX, officeholder living expense Contract Labor	
	Contract Labor	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/O		
Data		_
Date 03/31/2023	Payee name Granado, Angie Flores	
Amount (\$)	Payee address; City; State; Zip Code	
\$6,800.00	418 Peoples St	
	# 505	
	Corpus Christi, TX 78401	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	Contract Labor	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/O	pH	
Date	Payee name	_
02/28/2023	Granado, Angie Flores	
Amount (\$)	Payee address; City; State; Zip Code	_
\$6,500.00	418 Peoples St	
7 3,2 3 2 1 3 2	# 505	
	Corpus Christi, TX 78401	
PURPOSE		
OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Check if Austin, TX, officeholder living expense	
	Contract Labor expense	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/O	γH	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	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)
	Sch: 20/73 Rpt:	Hunter, Todd A. (The Honorable) 00020493
4	Date	5 Payee name
	05/01/2023	Granado, Angie Flores
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$6,500.00	418 Peoples St
		# 505
		Corpus Christi, TX 78401
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	LAI LIIDITORE	Contract Labor
		Contract Labor
_	Complete ONL V if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OH	
_	Data	
	Date	Payee name Cranada Angia Flores
	05/29/2023	Granado, Angie Flores
	Amount (\$)	Payee address; City; State; Zip Code
	\$6,800.00	418 Peoples St
		# 505
		Corpus Christi, TX 78401
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Contract Labor
		Contract Labor
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	05/29/2023	Granado, Angie Flores
		-
	Amount (\$) \$2,000.00	Payee address; City; State; Zip Code 418 Peoples St
	Φ2,000.00	· ·
		# 505
		Corpus Christi, TX 78401
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor
		Contract labor expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -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	ll Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 21/73 Rpt:	Hunter, Todd A. (The Honorable) 00020493
4	Date	5 Payee name
	05/29/2023	Granados, Kamryn
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,000.00	PO Box 2910
		Austin, TX 78768
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor
		Contract labor expense
		Contract labor expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	01/04/2023	Grassroots Consultants
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$600.00	4710 Hakel
		Corpus Christi, TX 78415
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Consulting expense
		Consulting expense
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	03/10/2023	Grassroots Consultants
H	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	4710 Hakel
	4000.00	
		Corpus Christi, TX 78415
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Consulting expense
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
I	Complete ONLY if direct expenditure to benefit C/Ol	· · · · · · · · · · · · · · · · · · ·
\vdash	•	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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 complete this form.	
1	Total pages Schedule F1:		sion Filers)
	Sch: 22/73 Rpt:	Hunter, Todd A. (The Honorable) 00020493	
4	Date	5 Payee name	
	04/20/2023	Grassroots Consultants	
6	Amount (\$)	7 Payee address; City; State; Zip Code 4710 Hakel	
	\$1,500.00	4710 Hakei	
		Corpus Christi, TX 78415	
8	PURPOSE		
Ü	OF	(a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Consulting expense	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
,	expenditure to benefit C/OI	the state of the s	
	Date	Payee name	
	06/02/2023	Grassroots Consultants	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$800.00		
		Corpus Christi, TX 78415	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.	
		Consulting expense	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	DH	
	Date	Payee name	
	05/29/2023	Guernsey, Josh	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,000.00	P.O. Box 2910	
		Austin, TX 78768	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Mages/Contract Labor Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Contract labor	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held OH	
<u> </u>			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schodule E1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
1	Total pages Schedule F1: Sch: 23/73 Rpt:	Hunter, Todd A. (The Honorable)
4	Date	5 Payee name
	02/03/2023	HEB #6
6	Amount (\$)	7 Payee address; City; State; Zip Code
ľ	\$5.41	4320 South Alameda
	Ψ011	4020 Couli / Maineda
		Corpus Christi, TX 78412
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense Office supplies
		Office Supplies
<u>_</u>	Operation ONE VALUE	Overfield to 100% and a little
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
	01/03/2023	Hardknocks Sports Bar & Grill
	Amount (\$)	Payee address; City; State; Zip Code
	\$48.14	5862 Everhart Rd
		Corpus Christi, TX 78413
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Meeting expense
		Weeting expense
_	Computate ONLY if diseast	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	
	Date	Payee name
	02/03/2023	Hardknocks Sports Bar & Grill
	Amount (\$)	Payee address; City; State; Zip Code
	\$38.96	5862 Everhart Rd
		Corpus Christi, TX 78413
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Meeting expense
_	Operation Children	Overfield to 100% and believe to 100% and 100% a
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Superiord to belief 0/01	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarice Magnet/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
-	Sch: 24/73 Rpt:	Hunter, Todd A. (The Honorable) 00020493
4	Date	5 Payee name
	02/17/2023	Hardknocks Sports Bar & Grill
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$41.73	5862 Everhart Rd
		Corpus Christi, TX 78413
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Meeting expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Douge name
	02/17/2023	Payee name Hardknocks Sports Bar & Grill
		·
	Amount (\$)	Payee address; City; State; Zip Code
	\$96.34	5862 Everhart Rd
		Corpus Christi, TX 78413
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Meeting expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	04/07/2023	Harrell R. Arnold, Jr, CPA
	Amount (\$)	Payee address; City; State; Zip Code
	\$175.00	PO Box 3885
		Corpus Christi, TX 78463
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	1120 POL Tax preparation fee Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		1120 POL Tax preparation fee
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experialitate to belieff 6/01	<u>'</u>

SCHEDULE F1

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/Magne/Contract Labor

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 25/73 Rpt:	Hunter, Todd A. (The Honorable) 00020493
4	Date	5 Payee name
	05/15/2023	Hayley Cakes and Cookies
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$454.83	1700 S. Lamar Blvd
		Austin, TX 78704
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Gifts for capitol staff
		Citis for capitor stain
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	03/31/2023	Hester's Cafe
⊢	Amount (\$)	Payee address; City; State; Zip Code
	\$51.36	1714 S. Alameda St
	Ψ01.00	1114 G. Aldinodd Gi
		Corpus Christi, TX 78404
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Meeting expensse
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	01/13/2023	Huerta, Isabella
H	Amount (\$)	Payee address; City; State; Zip Code
	\$468.44	446 Pennington Dr.
	Ψ100.11	440 F Gillington Di.
		Corpus Christi, TX 78412
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Hotel expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Hotel expense in Austin, Tx
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
\vdash		
ı		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense

Candidate/Officeholder/Political Committee Credit Card Payment			Legal Services The Instruction Guid		Wages	s/Contract Labor		OTHER (enter a	category not listed above)	
1	Total pages Schedule F1:	2 FILER NAME					3	Filer ID	(Ethics Commission Fil	ers)
	Sch: 26/73 Rpt:		ld A. (The Honora	ıble)				00020493		·
4	Date	5 Payee name								
	01/13/2023	Huerta, Isal	pella							
6	Amount (\$)	7 Payee addres	ss; City;	State; Zip Co	ode					
	\$268.55	446 Pennin	gton Dr.							
		Corpus Chr	isti, TX 78412							
8	PURPOSE	(a) Category (Se	ee Categories listed at the	top of this schedule)	(b)	Description				
	OF EXPENDITURE	Travel Out	of District					de of Texas. Com		
						Mileage expe		officeholder living		
						will cage expe	,113	to Austin,	١٨.	
9	Complete ONLY if direct	Candidate/Offi	ceholder name	Office sou	ıaht			Office he	ald.	
ľ	expenditure to benefit C/OI		ocholder hame	Office 300	agi it			Office fie	iiu	
	Date	Payee name								
	02/17/2023	Huerta, Isal	oella							
	Amount (\$)	Payee addres	ss; City;	State; Zip Co	ode					
	\$302.61	446 Pennin	gton Dr.							
		Corpus Chr	isti, TX 78412							
	PURPOSE OF	(a) Category (Se	ee Categories listed at the	top of this schedule)	(b)	Description				
	EXPENDITURE	Travel Out	of District					de of Texas. Comp		
						—		officeholder living	Fraining in Austin.	
						will cage expe	,,,,	c for Eurios	rranning irr Austini.	
	Complete ONLY if direct		ceholder name	Office sou	l ıght			Office he	eld	
	expenditure to benefit C/OI	1								
	Date	Payee name								
	02/17/2023	Huerta, Isal	pella							
	Amount (\$)	Payee addres	ss; City;	State; Zip Co	ode					
	\$800.00	446 Pennin	gton Dr.							
		Corpus Chr	isti, TX 78412							
	PURPOSE	(a) Category (Se	ee Categories listed at the	top of this schedule)	(b)	Description				
	OF EXPENDITURE	Housing in A	Austin, Texas					de of Texas. Com		
						Housing in Au		officeholder living	expense	
						riousing in Al	uətl	ii, IEAAS		
	Complete ONLY if direct	Candidate/Offi	ceholder name	Office sou	laht			Office he	eld	
	expenditure to benefit C/OI		continue nume	Office 300	agi it			Office file		
l										

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Expense Event Expense Loan Repayment/Reimbu

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

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 complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 27/73 Rpt:	Hunter, Todd A. (The Honorable) 00020493
4	Date	5 Payee name
	04/20/2023	Huerta, Isabella
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$800.00	446 Pennington Dr.
		Corpus Christi, TX 78412
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Housing in Austin, Texas Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Housing in Austin, Texas
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	05/19/2023	Huerta, Isabella
	Amount (\$)	Payee address; City; State; Zip Code
	\$800.00	446 Pennington Dr.
		Corpus Christi, TX 78412
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Housing in Austin, Texas Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Housing in Austin, Texas
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	05/29/2023	Huerta, Isabella
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	446 Pennington Dr.
		Corpus Christi, TX 78412
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense Contract labor expense
		Contract labor expense
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
1		

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 28/73 Rpt:	Hunter, Todd A. (The Honorable) 00020493
4	Date	5 Payee name
Ļ	01/03/2023	Hunter, Todd
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$35,000.00	445 Cape Henry Dr.
		Corpus Christi, TX 78412
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Loan reimbursement
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	01/05/2023	Hunter, Todd
	Amount (\$)	Payee address; City; State; Zip Code
	\$35,000.00	445 Cape Henry Dr.
		Corpus Christi, TX 78412
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Loan reimbursement
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 01/12/2023	Payee name Hunter, Todd
	Amount (\$)	Payee address; City; State; Zip Code
	\$30,000.00	445 Cape Henry Dr.
	, ,	
		Corpus Christi, TX 78412
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Loan reimbursment
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

Vertising Expense Event Expense Loan Repayment/Reimburgense Loan Reimburgense Loan

