# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 1

The C/OH Instruction (	Guide explains how to comple	ete this form.	1 Filer ID (Ethics Commis 00086035	ssion Filers)	2 Total pages fi	led: 14
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE I	USE ONLY
OFFICEHOLDER NAME	The Honorable	Benjamin C			Date Received	
					ELECTRONIC	ALLY FILED
	NICKNAME			SUFFIX	01/16/2024	
		LAST		SUFFIX	01/10/2024	
	Ben	Bumgarner				
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered o	or Date Postmarked
OFFICEHOLDER MAILING	5150 Kensington Ct.					_
ADDRESS					Receipt #	Amount
Change of Address	Flower Mound, TX 75022					
🗀	·				Date Processed	
					Date Imaged	
					Date illiaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI		
TREASURER		Benjamin C.		IVII		
NAME		Derijariiri C.				
	NICKNAME	LAST		SUFFIX		
	Ben	Bumgarner				
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PO	BOX PLEASE);	APT	/ SUITE #; CITY;	; STA	ATE; ZIP CODE
ADDRESS	5150 Kensington Ct.					
(Residence or Business)						
	Flower Mound, TX 75022					
7 CAMBAICNI	AREA CODE PHON	E NUMBER - F	VTENCION			
7 CAMPAIGN TREASURER		E NUMBER E	EXTENSION			
PHONE	(940) 205-2210					
8 REPORT						
TYPE	X January 15	30th day before	election	Runoff	15th day after ca	mpaign treasurer
		] 000 day 20.0.0		L	appointment (offi	ceholder only)
	July 15	8th day before 6	election	Exceeded modified reporting limit	Final Report (Atta	ach C/OH-FR)
				reporting limit		
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	07/01/2023	TH	ROUGH	12/31/202	23	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	XPt	rimary	Runoff	Other	
	03/05/2024	□G	eneral	Special		
				Ш		
11 OFFICE	OFFICE HELD (if any)	<u> </u>		12 OFFICE SOUGHT	Γ (if known)	
	State Representative Distr	ict 63		State Represent		
				1		
		GO T	O PAGE 2			

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM C/OH COVER SHEET PG 2

2 of 44

13 C / OH NAME	<b>14</b> Filer ID ( 00086035	Ethics Com	ımission Filers)						
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	These expenditures	s accepted or political expenditi s may have been made without equired to report this informatio	the candidate's or office	holder's kn	owledge or			
Additional Pages	COMMITTEE TYPE	COMMITTEE NAM	1E						
	X GENERAL	Texas Alliance fo	or Life PAC						
		COMMITTEE ADD	RESS						
	SPECIFIC	8000 Centre Par	k Drive						
		Suite 380							
		Austin, TX 78754	4						
		COMMITTEE CAM	IPAIGN TREASURER NAME						
		Shaw, James							
		COMMITTEE CAM	IPAIGN TREASURER ADDRE	SS					
		4505 Corazon C	V						
		Round Rock, TX	78681						
16 CONTRIBUTION TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)									
		CAL CONTRIBUTIO PLEDGES, LOANS,	<b>NS</b> OR GUARANTEES OF LOAN:	S)	\$	120,349.86			
EXPENDITURE TOTALS									
	4. TOTAL POLITIC	CAL EXPENDITURE	s		\$	86,918.72			
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE		NS MAINTAINED AS OF THE L	AST DAY OF THE	\$	99,283.67			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR		LL OUTSTANDING LOANS AS	OF THE LAST DAY	\$	217,694.47			
17 AFFIDAVIT			I swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code.						
			The Honorab	ole Benjamin C Bumga	arner				
			Signature of	f Candidate or Officehold	der				
AFFIX NC	TARY STAMP / SEAL AB	OVE							
Sworn to and subs	cribed before me. by the s	aid		, this the		day			
				,		_ ,			
Signature of offi	of, 20, to certify which, witness my hand and seal of office.  Signature of officer administering Printed name of officer administering Title of officer administering oath								

### **SUBTOTALS - C/OH**

# FORM C/OH COVER SHEET PG 3

3 of 44

				3 01 44
<b>18</b> FILER NAME Bumgarner, E	Benjamin C (The Honorable)	<b>19</b> Filer ID 00086035	(Ethics Commiss	sion Filers)
20 SCHEDULE SI NAME OF SCH			SUBTOTAL	L AMOUNT
1. X So	CHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	86,326.53
2. X S0	\$	34,023.33		
3. S	CHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4. X S0	CHEDULE E: LOANS		\$	68,000.00
5. X S	\$	86,168.72		
6. S	CHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7. S	CHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8. S	CHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9. X S	CHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	750.00
10. S	CHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11. S	CHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$	
	CHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I O FILER	RETURNED	\$	