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Political Committee Credit Card Payment			Legal Services The Instruction Guide expla		Vages	/Contract Labor		OTHER (enter a	category not listed above)	
1	Total pages Schedule F1:	2 FILER NAME					3	Filer ID	(Ethics Commission Filer	s)
	Sch: 29/73 Rpt:		ld A. (The Honorable)					00020493		
4	Date	5 Payee name								
	01/14/2023	Hunter, Tod	d							
6	Amount (\$)	7 Payee addres	ss; City; S	tate; Zip Co	ode					
	\$4,000.00	445 Cape H	lenry Dr.							
		Corpus Chr	isti, TX 78412							
8	PURPOSE	(a) Category (Se	ee Categories listed at the top of thi	s schedule)	(b)	Description				
	OF EXPENDITURE	Loan Repay	/ment/Reimbursement			=		de of Texas. Comp		
						Loan reimbur		officeholder living	expense	
						Loan reimbai	301	Hent		
9	Complete ONLY if direct	Candidate/Offi	ceholder name	Office sou	ıaht			Office he	ıld	
ľ	expenditure to benefit C/OI		seriolder flame	Omec 300	igiit			Office fie		
	Date	Payee name								
	01/18/2023	Hunter, Tod	d							
	Amount (\$)	Payee addres	ss; City; S	tate; Zip Co	ode					
	\$9,000.00	445 Cape H	lenry Dr.							
		·	,							
		Corpus Chr	isti, TX 78412							
	PURPOSE OF	(a) Category (Se	ee Categories listed at the top of thi	s schedule)	(b)	Description				
EXPENDITURE		Loan Repayment/Reimbursement				Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
						Loan reimbur			expense	
						Loan reimbai	301	TICH		
	Complete ONLY if direct	Candidate/Offi	 ceholder name	Office sou	<u>l</u> ıght			Office he	eld	
	expenditure to benefit C/OI	4								
	Date	Payee name								
	01/13/2023	Hutchinson,	, Charlotte							
	Amount (\$)	Payee addres	ss; City; S	tate; Zip Co	ode					
	\$175.06	555 N. Cara	ancahua, Ste. 250							
			•							
		Corpus Chr	isti, TX 78401							
	PURPOSE	(a) Category (Se	ee Categories listed at the top of thi	s schedule)	(b)	Description				
	OF EXPENDITURE	Hotel expen	ise			브		de of Texas. Comp		
						_		officeholder living	expense	
						Hotel expens	C			
\vdash	Complete ONLY if direct	Candidate/Offi		Office sou	labt			Office he	ald.	
	expenditure to benefit C/OI		Jenoidel Haille	Onice Suu	igrit			Onice He	au.	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 30/73 Rpt:	Hunter, Todd A. (The Honorable) 00020493
4	Date	5 Payee name
	01/13/2023	Hutchinson, Charlotte
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$288.85	555 N. Carancahua, Ste. 250
		Corpus Christi, TX 78401
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Mileage expense to Austin, Tx
		Militage expense to Adount, TX
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payee name
	02/17/2023	Hyatt Centric Congress Ave
	Amount (\$)	Payee address; City; State; Zip Code
	\$251.64	721 Congress Ave
		Austin, TX 78401
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Hotel expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Hotel expense
		Flotel expense
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
_	Data	Davies same
	Date 01/03/2023	Payee name
		Ingleside Chamber of Commerce
	Amount (\$)	Payee address; City; State; Zip Code
	\$75.00	2665 San Angelo Ave
		Ingleside, TX 78362
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Membership dues Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Membership dues
		Membership dues
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officenoider/Politica 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)
	Sch: 31/73 Rpt:	Hunter, Todd A. (The Honorable) 00020493
4	Date	5 Payee name
	05/22/2023	Instituto De Cultura Hispanic
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$400.00	1617 N. Chaparral St.
	l	
		Corpus Christi, TX 78404
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	l	Event sponsorship Legado Golf Tournament
	l	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	н
	Date	Payee name
	01/30/2023	Island Foundation
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,500.00	14493 S.P.I.D., PMB 307A
	, -,	1 1 100 Gir inib.,
		Corpus Christi, TX 78418
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	l	Event sponsorship
	I	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	y
-	Date	Payee name
	03/03/2023	KEDT South Texas PBS
	Amount (\$)	Payee address; City; State; Zip Code
	\$400.00	3502 S Staples St.
	Ψ400.00	3302 3 Stapies St.
		Corpus Christi, TX 78411-2524
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
	l	Event sponsorship
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

	Candidate/Officeholder/Politica 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)
	Sch: 32/73 Rpt:	Hunter, Todd A. (The Honorable) 00020493
4	Date	5 Payee name
	01/03/2023	Key Allegro Yacht Club
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$101.52	1796 Bay Shore Drive
		Rockport, TX 78382
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Meeting expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	'
	Date	Payee name
	01/20/2023	Kiwanis Club of Corpus Christi
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	PO Box 6501
		Corpus Christi, TX 78466
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Event sponsorship
		Event sponsorsing
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	y
	Date	Payee name
	02/10/2023	LULAC COUNCIL #1
	Amount (\$)	Payee address; City; State; Zip Code
	\$700.00	P.O Box 270113
		Corpus Christi, TX 78427
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Event sponsorship Feria De Las Flores
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 33/73 Rpt:	Hunter, Todd A. (The Honorable) 00020493
4	Date	5 Payee name
	03/20/2023	LULAC COUNCIL #1
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$400.00	P.O Box 270113
		Corpus Christi, TX 78427
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Event sponsorship
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	experialitate to benefit of of	'
	Date	Payee name
	03/24/2023	LULAC COUNCIL #1
Н	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	P.O Box 270113
		Corpus Christi, TX 78427
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Event sponsorship
L	2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
	03/31/2023	LULAC COUNCIL #1
	Amount (\$)	Payee address; City; State; Zip Code
	\$210.00	P.O Box 270113
		Corpus Christi, TX 78427
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Advertising Expense
l	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Advertising expense
L		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/Ol	¬

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) 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)

	Credit Card Payment	The Instruction Guide explains how to comple	te this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 34/73 Rpt:	Hunter, Todd A. (The Honorable)	00020493
4	Date	5 Payee name	•
	02/03/2023	La Quinta Austin	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$244.53	300 East 11th Street	
		Austin, TX 78701	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF	Hotel expense	Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE		Check if Austin, TX, officeholder living expense
			Hotel expense
_			25
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
┕	'		
	Date	Payee name	
	01/03/2023	Majic 104.9 FM	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,500.00	P.O. Box 270547	
l			
l		Corpus Christi, TX 78427	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
l	OF EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
l			Advertising expense
l			, tarestoning expenses
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
F	Date	Payee name	
l	02/24/2023	Majic 104.9 FM	
⊢	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,500.00	P.O. Box 270547	
	·		
l		Corpus Christi, TX 78427	
	PURPOSE	•	Description
l	OF	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE		Check if Austin, TX, officeholder living expense
l			Advertising expense
L			
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experience to beliefit 6/01	·	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:		_
	Sch: 35/73 Rpt:	Hunter, Todd A. (The Honorable) 00020493	
4	Date	5 Payee name	
	06/05/2023	Majic 104.9 FM	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$1,500.00	P.O. Box 270547	
		Corpus Christi, TX 78427	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Advertising expense	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	-
	expenditure to benefit C/O		
_	Date	Payee name	╡
	06/01/2023	Muelle	
	Amount (\$)	Payee address; City; State; Zip Code	\dashv
	\$46.93	4918 Ayers, Ste 120	
	Ψ40.93	4310 Ayers, Sie 120	
		Corpus Christi, TX 78416	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Meeting expense	
		iniodang expense	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	-
	expenditure to benefit C/O	S	
	Date	Davies name	=
	04/10/2023	Payee name Mustangs	
		-	_
	Amount (\$)	Payee address; City; State; Zip Code 4601 Corona Drive	
	\$300.00	4001 Corona Drive	
		Corpus Christi, TX 78411	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	7
	OF EXPENDITURE	Membership dues Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITORE	Check if Austin, TX, officeholder living expense	
		Membership dues	
			_
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	

SCHEDULE F1

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

Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Credit Card Payment	The Instruction Guide explains how to co	-	te this form.
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 36/73 Rpt:	Hunter, Todd A. (The Honorable)		00020493
4 Date	5 Payee name		•
03/13/2023	NAMI GCC		
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode	
\$400.00	PO Box 300817		
	Austin, TX 78703		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
OF EXPENDITURE	Event Expense		Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE			Check if Austin, TX, officeholder living expense
			Event sponsorship
Complete ONLY if direct	Condidate/Officeholder name Office and	uabt	Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sou H	ugni	Office field
Dete			
Date	Payee name		
03/17/2023	NAMI GCC		
Amount (\$)	Payee address; City; State; Zip Co	ode	
\$600.00	PO Box 300817		
	Austin, TX 78703		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
EXPENDITURE	Event Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			Event sponsorship
Complete ONLY if direct	Candidate/Officeholder name Office sou	<u>l</u> ught	Office held
expenditure to benefit C/O		J	
Date	Payee name		
02/28/2023	New Life Church Youth		
Amount (\$)	Payee address; City; State; Zip Co	ode	
\$400.00	5801 McArdle Rd	000	
* ******			
	Corpus Christi, TX 78412		
PURPOSE		(h)	Description
OF	(a) Category (See Categories listed at the top of this schedule) Event Expense	(1)	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Event Expense		Check if Austin, TX, officeholder living expense
			Event sponsorship
Complete ONLY if direct	Candidate/Officeholder name Office sou	ught	Office held
expenditure to benefit C/O	H		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	1
	Sch: 37/73 Rpt:	Hunter, Todd A. (The Honorable) 00020493
4	Date	5 Payee name
	01/03/2023	New Life Refuge Ministries
6	Amount (\$) \$1,500.00	7 Payee address; City; State; Zip Code P.O. Box 9157
		Corpus Christi, TX 78469
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Event sponsorship
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/03/2023	Nueces County Republican Club
	Amount (\$)	Payee address; City; State; Zip Code
	\$32.43	2786 Santa Fe
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		Corpus Christi, TX 78404
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Meeting expense
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/03/2023	Nueces County Republican Party
	Amount (\$)	Payee address; City; State; Zip Code
	\$3,000.00	PO Box 18016
	+0,000.00	
		Corpus Christi, TX 78480-8016
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	ZA ZADITORZ	Candidate/Officeholder/Political Committee
		Political donation
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to comp	lete this form.
	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 38/73 Rpt:	Hunter, Todd A. (The Honorable)	00020493
4 Date 02/24/2023	5 Payee name Nueces County Republican Women PAC	
6 Amount (\$) \$60.00	7 Payee address; City; State; Zip Code P.O. Box 270054	
8 PURPOSE OF EXPENDITURE	Corpus Christi, TX 78427 (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Meeting expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	t Office held
Date 03/17/2023	Payee name Nueces County Republican Women PAC	
	• •	
Amount (\$) \$40.00	Payee address; City; State; Zip Code P.O. Box 270054	
	Corpus Christi, TX 78427	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Meeting expense
Complete ONLY if direct expenditure to benefit C/OI	L Candidate/Officeholder name Office sought H	t Office held
Date 03/31/2023	Payee name Nueces County Republican Women PAC	
Amount (\$) \$35.00	Payee address; City; State; Zip Code P.O. Box 270054	
	Corpus Christi, TX 78427	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Meeting expense
Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
<u> </u>	Total pages Schodula F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
-	Total pages Schedule F1: Sch: 39/73 Rpt:	Hunter, Todd A. (The Honorable) 00020493
4	Date	5 Payee name
	06/01/2023	Nueces County Republican Women PAC
6	Amount (\$) \$20.00	7 Payee address; City; State; Zip Code P.O. Box 270054 Corpus Christi, TX 78427
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Meeting expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/01/2023	Nueces County Republican Women PAC
	Amount (\$) \$40.00	Payee address; City; State; Zip Code P.O. Box 270054
		Corpus Christi, TX 78427
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Meeting expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/01/2023	Office Depot
	Amount (\$) \$50.85	Payee address; City; State; Zip Code Office Depot 1737 S Staples Corpus Christi, TX 78401
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office supplies
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			
1	Total pages Schodule E1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)		
1	Total pages Schedule F1: Sch: 40/73 Rpt:	Hunter, Todd A. (The Honorable) 6 Piler ID (Ethics Commission Filers) 7 Piler ID (Ethics Commission Filers)		
4	Date	5 Payee name		
	02/10/2023	Olive Garden Italian Restaurant		
6	Amount (\$)	7 Payee address; City; State; Zip Code		
	\$25.96	3940 S. Lamar Blvd		
		Auctin TV 70704		
		Austin, TX 78704		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Food/Beverage Expense		
		Check if Austin, TX, officeholder living expense		
		Meeting expense		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
	expenditure to benefit C/OI	1		
F	Date	Payee name		
	06/01/2023	Omni Corpus Christi Hotel		
		· · · · · · · · · · · · · · · · · · ·		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$5.00	707 North Shoreline Blvd		
		Corpus Christi, TX 78401		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Parking expense for ABC luncheon Check if travel outside of Texas. Complete Schedule T.		
	-	Check if Austin, TX, officeholder living expense		
		Parking expense for ABC luncheon		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
	expenditure to benefit C/OI			
	Date	Payee name		
	01/03/2023	Padre Island Business Association		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$3,596.40			
	\$3,590.40	4493 SPID, Ste A PMB 313		
		Corpus Christi, TX 78418		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF	Advertising Expense Check if travel outside of Texas. Complete Schedule T.		
	EXPENDITURE	Check if Austin, TX, officeholder living expense		
		Advertising expense		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
	expenditure to benefit C/OH			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 41/73 Rpt:	Hunter, Todd A. (The Honorable) 00020493
4	Date	5 Payee name
	01/19/2023	Padre Island Business Association
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$95.00	4493 SPID, Ste A PMB 313
		Corpus Christi, TX 78418
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Membership dues Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Membership dues
Ļ	Computate ONLY if direct	Condidate/Officeholder some
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/03/2023	Padre Island Business Association
	Amount (\$)	Payee address; City; State; Zip Code
	\$70.21	4493 SPID, Ste A PMB 313
		Corpus Christi, TX 78418
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Meeting expense
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	Paras mana
	Date 03/17/2023	Payee name Padre Island Business Association
	Amount (\$)	Payee address; City; State; Zip Code
	\$136.16	4493 SPID, Ste A PMB 313
		Corpus Christi, TX 78418
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Meeting expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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)

	Credit Card Payment	The Instruction Guide explains how to co	mple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 42/73 Rpt:	Hunter, Todd A. (The Honorable)		00020493
4	Date	5 Payee name		
	03/24/2023	Padre Island Business Association		
6	Amount (\$)	7 Payee address; City; State; Zip Co	de	
	\$500.00	4493 SPID, Ste A PMB 313		
		Corpus Christi, TX 78418		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Event Expense		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense Event sponsorship
				Event sponsorship
9	Complete ONLY if direct	Candidate/Officeholder name Office sour	aht	Office held
9	expenditure to benefit C/O		gnı	Office field
_				
	Date	Payee name		
	06/01/2023	Padre Island Business Association		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$156.42	4493 SPID, Ste A PMB 313		
		Corpus Christi, TX 78418		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense Meeting expense
				Weeting expense
_	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held
	expenditure to benefit C/O	•	giit	Office field
	Date	Payee name		
	05/15/2023	PaperSource		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$117.45	524 N. Lamar, Ste. 105		
		Austin, TX 78703		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Supplies		Check if travel outside of Texas. Complete Schedule T.
	LXFLINDITORL			Check if Austin, TX, officeholder living expense
				Supplies
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ght	Office held
	experience to beliefft C/Of	•		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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)

	Credit Card Payment	The Instruction Guide explains how to complete this	s form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 43/73 Rpt:	Hunter, Todd A. (The Honorable)	00020493
4	Date	5 Payee name	·
	05/08/2023	Parker Pool	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$450.00	1605 Yorktown Blvd	
		Corpus Christi, TX 78418	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Desc	
	EXPENDITURE		neck if travel outside of Texas. Complete Schedule T. neck if Austin, TX, officeholder living expense
			nt sponsorship
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
F	Date	Payee name	
	02/24/2023	Party City	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$40.05	5425 SPID	
		Corpus Christi, TX 78411	
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Desc	ription
	OF EXPENDITURE	Onice Overhead/Nertial Expense	neck if travel outside of Texas. Complete Schedule T.
		Ll ci Supp	neck if Austin, TX, officeholder living expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
F	Date	Payee name	
	01/03/2023	Police Officer's Christmas Angels, Inc	
H	Amount (\$)	Payee address; City; State; Zip Code	
	\$200.00	PO Box 2504	
		Corpus Christi, TX 78403	
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Desc	ription
	OF EXPENDITURE	Event Expense	neck if travel outside of Texas. Complete Schedule T.
			neck if Austin, TX, officeholder living expense nt sponsorship
		Evel	it aponatianp
-	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

rpense Travel in E xpense Travel Out Vages/Contract Labor OTHER (e

	Candidate/Officenoider/Politica 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)
	Sch: 44/73 Rpt:	Hunter, Todd A. (The Honorable) 00020493
4	Date	5 Payee name
	06/01/2023	Port Aransas Art Center
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	323 North Alister Street
		Port Arnasas, TX 78373
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Event sponsorship
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	4
	Date	Payee name
	01/03/2023	Port Aransas Chamber of Commerce
	Amount (\$)	Payee address; City; State; Zip Code
	\$105.00	403 W. Cotter
		Port Aransas, TX 78373
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Event sponsorship
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	H
	Date	Payee name
	01/03/2023	Portland Chamber of Commerce
	Amount (\$)	Payee address; City; State; Zip Code
	\$225.00	1605 US Highway 181, #A
		Portland, TX 78374
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Membership dues Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Membership dues
		Wethbership dues
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) 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	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 45/73 Rpt:	Hunter, Todd A. (The Honorable) 00020493
4	Date	5 Payee name
	02/01/2023	Purple Door
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$400.00	PO Box 3368
		Corpus Christi, TX 78463
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Event sponsorship
		Event sponsorship
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
⊨	Date	Payee name
	02/10/2023	Raconteur Media Company
┝	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	1717 West Sixth St,
	φ300.00	Suite 215
		Austin, TX 78703
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Web Hosting expense
		3 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	02/17/2023	Reach Ministries
H	Amount (\$)	Payee address; City; State; Zip Code
	\$950.00	401 N. Shoreline Blvd
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		Corpus Christi, TX 78401
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		Event sponsorship - Rock Solid Men
L	Complete ONLY if alice of	Condidate/Officeholder name Office cought
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
dash		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

ng Expense Event Expense Loan Repayment/Reimbu

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

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 (onter a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.	THEN (effer a category flot listed above)	
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·	iler ID (Ethics Commission Filers)	
	Sch: 46/73 Rpt:	Hunter, Todd A. (The Honorable) 00020493		
4	Date	5 Payee name		
	03/03/2023	Rockport Fulton Chamber of Commerce		
6	Amount (\$)	7 Payee address; City; State; Zip Code		
	\$500.00	319 Broadway St		
		Rockport, TX 78382		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Event Expense	of Texas. Complete Schedule T.	
	EXPENDITORE	I — I —	ficeholder living expense	
		Event sponsorshi	0	
_				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought OH	Office held	
	Date	Payee name		
	03/03/2023	Rockport Fulton Chamber of Commerce		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$150.00	319 Broadway St		
		Rockport, TX 78382		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Membership dues Check if travel outside	of Texas. Complete Schedule T.	
		Check if Austin, TX, or Membership dues	ficeholder living expense	
		Wiembership dues		
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held	
	expenditure to benefit C/OI		Office Held	
	Data			
	Date 01/03/2023	Payee name Rockport Pilot		
		·		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$396.00	P.O. Box 730		
		Rockport, TX 78381-0730		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	EXPENDITURE	Advertising Expense L	of Texas. Complete Schedule T. ficeholder living expense	
		Advertising exper		
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held	
	expenditure to benefit C/OI	G		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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)

	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	s)
	Sch: 47/73 Rpt:	Hunter, Todd A. (The Honorable) 00020493	
4	Date	5 Payee name	
	01/19/2023	Rockport Pilot	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$2,145.00	P.O. Box 730	
l		Rockport, TX 78381-0730	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Advertising Expense Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
l		Advertising expense	
Ļ			
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
┕	<u>'</u>		
	Date	Payee name	
L	05/15/2023	Rockport Pilot	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$2,197.00	P.O. Box 730	
l			
l		Rockport, TX 78381-0730	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
l	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
l		Advertising expense	
		/ lavorationing expenses	
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
F	Date	Payee name	
	01/19/2023	Rocky Mountain Chocolate	
⊢	Amount (\$)	Payee address; City; State; Zip Code	
l	\$206.10	4015 South Interstate 35 Suite 835	
l	*====		
l		San Marcos, TX 78666	
⊢	PURPOSE		
	OF	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Gift expense	
L			
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	experience to beliefft G/OI		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nittee	Food/Beverage Expen Gift/Awards/Memorials Legal Services The Instruction G	Expense		xpens Vages	e /Contract Labor		Travel in District Travel Out of Dis OTHER (enter a		
1	Total pages Schedule F1:	l								Filer ID	(Ethics Commission Filers	5)
	Sch: 48/73 Rpt:		Hunter, Tod	d A. (The Hono	rable)					00020493		
4	Date	5	Payee name									
L	02/10/2023	_ F	Rocky Mour	itain Chocolate								
6	Amount (\$)	7	Payee addres	s; City;	State;	Zip Co	de					
	\$629.77	4	1015 South	Interstate 35 S	uite 835							
			San Marcos	, TX 78666								
8	PURPOSE	(a) (Category (Se	e Categories listed at t	he top of this sche	edule)	(b)	Description				
	OF EXPENDITURE			Memorials Exp		,		므			plete Schedule T.	
								Check if Austin, Gifts	, TX,	officeholder living	g expense	
								Olito				
9	Complete ONLY if direct	<u> </u>	andidate/Offic	ceholder name		Office sou	abt			Office he	2ld	
	expenditure to benefit C/O		a ididale/OIII	CHOIGEI HAIHE		AIICE SUU	grit			Onice He		
	Date	F	Payee name	<u> </u>								
L	01/13/2023		Romeros, C	hristianna								
	Amount (\$)	F	Payee addres	s; City;	State;	Zip Co	de					
	\$435.48	4	129 Naples									
		(Corpus Chri	sti, TX 78401								
	PURPOSE	(a) (Category (Se	e Categories listed at t	he top of this sch	edule)	(b)	Description				
	OF EXPENDITURE	H	Hotel expen	se				=		de of Texas. Com officeholder living	plete Schedule T.	
								Hotel expens				
									J		· · · · ·	
	Complete ONLY if direct	Ci	andidate/Offic	ceholder name	C	Office sou	ght			Office he	eld	
	expenditure to benefit C/O						-					
	Date		Payee name									
	01/13/2023	l	Romeros, C	hristianna								
	Amount (\$)	_	Payee addres		State:	Zip Co	de					
	\$265.93	l	129 Naples		21010,	.,- 00						
	Ţ=33. 00											
		(Corpus Chri	sti, TX 78401								
	PURPOSE OF			e Categories listed at t	he top of this sche	edule)	(b)	Description	•	d4.T-: 0	onless Cole adula T	
	EXPENDITURE		Fravel Out o	f District				_		de of Texas. Com officeholder living	plete Schedule T. g expense	
								Mileage expe				
								, , , , , , , , , , , , , , , , , , ,		·		
	Complete ONLY if direct	C	andidate/Offic	eholder name	C	Office sou	ght			Office he	eld	
	expenditure to benefit C/O	Н										

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) 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	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 49/73 Rpt:	Hunter, Todd A. (The Honorable) 00020493
4	Date	5 Payee name
	02/10/2023	Romeros, Christianna
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$307.19	429 Naples
		Corpus Christi, TX 78401
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Mileage expense to Austin for Ethics training.
		will cage expense to Austin for Ethics training.
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash	Date	Davies same
		Payee name
	02/03/2023	Romeros, Christianna
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	429 Naples
		Corpus Christi, TX 78401
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin TX officeholder living expenses.
		Contract Labor
		Contract Labor
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-	Date	Payee name
	02/24/2023	Payee name Romeros, Christianna
		· · · · · · · · · · · · · · · · · · ·
	Amount (\$)	Payee address; City; State; Zip Code
	\$289.51	429 Naples
		Corpus Christi, TX 78401
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Mileage to Austin, TX
		······ouge to · ideaii, ···
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officenoider/Politica 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)
	Sch: 50/73 Rpt:	Hunter, Todd A. (The Honorable) 00020493
4	Date	5 Payee name
	03/17/2023	Romeros, Christianna
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100.00	429 Naples
		Corpus Christi, TX 78401
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Contract Labor
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	01/03/2023	Rotary Club of Corpus Christi
	Amount (\$)	Payee address; City; State; Zip Code
	\$220.00	418 Peoples St # 300
		•
		Corpus Christi, TX 78401
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Meeting expense
		Weeting expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	01/03/2023	SILVERADO SMOKEHOUSE
	Amount (\$)	Payee address; City; State; Zip Code
	\$15.05	4522 WEBER ROAD
		Corpus Christi, TX 78411
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Meeting expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Cr	Candidate/Officenoider/Politica redit Card Payment	The Instruction Guide explains how to complete this form.
1 Tot	tal pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 51/73 Rpt:	Hunter, Todd A. (The Honorable) 00020493
4 Dat	te	5 Payee name
02	/17/2023	SILVERADO SMOKEHOUSE
6 Am	nount (\$) \$15.35	7 Payee address; City; State; Zip Code 4522 WEBER ROAD
		Corpus Christi, TX 78411
8 E	PURPOSE OF XPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Meeting expense
	mplete <u>ONLY</u> if direct penditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Dat	te	Payee name
02	/03/2023	Sam's Club
Am	nount (\$) \$110.50	Payee address; City; State; Zip Code 4833 SPID
		Corpus Christi, TX 78411
E	PURPOSE OF XPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office supplies
	mplete <u>ONLY</u> if direct penditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Dat	te	Payee name
02	/17/2023	Sam's Club
Am	nount (\$) \$199.74	Payee address; City; State; Zip Code 4833 SPID
		Corpus Christi, TX 78411
	PURPOSE OF XPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office supplies
	mplete <u>ONLY</u> if direct penditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 52/73 Rpt:	Hunter, Todd A. (The Honorable) 00020493
4	Date	5 Payee name
	02/24/2023	Sam's Club
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$43.26	4833 SPID
		Corpus Christi, TX 78411
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Office supplies
		- Стист Стиров Стиро
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
H	Date	Payee name
	03/17/2023	San Patricio County GOP
L		
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	PO Box 153
		Portland, TX 78374
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Event sponsorship
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	•
F	Date	Payee name
	01/03/2023	San Patricio County Republican Women
H	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	P.O. Box 1222
		Portland, TX 78374-1222
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Event sponsorship
\vdash	Complete ONI V if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/Ol	U
dash		
L		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a coloropy not listed above)

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 53/73 Rpt:	Hunter, Todd A. (The Honorable) 00020493
4	Date	5 Payee name
	06/01/2023	San Patricio County Republican Women
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$65.00	P.O. Box 1222
		Portland, TX 78374-1222
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Meeting expense
		wieeting expense
_		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/03/2023	South Jetty
	Amount (\$)	Payee address; City; State; Zip Code
	\$221.76	P.O. Box 1117
		Port Aransas, TX 78373
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Advertising expense
_	Occupated ONLY if alice at	Our Middle (Office health a grants
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	'	
	Date	Payee name
	01/13/2023	South Jetty
	Amount (\$)	Payee address; City; State; Zip Code
	\$277.20	P.O. Box 1117
		Port Aransas, TX 78373
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Advertising expense
_	Complete CNII V if direct	Condidate/Officeholder name Office south
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -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	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 54/73 Rpt:	Hunter, Todd A. (The Honorable) 00020493
4	Date	5 Payee name
	02/10/2023	South Jetty
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$228.48	P.O. Box 1117
		Port Aransas, TX 78373
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Advertising expense
		The state of the s
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
F	Date	Payee name
	03/03/2023	South Jetty
┢	Amount (\$)	Payee address; City; State; Zip Code
	\$228.48	P.O. Box 1117
	, , ,	
		Port Aransas, TX 78373
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Advertising expense
		Advertising expense
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
⊨	Data	
	Date	Payee name
	04/07/2023	South Jetty
	Amount (\$)	Payee address; City; State; Zip Code
	\$285.60	P.O. Box 1117
		Port Aransas, TX 78373
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Advertising expense
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	y
\vdash	•	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officenoider/Politica 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)
Sch: 55/73 Rpt:	Hunter, Todd A. (The Honorable) 00020493
4 Date	5 Payee name
06/01/2023	South Jetty
6 Amount (\$) \$228.48	7 Payee address; City; State; Zip Code P.O. Box 1117
	Port Aransas, TX 78373
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Advertising expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date	Payee name
01/03/2023	South Texas Alliance of Republicans
Amount (\$) \$500.00	Payee address; City; State; Zip Code P.O. Box 61012
	Corpus Christi, TX 78466
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date 02/09/2023	Payee name South Texas Alliance of Republicans
Amount (\$) \$100.00	Payee address; City; State; Zip Code P.O. Box 61012
	Corpus Christi, TX 78466
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Meeting expense
Complete ONLY if direct expenditure to benefit C/O	L L Candidate/Officeholder name Office sought Office held H

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 56/73 Rpt:	Hunter, Todd A. (The Honorable) 00020493
4	Date	5 Payee name
	02/10/2023	South Texas Alliance of Republicans
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$90.00	P.O. Box 61012
		Corpus Christi, TX 78466
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Memberships expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Membership expense
		Wietinbership expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
⊨	Date	
	Date	Payee name
L	02/24/2023	South Texas Alliance of Republicans
	Amount (\$)	Payee address; City; State; Zip Code
	\$530.00	P.O. Box 61012
		Corpus Christi, TX 78466
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Event sponsorship
		Event sponsorship
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
⊨	Data	Davis same
	Date 03/17/2023	Payee name South Texas Alliance of Republicans
		·
	Amount (\$)	Payee address; City; State; Zip Code
	\$60.00	P.O. Box 61012
		Corpus Christi, TX 78466
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Meeting expense
1		
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
\vdash		
I		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to co	mplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 57/73 Rpt:	Hunter, Todd A. (The Honorable)	00020493
4 Date	5 Payee name	<u>'</u>
03/31/2023	South Texas Alliance of Republicans	
6 Amount (\$)	7 Payee address; City; State; Zip Co	de
\$200.00	P.O. Box 61012	
	Corpus Christi, TX 78466	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.
LAI LINDITORE		Check if Austin, TX, officeholder living expense
		Meeting expense
Complete ONLY if direct	Condidate/Officeholder name Office acu	oht Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	ght Office held
Date	Payee name	
04/28/2023	South Texas Alliance of Republicans	
Amount (\$)	Payee address; City; State; Zip Co	de
\$100.00	P.O. Box 61012	
	Corpus Christi, TX 78466	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description
EXPENDITURE	Event Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Event sponsorship
		·
Complete ONLY if direct	Candidate/Officeholder name Office sou	ght Office held
expenditure to benefit C/O	Н	
Date	Payee name	
05/03/2023	South Texas Alliance of Republicans	
Amount (\$)	Payee address; City; State; Zip Co	de
\$500.00	P.O. Box 61012	
	Corpus Christi, TX 78466	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF	Event Expense	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Event Expense	Check if Austin, TX, officeholder living expense
		Event sponsorship
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ght Office held
experientale to beliefft C/O	·	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officebooker/Political Com

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
		The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 58/73 Rpt:	Hunter, Todd A. (The Honorable) 00020493
4	Date	5 Payee name
	06/01/2023	South Texas Alliance of Republicans
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	P.O. Box 61012
		Corpus Christi, TV 79466
Ļ	P. (P. 0.0.5	Corpus Christi, TX 78466
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Event sponsorship
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office hold
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/01/2023	South Texas Alliance of Republicans
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	P.O. Box 61012
		Corpus Christi, TX 78466
_	DUDDOGE	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Event sponsorship
		2.0.1.000
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	06/01/2023	State of Energy
	Amount (\$)	Payee address; City; State; Zip Code
	\$191.00	5150 Broadway, #493
		San Antonio, TX 78509
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Luncheon expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	ll Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 59/73 Rpt:	Hunter, Todd A. (The Honorable) 00020493
4	Date	5 Payee name
	01/03/2023	Sterling Personnel, Inc.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$769.94	3833 S. Staples, Ste. N103
		Corpus Christi, TX 78411
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Contract Labor
		Contract Labor
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
⊨	Date	
	Date	Payee name
L	06/01/2023	Steve Ray & Associates
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	901 N. Carancahua St
		Corpus Christi, TX 78401
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Consultant expense
		Consultant expense
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Data	Davis same
	Date 02/03/2023	Payee name Sugar Bakers
L		
	Amount (\$)	Payee address; City; State; Zip Code
	\$47.65	2766 Santa Fe
L		Corpus Christi, TX 78404
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Meeting expense
		Wiccumg expense
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
\vdash		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 60/73 Rpt:	Hunter, Todd A. (The Honorable) 00020493
4	Date	5 Payee name
	02/24/2023	Sugar Bakers
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$36.10	2766 Santa Fe
		Corpus Christi, TX 78404
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Meeting expense
		wiceting expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·
_	Date	Davies same
		Payee name
	05/15/2023	Sugar Mama's Bakeshop
	Amount (\$)	Payee address; City; State; Zip Code
	\$130.00	1905 S 1st St,
		Austin, TX 78704
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Gifts for legislative office
		Gitts for registative office
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Data	
	Date 03/20/2023	Payee name
		TABPHE
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	1450 Cambridge Dr.
		Corpus Chriti, TX 78415
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Event sponsorship
		Event aponationing
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

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

Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarice Magnet/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	<u> </u>
	Sch: 61/73 Rpt:	Hunter, Todd A. (The Honorable) 00020493
4	Date	5 Payee name
	01/03/2023	Texas A&M University-Corpus Christi
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,500.00	6300 Ocean Drive
		Corpus Christi, TX 78412
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Event sponsorship
		Event sponsorship
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
	Date	Payee name
	02/20/2023	Texas Conservative Coalition
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,000.00	P.O. Box 2659
		Austin, TX 78768
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Membership dues Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Membership dues
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	02/21/2023	Texas Cultural Trust
	Amount (\$)	Payee address; City; State; Zip Code
	\$4,000.00	901 MOPAC Expressway
		Barton Oaks Plaza, Ste 410
		Austin, TX 78746
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Event sponsorship
	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees
Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 62/73 Rpt:	Hunter, Todd A. (The Honorable) 00020493
4	Date	5 Payee name
	01/30/2023	Texas Federation of Republican Women
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$200.00	515 Capital of Texas Hwy
		Suite 133
		Austin, TX 78746
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Event sponsorship
_	2	
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/13/2023	Texas House Republican Caucus
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	P.O. Box 13305
		Austin, TX 78711
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Event sponsorship
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	D-4-	
	Date 03/10/2023	Payee name Their Day Foundation
		Their Day Foundation
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	101-C North Greenville Ave.
		Suite #433
		Allen, TX 75002
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Event sponsorship
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	1
l		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

sement Solicitation/Fundraising Expense

xpense Transportation Equipment & Related Expense
Travel in District
Travel Out of District

abor OTHER (enter a category not listed above)

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
Ļ	T 5.	,
1	Total pages Schedule F1:	
	Sch: 63/73 Rpt:	Hunter, Todd A. (The Honorable) 00020493
4	Date	5 Payee name
L	01/03/2023	Thursday Morning Group
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$15.00	6314 Yorktown Blvd #205
		Corpus Christi, TX 78414
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
ľ	OF	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Meeting expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
H	Date	Payee name
	02/03/2023	Thursday Morning Group
\vdash	Amount (\$)	Payee address; City; State; Zip Code
	\$20.00	6314 Yorktown Blvd #205
	Ψ20.00	SSET TOTAL MESS
		Corpus Christi, TV 70414
		Corpus Christi, TX 78414
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Meeting expense
		Miceting expense
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OH	
L		
	Date	Payee name
	02/17/2023	Thursday Morning Group
	Amount (\$)	Payee address; City; State; Zip Code
	\$5.00	6314 Yorktown Blvd #205
		Corpus Christi, TX 78414
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	LAFLINDITORE	Check if Austin, TX, officeholder living expense
		Meeting expense
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experience to beliefft C/Of	•

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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)

	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)
	Sch: 64/73 Rpt:	Hunter, Todd A. (The Honorable) 00020493
4	Date	5 Payee name
	03/31/2023	Thursday Morning Group
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$25.00	6314 Yorktown Blvd #205
		Corpus Christi, TX 78414
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Meeting expense
		Meeting expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
_	Date	Payee name
	06/01/2023	Thursday Morning Group
	Amount (\$)	Payee address; City; State; Zip Code
	\$45.00	6314 Yorktown Blvd #205
	4 10.00	ool Frontom Biva #200
		Corpus Christi, TX 78414
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Meeting expense
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	- experientare to benefit or or	
	Date	Payee name
	02/09/2023	Toucan Graphics
	Amount (\$)	Payee address; City; State; Zip Code
	\$600.00	1817 Padre Blvd, # 1
		South Padre Island, TX 78597
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Advertising expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
1		

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Se				Vages	se s/Contract Labor ete this form.		Travel Out of Di OTHER (enter a		sted above)
_	T-t-1 O-b1-1- F1:	_	EII ED MANAE							1_	Ell ID	/E4b: O	
1	Total pages Schedule F1:	2								3	Filer ID	(Etnics Cor	nmission Filers)
	Sch: 65/73 Rpt:		Hunter, Too	ld A. (¯	The Honora	able)					00020493		
4	Date	5	Payee name										
	02/10/2023		Trolley, Dol	lv									
Ļ		L		-									
6	Amount (\$)	'	Payee addre		City;	State	e; Zip Co	ae					
	\$2,000.00		3442 San A	ntonio									
			Corpus Chr	isti. TX	78411								
Ļ	DUDDOOF	(-)	-					4-1					
8	PURPOSE OF	(a)	Category (Se				chedule)	(a)	Description				_
	EXPENDITURE		Salaries/Wa	ages/C	ontract La	bor			=		ide of Texas. Con		Т.
									ш .		, officeholder livin	y expense	
									Contract Lab	OI			
9	Complete ONLY if direct		Candidate/Offi	ceholde	er name		Office sou	ght			Office h	eld	
	expenditure to benefit C/OI	Н											
H	Date	Г	Payee name										
	02/24/2023		Trolley, Dol	lv.									
	Amount (\$)		Payee addre	ss;	City;	State	e; Zip Co	de					
	\$4,000.00		3442 San A	ntonio									
			Corpus Chr	isti. TX	(78411								
	PURPOSE	(0)	-					(h)	December				
	OF	^(a)	Category (Se				chedule)	(0)	Description	oute	ide of Texas. Con	anloto Schodulo	т
	EXPENDITURE		Salaries/Wa	ages/C	ontract Lai	bor			=		, officeholder livin		1.
									Contract Lab		, omeendider nviir	g expense	
									Contract Lab	Oi			
_	- 1 ·	<u> </u>											
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offi	ceholde	er name		Office sou	ght			Office h	eld	
	experialitate to benefit 6/61												
	Date		Payee name										
	03/31/2023		Trolley, Dol	ly									
	Amount (\$)	H	Payee addre	cc.	City;	State	e; Zip Co	nde					
	` '		•		•	Stati	e, zip co	ue					
	\$2,000.00		3442 San A	ilionio									
			Corpus Chr	isti, T≻	78411								
	PURPOSE	(a)	Category (Se	ee Catego	ories listed at the	e top of this so	chedule)	(b)	Description				
	OF		Salaries/Wa				,			outs	ide of Texas. Con	nplete Schedule	T.
	EXPENDITURE								Check if Austin	ı, TX	, officeholder livin	g expense	
									Contract Lab	or			
Н	Complete ONLY if direct		Candidate/Offi	ceholde	er name		Office sou	aht			Office h	eld	
	expenditure to benefit C/OI						cc cou	J			500 11		
_													

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commit 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/Politic Credit Card Payment			mmittee	Legal Services Salaries/Wages/Contract Labor						OTHER (enter a category not listed above)			
	Credit Card Payment			The Instruction G	uide explains h	ow to co	mple	ete this form.					
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Co	mmission Filers)	
	Sch: 66/73 Rpt:		Hunter, Tod	d A. (The Hond	orable)					00020493			
4	Date	5	Payee name										
	06/01/2023		Trolley, Dol	У									
6	Amount (\$)	7	Payee addres	ss; City;	State:	Zip Co	de						
•	\$141.48		3442 San A		,								
	7-1-11												
			Corpus Chr	isti, TX 78411									
_		<u> </u>	-			-							
8	PURPOSE OF	(a)		ee Categories listed at	the top of this sched	dule)	(b)	Description	oto:	do of Toyon Con	anlata Cahadula	. =	
	EXPENDITURE		Travel In Di	strict				=		de of Texas. Con officeholder livin		· 1.	
								Mileage to Ar				n meeting	
								three round tr			•	· ·	
9	Complete ONLY if direct		Candidate/Offi	ceholder name	Of	fice sou	aht			Office h	eld		
-	expenditure to benefit C/OI						9						
	Date	т	D										
	06/01/2023		Payee name	h.,									
		_	Trolley, Dol	-									
	Amount (\$)		Payee addres		State;	Zip Co	ae						
	\$45.85		3442 San A	ntonio									
			Corpus Chr	isti, TX 78411									
	PURPOSE OF	(a)	Category (Se	ee Categories listed at	the top of this sched	dule)	(b)	Description					
	EXPENDITURE		Travel In Di	strict						de of Texas. Con officeholder livin		• Т.	
								Mileage to Ro				nort Fulton	
								luncheon		port ioi otta		, , , , , , , , , , , , , , , , , , , ,	
	Complete ONLY if direct	<u> </u>	Candidate/Offi	ceholder name	Of	fice sou	aht			Office h	eld		
	expenditure to benefit C/OI						9						
	Date	Π	Davisa nama										
	02/24/2023		Payee name Uber										
		_		O'th in	01-1	7: 0-	-1 -						
	Amount (\$)		Payee addres	•	State;	Zip Co	ae						
	\$35.60		507 Calles	51 #120,									
			Austin, TX 7	/8702									
	PURPOSE OF	(a)		ee Categories listed at		dule)	(b)	Description				_	
	EXPENDITURE			ion Equipment	& Related			므		de of Texas. Con officeholder livin		: I.	
			Expense					Transportatio					
										, 17			
	Complete ONLY if direct	<u> </u>	Candidate/Offi	ceholder name	Of	fice sou	aht			Office h	eld		
	expenditure to benefit C/OI				O.	554	J			20011			

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:		_
	Sch: 67/73 Rpt:	Hunter, Todd A. (The Honorable) Strict ID Centics Continues Soft Pilers) 00020493	
4	Date	5 Payee name	
	06/01/2023	United Chamber of Commerce	
6	Amount (\$) \$50.00	7 Payee address; City; State; Zip Code 602 N Staples, Ste 150	
		Corpus Christi, TX 78401	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense	
		Meeting expense for the South Texas Military Tasl Force	(
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
⊨	Data		_
	Date	Payee name	
	01/13/2023	United Corpus Christi Chamber of Commerce	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$30.00	602 N Staples St #150	
		Corpus Christi, TX 78401	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Event sponsorship	
		Event sponsorsinp	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	Complete ONLY if direct expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·	
	Date	Payee name	
	01/17/2023	United Corpus Christi Chamber of Commerce	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$5,250.00	602 N Staples St #150	
		Corpus Christi, TX 78401	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense	
		Event sponsorship for Signature Event Season Pa	55
L	Complete ONLY if direct	Condidate/Officeholder name Office cought Office hold	
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held Office held	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 68/73 Rpt:	Hunter, Todd A. (The Honorable) 00020493
4	Date	5 Payee name
	02/01/2023	United Corpus Christi Chamber of Commerce
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	602 N Staples St #150
		Corpus Christi, TX 78401
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Membership dues Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Membership dues
		Wettibership dues
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
F	Date	Payee name
	04/11/2023	United States Treasury
H	Amount (\$)	Payee address; City; State; Zip Code
	\$194.00	PO Box 409101
	*	
		Ogden, UT 84409
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		1120 POL income tax payment 2022
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	01/03/2023	V Fit Productions
H	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	750 Everhart
		Corpus Christi, TX 78411
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
l	2/11/2/10/12	Check if Austin, TX, officeholder living expense
		Event sponsorship
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
\vdash		
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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 Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 69/73 Rpt:	Hunter, Todd A. (The Honorable) 00020493
4	Date	5 Payee name
	01/19/2023	V Fit Productions
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$3,100.00	750 Everhart
		Corpus Christi, TX 78411
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Event sponsorship
		Event sponsorship
_	0 1: 0 11 1 1	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/30/2023	V Fit Productions
	Amount (\$)	Payee address; City; State; Zip Code
	\$3,100.00	750 Everhart
		Corpus Christi, TX 78411
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Event sponsorship
		Event Sponsorship
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
_		
	Date	Payee name
	02/28/2023	V Fit Productions
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	750 Everhart
		Corpus Christi, TX 78411
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Event sponsorship
	Complete ONLY if direct	Condidate/Officeholder name Office cought
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
· 		
L		

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) 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)

	Credit Card Payment	The Instruction Guide explains how to complete this f	orm.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 70/73 Rpt:	Hunter, Todd A. (The Honorable)	00020493
4	Date	5 Payee name	
	04/27/2023	V Fit Productions	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$3,350.00	750 Everhart	
		Corpus Christi, TX 78411	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Descri	
	EXPENDITURE		ck if travel outside of Texas. Complete Schedule T. ck if Austin, TX, officeholder living expense
		·	sponsorship
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
L	expenditure to benefit C/OI	1	
	Date	Payee name	
	06/01/2023	V Fit Productions	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,670.00	750 Everhart	
L		Corpus Christi, TX 78411	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Descri	
	EXPENDITURE		ck if travel outside of Texas. Complete Schedule T. ck if Austin, TX, officeholder living expense
			sponsorship
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	05/15/2023	Veterans Memorial HS Cheerleaders	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$250.00	3750 Cimarron Blvd,	
		O O	
		Corpus Christi, TX 78414	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Descri	otion ck if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Event Expense	ck if Austin, TX, officeholder living expense
		Event	sponsorship
L			
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

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 Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 71/73 Rpt:	Hunter, Todd A. (The Honorable) 00020493
4	Date	5 Payee name
	04/07/2023	Westside Business Association
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,500.00	2501 SPID
		Corpus Christi, TX 78418
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Event sponsorship
		Event sponsorship
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	the state of the s
F	Date	Payee name
	06/01/2023	Westside Business Association
⊢	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	2501 SPID
	4000.00	2007 01 10
		Corpus Christi, TX 78418
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Membership dues Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Membership dues
		Monipole.iip dage
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	01/03/2023	White, Gaye
H	Amount (\$)	Payee address; City; State; Zip Code
	\$2,500.00	2134 Covina Court
		Corpus Christi, TX 78414
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Contract Labor
		Contract Layor
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Fees

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

	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)	
	Sch: 72/73 Rpt:	Hunter, Todd A. (The Honorable) 00020493	
4	Date	5 Payee name	
	02/01/2023	White, Gaye	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$2,500.00	2134 Covina Court	
		Corpus Christi, TX 78414	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Lahor Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Contract Labor	
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	
	experialiture to benefit C/Oi		
	Date	Payee name	
	06/01/2023	Wings of Texas	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,000.00	3738 Nahid Court	
		Corpus Christi, TX 78418	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Event sponsorship	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	1	
	Date	Payee name	
	02/01/2023	Women's Club of Aransas County	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$100.00	PO Box 1094	
		Rockport, TX 78381	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Meeting expense	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
L	expenditure to benefit C/OH		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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 Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 73/73 Rpt:	Hunter, Todd A. (The Honorable) 00020493
4	Date	5 Payee name
	03/17/2023	World Affairs Council of South Texas
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$80.00	4409 Sue Circle
		Corpus Christi, TX 78410
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
		Check if Austin, TX, officeholder living expense
		Meeting expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
F	Date	Payee name
	04/10/2023	Young Life Corpus Christi
H	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	5934 S. Staples, Ste. 216
		Corpus Christi, TX 78413
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Event sponsorship
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	02/03/2023	Young Professionals of the Coastal Bend
H	Amount (\$)	Payee address; City; State; Zip Code
	\$50.00	P.O. Box 462
		Corpus Christi, TX 78403
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Membership dues Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Membership dues
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
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EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 1/33 Rpt: 79/120 Hunter, Todd A. (The Honorable) 00020493 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ Payee name 5 Date 06/03/2023 ATT Teleconference Service Amount (\$) Payee address; City; State; Zip Code \$46.83 PO Box 5002 Carol Stream, IL 60197-5002 **TYPE OF** Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Teleconference expense 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 01/03/2023 Access Storage Amount (\$) Payee address; City; State; Zip Code \$160.00 8041 S. Padre Island Dr. Ste A Corpus Christi, TX 78412 **TYPE OF** Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Storage expense Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Travel Out of District Gift/Awards/Memorials Expense Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 2/33 Rpt: 80/120 Hunter, Todd A. (The Honorable) 00020493 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ Payee name 5 Date 02/03/2023 Access Storage Amount (\$) Payee address; City; State; Zip Code \$160.00 8041 S. Padre Island Dr. Ste A Corpus Christi, TX 78412 **TYPE OF** Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Storage expense 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 03/31/2023 Access Storage Amount (\$) Payee address; City; State; Zip Code \$160.00 8041 S. Padre Island Dr. Ste A Corpus Christi, TX 78412 **TYPE OF** Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Storage expense Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Travel Out of District Gift/Awards/Memorials Expense Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 3/33 Rpt: 81/120 Hunter, Todd A. (The Honorable) 00020493 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ Payee name 5 Date 06/03/2023 Access Storage Amount (\$) Payee address; City; State; Zip Code \$160.00 8041 S. Padre Island Dr. Ste A Corpus Christi, TX 78412 **TYPE OF** Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Storage expense 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 06/03/2023 Access Storage Amount (\$) Payee address; City; State; Zip Code \$160.00 8041 S. Padre Island Dr. Ste A Corpus Christi, TX 78412 **TYPE OF** Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Storage expense Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 4/33 Rpt: 82/120 Hunter, Todd A. (The Honorable) 00020493 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date Payee name 06/03/2023 Apple.com Amount (\$) Payee address; State; Zip Code City; \$39.99 One Appple Park Way Cuperino, CA 95014 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Subscription expense 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 01/03/2023 AthleteGuild Amount (\$) Payee address; City; State; Zip Code \$76.30 103 Gattuso Rd, Unit 25 New Braunfels, TX 78132 **TYPE OF** Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense Event Sponsorship benefit the St. Judes Ranch for Children Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 5/33 Rpt: 83/120 Hunter, Todd A. (The Honorable) 00020493 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date Payee name 02/03/2023 AthleteGuild Amount (\$) Payee address; City; State; Zip Code \$27.81 103 Gattuso Rd, Unit 25 New Braunfels, TX 78132 **TYPE OF** Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense Event sponsorship 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 02/03/2023 AthleteGuild Amount (\$) Payee address; City; State; Zip Code \$33.13 103 Gattuso Rd, Unit 25 New Braunfels, TX 78132 **TYPE OF** Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense Event sponsorship Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 6/33 Rpt: 84/120 Hunter, Todd A. (The Honorable) 00020493 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date Payee name 03/31/2023 AthleteGuild Amount (\$) Payee address; City; State; Zip Code \$28.06 103 Gattuso Rd, Unit 25 New Braunfels, TX 78132 **TYPE OF** Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense Event sponsorship 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 06/03/2023 AthleteGuild Amount (\$) Payee address; City; State; Zip Code \$22.75 103 Gattuso Rd, Unit 25 New Braunfels, TX 78132 TYPE OF Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense Event sponsorship Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 7/33 Rpt: 85/120 Hunter, Todd A. (The Honorable) 00020493 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date Payee name 06/03/2023 AthleteGuild Amount (\$) Payee address; City; State; Zip Code \$33.13 103 Gattuso Rd, Unit 25 New Braunfels, TX 78132 TYPE OF Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense Event sponsorship 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 06/30/2023 AthleteGuild Amount (\$) Payee address; City; State; Zip Code \$38.44 103 Gattuso Rd, Unit 25 New Braunfels, TX 78132 TYPE OF Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense Event sponsorship Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Travel Out of District Gift/Awards/Memorials Expense Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 8/33 Rpt: 86/120 Hunter, Todd A. (The Honorable) 00020493 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ Payee name 5 Date 01/03/2023 Avis Rental Car Amount (\$) Payee address; City; State; Zip Code \$1,056.88 6 Sylvan Way Parsippany, NJ 07054 TYPE OF Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Transportation Equipment & Related **EXPENDITURE** Check if Austin, TX, officeholder living expense Expense Rental car expense 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/03/2023 Avis Rental Car Amount (\$) Payee address; City; State; Zip Code \$1,443.14 6 Sylvan Way Parsippany, NJ 07054 TYPE OF Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Transportation Equipment & Related **EXPENDITURE** Check if Austin, TX, officeholder living expense Expense Rental Car expense Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Travel Out of District Gift/Awards/Memorials Expense Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 9/33 Rpt: 87/120 Hunter, Todd A. (The Honorable) 00020493 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ Payee name 5 Date 03/31/2023 Avis Rental Car Amount (\$) Payee address; City; State; Zip Code \$767.08 6 Sylvan Way Parsippany, NJ 07054 TYPE OF Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Transportation Equipment & Related **EXPENDITURE** Check if Austin, TX, officeholder living expense Expense Car rental expense 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 03/31/2023 Bay Area Citizens Against Lawsuit Abuse Payee address; Amount (\$) City; State; Zip Code \$500.00 711 N. Carancahua, Ste 1603 Corpus Christi, TX 78403-0867 TYPE OF Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense Event sponsorship Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 10/33 Rpt: Hunter, Todd A. (The Honorable) 00020493 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date Payee name 01/03/2023 Capitol Gift Shop Amount (\$) Payee address; State; Zip Code \$235.99 1400 N. Congress Ave Austin, TX 78701 TYPE OF Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Gift/Awards/Memorials Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Christmas ornaments for sponsorships 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 03/31/2023 Coastal Bend Women Lawyers Association Amount (\$) Payee address; City; State; Zip Code \$190.00 P.O. Box 2176 Corpus Christi, TX 78403 TYPE OF Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense Event sponsorship Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 11/33 Rpt: Hunter, Todd A. (The Honorable) 00020493 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD Payee name 5 Date 03/31/2023 Colon Cancer Coalition Amount (\$) Payee address; State; Zip Code \$40.00 5666 Lincoln Dr Ste 270 Edina , MN 55436 TYPE OF Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense Event sponsorship 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 01/03/2023 **Constant Contact** Amount (\$) Payee address; City; State; Zip Code \$53.30 **Constant Contact** Waltham, ME 02451 TYPE OF Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Advertising expense Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 12/33 Rpt: Hunter, Todd A. (The Honorable) 00020493 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD Payee name 5 Date 02/03/2023 **Constant Contact** Amount (\$) Payee address; State; Zip Code City; \$53.30 **Constant Contact** Waltham, ME 02451 TYPE OF Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Advertising expense 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 03/31/2023 **Constant Contact** Amount (\$) Payee address; City; State; Zip Code \$53.30 **Constant Contact** Waltham, ME 02451 TYPE OF Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Advertising expense Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 13/33 Rpt: Hunter, Todd A. (The Honorable) 00020493 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 06/03/2023 **Constant Contact** Amount (\$) Payee address; State; Zip Code City; \$53.30 **Constant Contact** Waltham, ME 02451 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Advertising expense 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 06/03/2023 **Constant Contact** Amount (\$) Payee address; City; State; Zip Code \$53.30 **Constant Contact** Waltham, ME 02451 **TYPE OF** Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Advertising expense Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 14/33 Rpt: Hunter, Todd A. (The Honorable) 00020493 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ Date 5 Payee name 01/03/2023 Cookies by Design Amount (\$) Payee address; State; Zip Code \$838.86 4709 S. Alameda Corpus Christi, TX 78412 **TYPE OF** Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Gift/Awards/Memorials Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Gifts for Constitutents 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 01/03/2023 Cricket Amount (\$) Payee address; City; State; Zip Code \$30.00 PO Box 6022 Greenvillage, CO 80155-6022 **TYPE OF** Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Telephone expense Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 15/33 Rpt: Hunter, Todd A. (The Honorable) 00020493 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 02/03/2023 Cricket Amount (\$) Payee address; City; State; Zip Code \$30.00 PO Box 6022 Greenvillage, CO 80155-6022 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Telephone expense 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 02/02/2023 EventDog Run Amount (\$) Payee address; City; State; Zip Code \$48.48 P.O. Box 160683 Austin, TX 78716-0683 **TYPE OF** Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense Event sponsorship Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 16/33 Rpt: Hunter, Todd A. (The Honorable) 00020493 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date Payee name 03/31/2023 GODaddy.com Amount (\$) Payee address; City; State; Zip Code \$199.99 14455 N. Hayden Rd. Suite 219 Scottsdale, AZ 85260 **TYPE OF** Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Website expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Website expense 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 06/03/2023 GODaddy.com Amount (\$) Payee address; City; State; Zip Code \$235.44 14455 N. Hayden Rd. Suite 219 Scottsdale, AZ 85260 **TYPE OF** Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Web service expense Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 17/33 Rpt: Hunter, Todd A. (The Honorable) 00020493 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 02/03/2023 Head for a Cure Foundation Amount (\$) Payee address; City; State; Zip Code \$33.92 1607 Oak St Kansas City, MO 64108 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense Event sponsorship 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name Hyatt Regency Lost Pines Resort 03/31/2023 Amount (\$) Payee address; City; State; Zip Code \$468.86 575 Hyatt Lost Pines Road Lost Pines, TX 78612 **TYPE OF** Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Hotel expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Hotel expense Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 18/33 Rpt: Hunter, Todd A. (The Honorable) 00020493 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD Payee name 5 Date 03/31/2023 **KEDT South Texas PBS** Amount (\$) Payee address; State; Zip Code City; \$200.00 3502 S Staples St. Corpus Christi, TX 78411-2524 **TYPE OF** Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense Event sponsorship 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 02/03/2023 Legislative Solutions Amount (\$) Payee address; City; State; Zip Code \$54.13 PO Box 5643 Austin, TX 78763-5643 **TYPE OF** Non-Political Political Х **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Publication **EXPENDITURE** Check if Austin, TX, officeholder living expense Publication Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 19/33 Rpt: Hunter, Todd A. (The Honorable) 00020493 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 02/03/2023 NAACP Corpus Christi Amount (\$) Payee address; State; Zip Code \$260.00 1519 N Chaparral St Corpus Chrsiti, TX 78401 **TYPE OF** Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense Event sponsorship 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/03/2023 Portland Chamber of Commerce Amount (\$) Payee address; City; State; Zip Code \$30.00 1605 US Highway 181, #A Portland, TX 78374 **TYPE OF** Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense Event sponsorship Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Travel Out of District Gift/Awards/Memorials Expense Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 20/33 Rpt: Hunter, Todd A. (The Honorable) 00020493 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date Payee name 02/03/2023 Regional Hispanic Contractors Association Amount (\$) Payee address; City; State; Zip Code \$300.00 2210 W. Illinois Ave Dallas, TX 75224-1636 **TYPE OF** Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense Event sponsorship. 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/03/2023 Rockport Fulton Chamber of Commerce Payee address: Amount (\$) City; State; Zip Code \$350.00 319 Broadway St Rockport, TX 78382 **TYPE OF** Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense Event sponsorship Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 21/33 Rpt: Hunter, Todd A. (The Honorable) 00020493 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 06/03/2023 **Rockport Fulton Chamber of Commerce** Amount (\$) Payee address; City; State; Zip Code \$300.00 319 Broadway St Rockport, TX 78382 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense Event sponsorship 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/03/2023 RunSignUp.com Payee address: Amount (\$) City; State; Zip Code \$13.52 300 Mill Street, Suite 200 Moorestown, NJ 08057 **TYPE OF** Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense Event sponsorship Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 22/33 Rpt: Hunter, Todd A. (The Honorable) 00020493 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date Payee name 02/03/2023 RunSignUp.com Amount (\$) Payee address; City; State; Zip Code \$33.05 300 Mill Street, Suite 200 Moorestown, NJ 08057 **TYPE OF** Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense Event sponsorship 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/03/2023 RunSignUp.com Payee address: Amount (\$) City; State; Zip Code \$39.63 300 Mill Street, Suite 200 Moorestown, NJ 08057 **TYPE OF** Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense Event sponsorship Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 23/33 Rpt: Hunter, Todd A. (The Honorable) 00020493 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ Date 5 Payee name 06/03/2023 RunSignUp.com Amount (\$) Payee address; City; State; Zip Code \$27.73 300 Mill Street, Suite 200 Moorestown, NJ 08057 **TYPE OF** Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense Event sponsorship 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 06/03/2023 RunSignUp.com Payee address: Amount (\$) City; State; Zip Code \$43.70 300 Mill Street, Suite 200 Moorestown, NJ 08057 **TYPE OF** Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense Event sponsorship Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 24/33 Rpt: Hunter, Todd A. (The Honorable) 00020493 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date Payee name 06/03/2023 RunSignUp.com Amount (\$) Payee address; City; State; Zip Code \$70.32 300 Mill Street, Suite 200 Moorestown, NJ 08057 **TYPE OF** Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense Event sponsorship 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 06/03/2023 RunSignUp.com Payee address: Amount (\$) City; State; Zip Code \$54.35 300 Mill Street, Suite 200 Moorestown, NJ 08057 **TYPE OF** Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense Event sponsorship Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 25/33 Rpt: Hunter, Todd A. (The Honorable) 00020493 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ Date 5 Payee name 06/03/2023 RunSignUp.com Amount (\$) Payee address; City; State; Zip Code \$38.99 300 Mill Street, Suite 200 Moorestown, NJ 08057 **TYPE OF** Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense Event sponsorship 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 06/03/2023 RunSignUp.com Payee address: Amount (\$) City; State; Zip Code \$33.04 300 Mill Street, Suite 200 Moorestown, NJ 08057 **TYPE OF** Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense Event sponsorship Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 26/33 Rpt: Hunter, Todd A. (The Honorable) 00020493 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ Date 5 Payee name 06/03/2023 RunSignUp.com Amount (\$) Payee address; City; State; Zip Code \$39.31 300 Mill Street, Suite 200 Moorestown, NJ 08057 **TYPE OF** Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense Event sponsorship 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 06/03/2023 RunSignUp.com Payee address: Amount (\$) City; State; Zip Code \$39.31 300 Mill Street, Suite 200 Moorestown, NJ 08057 **TYPE OF** Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense Event sponsorship Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 27/33 Rpt: Hunter, Todd A. (The Honorable) 00020493 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date Payee name 02/03/2023 Solersports.com Amount (\$) Payee address; State; Zip Code City; \$54.74 5933 Broadway San Antonio, TX 78209 **TYPE OF** Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense Event sponsorship 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 03/31/2023 Solersports.com Payee address: Amount (\$) City; State; Zip Code \$38.99 5933 Broadway San Antonio, TX 78209 **TYPE OF** Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense Event sponsorship Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 28/33 Rpt: Hunter, Todd A. (The Honorable) 00020493 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 01/03/2023 Sweetwater Coffee Amount (\$) Payee address; State; Zip Code City; \$50.25 316 W 12th St Austin, TX 78701 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Meeting expense 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 01/03/2023 Tiff's Treats Payee address: Amount (\$) City; State; Zip Code \$84.76 1806 Nueces Austin, TX 78701 **TYPE OF** Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Gifts Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 29/33 Rpt: Hunter, Todd A. (The Honorable) 00020493 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 02/03/2023 United Corpus Christi Chamber of Commerce Amount (\$) Payee address; City; State; Zip Code \$750.00 602 N Staples St #150 Corpus Christi, TX 78401 **TYPE OF** Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense Event sponsorship 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 03/31/2023 United Corpus Christi Chamber of Commerce Amount (\$) Payee address; City; State; Zip Code \$2,750.00 602 N Staples St #150 Corpus Christi, TX 78401 **TYPE OF** Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense Event sponsorship Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 30/33 Rpt: Hunter, Todd A. (The Honorable) 00020493 4 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD Payee name 5 Date 01/03/2023 V Fit Productions Amount (\$) Payee address; City; State; Zip Code \$94.47 750 Everhart Corpus Christi, TX 78411 **TYPE OF** Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense Event sponsorship 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 01/03/2023 V Fit Productions Amount (\$) Payee address; City; State; Zip Code \$27.99 750 Everhart Corpus Christi, TX 78411 **TYPE OF** Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense Event sponsorship Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 31/33 Rpt: Hunter, Todd A. (The Honorable) 00020493 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD Payee name 5 Date 02/02/2023 V Fit Productions Amount (\$) Payee address; City; State; Zip Code \$82.23 750 Everhart Corpus Christi, TX 78411 **TYPE OF** Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense Event sponsorship 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/03/2023 V Fit Productions Amount (\$) Payee address; City; State; Zip Code \$33.24 750 Everhart Corpus Christi, TX 78411 **TYPE OF** Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense Event sponsorship Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 32/33 Rpt: Hunter, Todd A. (The Honorable) 00020493 4 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD Payee name 5 Date 03/31/2023 V Fit Productions Amount (\$) Payee address; City; State; Zip Code \$27.99 750 Everhart Corpus Christi, TX 78411 **TYPE OF** Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense Event sponsorship 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 03/31/2023 V Fit Productions Amount (\$) Payee address; City; State; Zip Code \$27.99 750 Everhart Corpus Christi, TX 78411 **TYPE OF** Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense Event sponsorship Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 33/33 Rpt: Hunter, Todd A. (The Honorable) 00020493 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date Payee name 06/03/2023 V Fit Productions Amount (\$) Payee address; City; State; Zip Code \$33.24 750 Everhart Corpus Christi, TX 78411 TYPE OF Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense Event sponsorship 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor			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 G:	2 FILER NAME	Ē			3	Filer ID	(Ethics Commission	n Filers)
	Sch: 1/7 Rpt: 112/120	Hunter, Too	ld A. (The Honorable)				000204	93	
4	Date	5 Payee name							
	02/25/2023	CVS Pharm	nacy						
6	Amount (\$)	7 Payee addre	ss; City; State;	Zip Co	ode				
	\$71.41	4801 S. Ala	ımeda						
	Reimbursement from								
	X political contributions intended	Corpus Chr	isti, TX 78412						
8	PURPOSE	(a) Category (s	ee Categories listed at the top of this sch	edule)	(b) Description	Ch	neck if travel	l outside of Texas. Complete	Schedule T.
	OF Gift/Awards/Memorials Expense				n, TX, officeholder living expe	ense			
					Gifts for constitut	tent	S		
9	Complete ONLY if direct expenditure to benefit	Candidate/Office	holder name		Office sought			Office held	
	C/OH								
	Date	Payee name							
	01/03/2023	l	es Flour Bluff						
_	Amount (\$) Payee address; City; State; Zip Code								
	\$21.64								
	Reimbursement from		,						
	X political contributions intended	Corpus Chr	risti, TX 78412						
_	PURPOSE		ee Categories listed at the top of this sch	edule)	Description	☐ Ch	neck if travel	I outside of Texas. Complete	Schedule T.
	OF	' '	age Expense	cuuicj		=		n, TX, officeholder living expe	
	EXPENDITURE	1 000,2010.	ago Exponed		Meeting expense	-			
	Complete ONLY if direct	Candidate/Office	holder name		Office sought			Office held	
	expenditure to benefit C/OH								
	Date	Payee name	El						
	01/20/2023	Coffee Way	es Flour Bluff						
	Amount (\$)	Payee addre	•	Zip Co	ode				
	\$16.77	10309 SPIE), Ste F						
	Reimbursement from political contributions intended	Corpus Chr	risti, TX 78412						
	PURPOSE	Category (s	ee Categories listed at the top of this sch	edule)	Description	Ch	neck if travel	l outside of Texas. Complete	Schedule T.
	OF EXPENDITURE	Food/Bever	age Expense			Cr	eck if Austi	n, TX, officeholder living expe	ense
	LA LABITORE				Meeting expense	9			
	Complete ONLY if direct expenditure to benefit	Candidate/Office	holder name		Office sought			Office held	
	C/OH								

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			se r	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule G:	FILER NAME		3	Filer ID (Ethics Commission Filers)
	Sch: 2/7 Rpt: 113/120	Hunter, Todd A. (The Honorable)			00020493
4	Date	Payee name			
	02/03/2023	Coffee Waves Flour Bluff			
6	Amount (\$) \$17.50	Payee address; City; S 10309 SPID, Ste F	tate; Zip Code		
	X political contributions intended	Corpus Christi, TX 78412			
8	PURPOSE OF) Category (See Categories listed at the top of th	is schedule) (b) Description	=	eck if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Food/Beverage Expense	Meeting expe		eck if Austin, TX, officeholder living expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	ndidate/Officeholder name	Office soug	ht	Office held
	Date	Payee name			
	02/24/2023	Coffee Waves Flour Bluff			
	Amount (\$)				
	\$16.75	10309 SPID, Ste F			
	X Reimbursement from political contributions intended	Corpus Christi, TX 78412			
	PURPOSE OF	Category (See Categories listed at the top of the	is schedule) Description	=	eck if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Food/Beverage Expense	Meeting expe	ш	eck if Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OH	ndidate/Officeholder name	Office soug	ht	Office held
	Date 02/17/2023	Payee name Coffee Waves Flour Bluff			
	Amount (\$) \$17.04	Payee address; City; S 10309 SPID, Ste F	tate; Zip Code		
	X Reimbursement from political contributions intended	Corpus Christi, TX 78412			
	PURPOSE OF	Category (See Categories listed at the top of the	is schedule) Description		eck if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Food/Beverage Expense	Meeting expe	ш	eck if Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OH	ndidate/Officeholder name	Office soug	ht	Office held

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/Wages/Contract Labor				Travel in District Travel Out of District OTHER (enter a category not listed above)				
	Credit Card Fayment		The Instruction Guide explains	how to co	omplete this form.					
1	Total pages Schedule G:	2 FILER NAME	=			3	Filer ID (Ethics Commission Filers)			
	Sch: 3/7 Rpt: 114/120	Hunter, Too	dd A. (The Honorable)				00020493			
4	Date	5 Payee name								
	06/21/2023		s Sports Grill							
6	Amount (\$)	7 Payee addre	ss; City; State;	Zip Co	ode					
	\$120.35	15401 SPI	•							
	Reimbursement from									
	political contributions intended	Corpus Chi	risti, TX 78418							
8	PURPOSE	(a) Category (s	ee Categories listed at the top of this scho	edule)	(b) Description	_	neck if travel outside of Texas. Complete Schedule	. T.		
	OF EXPENDITURE	Food/Bever	rage Expense			Che	neck if Austin, TX, officeholder living expense			
	LXI LINDITORE				Meeting expense	;				
9	Complete ONLY if direct	Candidate/Office	holder name		Office sought		Office held			
	expenditure to benefit C/OH									
	Date	Payee name								
	03/31/2023	Je'Sani Sm	ith Foundation							
	Amount (\$)	t (\$) Payee address; City; State; Zip Code								
	` '	\$40.00 PO Box 271102								
	Reimbursement from									
	political contributions intended	Corpus Chi	ricti TV 70427							
			risti, TX 78427		.					
	PURPOSE OF		ee Categories listed at the top of this scho	edule)	Description	_	neck if travel outside of Texas. Complete Schedule neck if Austin, TX, officeholder living expense	т.		
	EXPENDITURE	Event Expe	ense		L	_	leck if Austin, 17, officerolider living expense			
					Event sponsorsh	пþ				
	Complete ONLY if direct expenditure to benefit	Candidate/Office	holder name		Office sought		Office held			
	C/OH									
	Date	Dayloo nomo						=		
	05/24/2023	Payee name Longbow P								
				7: 0						
	Amount (\$)	Payee addre		Zip Co	ode					
	\$3,797.39	502 W. 13tl	1 St.							
	Reimbursement from political contributions intended	Austin, TX	78701							
_	PURPOSE		ee Categories listed at the top of this sche	odulo)	Description	7 Chr	neck if travel outside of Texas. Complete Schedule			
	OF	1	rage Expense	cuuicj		=	neck if Austin, TX, officeholder living expense			
	EXPENDITURE	1 Ood/Bevel	age Expense		Reception expen	- ise				
						.00				
	Complete ONLY if direct	Landidate/Office	holder name		Office sought		Office held			
	expenditure to benefit	Candidate/Office	noider name		Office 30dg/ft		Office field			
	C/OH									

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
-	Sch: 4/7 Rpt: 115/120	Hunter, Todd A. (The Honorable)	00020493
4	Date	5 Payee name	•
	06/12/2023	Nueces County Republican Party	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$15,000.00	PO Box 18016	
	Reimbursement from political contributions intended	Corpus Christi, TX 78480-8016	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Political contribu	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	
	06/12/2023	Nueces County Republican Women PAC	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$40.00	P.O. Box 270054	
	Reimbursement from political contributions intended	Corpus Christi, TX 78427	
	PURPOSE	Category (See Categories listed at the top of this schedule) Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Food/Beverage Expense Meeting expens	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	Payee name	
	06/21/2023	Rockport Fulton Chamber of Commerce	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$44.00	319 Broadway St	
	Reimbursement from political contributions intended	Rockport, TX 78382	
	PURPOSE	Category (See Categories listed at the top of this schedule) Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Food/Beverage Expense	Check if Austin, TX, officeholder living expense
	- -	Meeting expens	e
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

SCHEDULE G

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

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

Contributions/ Donations Made E Candidate/Officeholder/Politic Credit Card Payment			Gift/Awards/Memorials Expense Printing I Legal Services Salaries/ The Instruction Guide explains how to c	Wages/Contract Labor		Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule G:	2	FILER NAME		3	Filer ID (Ethics Commission Filers)	
	Sch: 5/7 Rpt: 116/120		Hunter, Todd A. (The Honorable)			00020493	
4	Date	5	Payee name				
	06/21/2023		Romeros, Christianna				
6	Amount (\$)	7	Payee address; City; State; Zip C	ode			
	\$300.00		429 Naples				
	Reimbursement from						
	political contributions intended		Corpus Christi, TX 78401				
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b) Description	С	heck if travel outside of Texas. Complete Schedule T.	
	OF EXPENDITURE		Salaries/Wages/Contract Labor		С	heck if Austin, TX, officeholder living expense	
				Contract Labor e	expense		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Car	didate/Officeholder name	Office sought		Office held	
	Date		Payee name				
02/16/2023 Texas House of Representatives							
Amount (\$) Payee address; City; State; Zip Code							
	\$177.10		P.O. Box 2910				
	•		1.0. Box 2010				
	X Reimbursement from political contributions intended		Austin, TX 78768				
	PURPOSE		Category (See Categories listed at the top of this schedule)	Description	C	heck if travel outside of Texas. Complete Schedule T.	
	OF EXPENDITURE		Gift/Awards/Memorials Expense		С	heck if Austin, TX, officeholder living expense	
				Texas Flags			
	Complete ONLY if direct expenditure to benefit C/OH	Car	didate/Officeholder name	Office sought		Office held	
	Date		Payee name				
	01/14/2023		USPS - Lamar Station				
	Amount (\$)		Payee address; City; State; Zip C	ode			
	\$36.00		4801 Everhart				
	Reimbursement from						
	X political contributions intended		Corpus Christi, TX 78411-9998				
	PURPOSE		Category (See Categories listed at the top of this schedule)	Description	=	heck if travel outside of Texas. Complete Schedule T.	
	OF EXPENDITURE		Office Overhead/Rental Expense	L	С	heck if Austin, TX, officeholder living expense	
				Stamps			
	Complete ONLY if direct		didata/Officeholder name	Office sought		Office hold	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	car	undate/Officeriolder name	Office sought		Office held	

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/Wages/Contract Labor			Travel in District Travel Out of District OTHER (enter a category not listed above)			
	Great Cara r ayment		The Instruction Guide explains	how to co	emplete this form.			
1	Total pages Schedule G:	2 FILER NAME	Ξ			3 File	er ID (Ethics Commission Filers)
	Sch: 6/7 Rpt: 117/120	Hunter, Too	dd A. (The Honorable)			00	020493	
4	Date	5 Payee name						
	02/25/2023	USPS - Lar						
6	Amount (\$)	7 Payee addre	ess; City; State;	Zip Co	ode			
	\$50.40	4801 Everh	nart					
	Reimbursement from							
	x political contributions intended	Corpus Chi	risti, TX 78411-9998					
8	PURPOSE	(a) Category (s	ee Categories listed at the top of this scho	edule)	(b) Description	Check	if travel outside of Texas. Complete Schedul	e T.
	OF	' ' ' '	head/Rental Expense	,	l`´	Check	if Austin, TX, officeholder living expense	
	EXPENDITURE				Stamps			
					'			
9	Complete ONLY if direct	L Candidate/Office	holder name		Office sought		Office held	
ľ	expenditure to benefit	Carrandato, Cinec	notaer name		eee eeug			
	C/OH							
	Date	Payee name						
	06/03/2023	USPS - Lar						
	Amount (\$)							
	• ,	\$50.40 4801 Everhart						
		4001 EVEII	iait					
	X Reimbursement from political contributions		: .: TV 70444 0000					
	intended	Corpus Chi	risti, TX 78411-9998					
	PURPOSE OF	Category (S	ee Categories listed at the top of this scho	edule)	Description		if travel outside of Texas. Complete Schedul	e T.
	EXPENDITURE	Office Over	head/Rental Expense		L	Check	if Austin, TX, officeholder living expense	
					Stamps			
	Complete ONLY if direct	Candidate/Office	holder name		Office sought		Office held	
	expenditure to benefit C/OH							
		<u> </u>						
	Date	Payee name						
	06/04/2023	USPS - Lar	mar Station					
	Amount (\$)	Payee addre	ess; City; State;	Zip Co	ode			
	\$25.20	4801 Everh	nart					
	Reimbursement from							
	X political contributions intended	Corpus Chi	risti, TX 78411-9998					
	PURPOSE	Category (S	ee Categories listed at the top of this sch	edule)	Description	Check	if travel outside of Texas. Complete Schedul	e T.
	OF EXPENDITURE	Office Over	head/Rental Expense			Check	if Austin, TX, officeholder living expense	
	EXPENDITORE				Stamps			
		Candidate/Office	holder name		Office sought		Office held	
	expenditure to benefit				-			
	C/OH							

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Filer ID Total pages Schedule G: FILER NAME (Ethics Commission Filers) Sch: 7/7 Rpt: 118/120 Hunter, Todd A. (The Honorable) 00020493 Date Payee name 06/09/2023 **USPS - Lamar Station** Amount (\$) Payee address; City; State; Zip Code \$25.20 4801 Everhart Reimbursement from political contributions intended Х Corpus Christi, TX 78411-9998 **PURPOSE** (b) Description Check if travel outside of Texas. Complete Schedule T. 8 (a) Category (See Categories listed at the top of this schedule) OF Check if Austin, TX, officeholder living expense Office Overhead/Rental Expense **EXPENDITURE** Stamps Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/26/2023 Wihelmi Holland Gallery Amount (\$) Payee address; City; State; Zip Code \$189.44 3005 Chaparral St Reimbursement from political contributions Χ Corpus Christi, TX 78401 intended **PURPOSE** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Gift/Awards/Memorials Expense **EXPENDITURE** Gifts for constitutents Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

	The Instru	ctic	on Guide explains how to complete this form.	1		pages Schedule K: 1/2 Rpt: 119/120
2	FILER NAME	ID (Ethics Commission Filers)				
	Hunter, Todo	20493				
4	Date 01/31/2023	<u> </u>	Name of person from whom amount is received American Bank Address of person from whom amount is received; City; State; Zip Code	8 Amount (\$) 		
			Corpus Christi, TX 78401			
		7	Purpose for which amount is received Check Interest on deposits	if polition	cal co	ntribution returned to filer
	Date		Name of person from whom amount is received			Amount (\$)
	02/28/2023		American Bank			\$85.56
		ļ	Address of person from whom amount is received; City; State; Zip Code			
			Corpus Christi, TX 78401			
				r if politic	ral co	
			Interest on deposits	c ii politi	Jai Coi	nuibulion retained to mer
	Date	<u> </u>	Name of person from whom amount is received			Amount (\$)
	05/31/2023		American Bank			\$167.46
	Address of person from whom amount is received; City; State; Zip Code					
			Corpus Christi, TV 70401			
		_	Corpus Christi, TX 78401 Purpose for which amount is received	if politic	nal aa	ntribution returned to filer
			Interest on deposits	сп роши	Jai Cui	illibution retained to lilei
-	Date	<u> </u>	Name of person from whom amount is received			Amount (\$)
	03/31/2023		American Bank			\$92.63
		ļ	Address of person from whom amount is received; City; State; Zip Code			
			Corpus Christi, TX 78401			
			Purpose for which amount is received	if polition	cal co	ntribution returned to filer
			Interest on deposits			
	Date		Name of person from whom amount is received			Amount (\$)
	04/28/2023 American Bank					\$158.06
			Address of person from whom amount is received; City; State; Zip Code			
			Corpus Christi, TX 78401			
			Purpose for which amount is received	if polition	cal co	ntribution returned to filer
			Interest on deposits			

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 2/2 Rpt: 120/120 2 FILER NAME Filer ID (Ethics Commission Filers) Hunter, Todd A. (The Honorable) 00020493 Date 8 Amount (\$) 5 Name of person from whom amount is received 06/30/2023 American Bank \$159.30 6 Address of person from whom amount is received; City; State; Zip Code Corpus Christi, TX 78401 Purpose for which amount is received Check if political contribution returned to filer Interest on deposits Name of person from whom amount is received Amount (\$) Date 06/01/2023 San Patricio County Republican Party \$500.00 Address of person from whom amount is received; City; State; Zip Code Portland, TX 78374 Purpose for which amount is received Check if political contribution returned to filer Refund for canceled fundraiser Date Name of person from whom amount is received Amount (\$) 06/01/2023 The EW Scripps Company \$340.00 Address of person from whom amount is received; City; State; Zip Code Cincinnati, OH 45201-5610 Purpose for which amount is received Check if political contribution returned to filer Refund for advertising not aired.