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	LE <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 1/13 Rpt: 4/44	
2	FILER NAME Bumgarner,	Benjamin C (The Honorable)		3	Filer ID (Ethics Commission 00086035	on Filers)
4	Date 12/12/2023	<ul> <li>5 Full name of contributor out-of-state PAC (ID#:_ 512 Strategies, LLC</li> <li>6 Contributor address; City; State; Zip Code</li> </ul>	)	7	Amount of Contribution (\$)	\$500.00
•	Dringing Loggy	Austin, TX 78731	O Employer (Coo Instructions			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)	)		
	Date 11/26/2023	Full name of contributor out-of-state PAC (ID#:_Adams, Judy  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00
	Principal occu	Frisco, TX 75034 pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 10/06/2023	Full name of contributor out-of-state PAC (ID#:_ Apartment Assoc of Greater Dallas PAC Contributor address; City; State; Zip Code Dallas, TX 75240			Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 11/29/2023	Full name of contributor out-of-state PAC (ID#:_Askew, Stephanie  Contributor address; City; State; Zip Code  Highland Village, TX 75077	)		Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 11/06/2023	Full name of contributor out-of-state PAC (ID#:_BNSF Railway Company RAILPAC  Contributor address; City; State; Zip Code  Fort Worth, TX 76161	)		Amount of Contribution (\$)	\$1,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	LE <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 2/13 Rpt: 5/44	
2	FILER NAME Bumgarner,	Benjamin C (The Honorable)		3	Filer ID (Ethics Commission 00086035	on Filers)
4	Date 10/06/2023	Full name of contributor	)	7	Amount of Contribution (\$)	\$1,000.00
_		Fort Worth, TX 76102				
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	)		
	Date 10/06/2023	Full name of contributor out-of-state PAC (ID#:_Bird, Robert  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00
	Deinsinal assu	Lantana, TX 76226	Fandayar (Caa Instructions			
	Consultant	pation / Job title (See Instructions)	Employer (See Instructions Self	)		
	Date 09/05/2023	Full name of contributor out-of-state PAC (ID#:_ Cook, Christopher Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$1,000.00
		Plano, TX 75075				
	Principal occu Anesthesiolo	pation / Job title (See Instructions) ogist	Employer (See Instructions Self	)		
	Date 11/29/2023	Full name of contributor out-of-state PAC (ID#:_ Cravey, Jason Contributor address; City; State; Zip Code Roanoke, TX 76726			Amount of Contribution (\$)	\$1,050.00
	Principal occu CFO	pation / Job title (See Instructions)	Employer (See Instructions Achievement Balance Ll			
	Date 12/12/2023	Full name of contributor out-of-state PAC (ID#:_ Cross Oak Group, LLC Contributor address; City; State; Zip Code  Austin, TX 78701	)		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	E A1
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 3/13 Rpt: 6/44	
2	FILER NAME			3	Filer ID (Ethics Commission	on Filers)
	Bumgarner,	Benjamin C (The Honorable)			00086035	
4	Date 10/06/2023	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of Contribution (\$)	\$500.00
		Dallas, TX 75215				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Date	Full name of contributor out-of-state PAC (ID#:	:)		Amount of Contribution (\$)	
	12/27/2023	David Cook Campaign				\$1,000.00
		Contributor address; City; State; Zip Code				
		Mansfield, TX 76063				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date	Full name of contributor out-of-state PAC (ID#:	:)		Amount of Contribution (\$)	
	11/30/2023	Del Orbe, Sueconia				\$50.00
		Contributor address; City; State; Zip Code				
	Dringing Lagg	San Antonio, TX 78238	Employer (Co.) Instructions	<u>,                                     </u>		
	Рппсіраї оссі	pation / Job title (See Instructions)	Employer (See Instructions	•)		
	Date	Full name of contributor  ut-of-state PAC (ID#:	:)		Amount of Contribution (\$)	
	11/30/2023	Edmondson, Dianne				\$500.00
		Contributor address; City; State; Zip Code				
		Denton, TX 76207	_			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date	Full name of contributor  ut-of-state PAC (ID#:	:)		Amount of Contribution (\$)	
	12/11/2023	Gilmore, Don				\$300.00
		Contributor address; City; State; Zip Code				
		Flower Mound, TX 75022				
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired	5)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDU	LE <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 4/13 Rpt: 7/44	
2	FILER NAME Bumgarner,	Benjamin C (The Honorable)		3	Filer ID (Ethics Commission 00086035	on Filers)
4	Date 12/12/2023	5 Full name of contributor out-of-state PAC (ID#:_ Gonzales, Larry  6 Contributor address; City; State; Zip Code	)	7	Amount of Contribution (\$)	\$500.00
_	Duinning Langu	Round Rock, TX 78681	O Franksian (Coo Instructions			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	)		
	Date 10/06/2023	Full name of contributor out-of-state PAC (ID#:_ HCA Texas Good Government Fund Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00
	Principal occu	Dallas, TX 75240 pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 11/30/2023	Full name of contributor out-of-state PAC (ID#:_ HOMEPAC of the Texas Assn. of Builders Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 12/12/2023	Full name of contributor out-of-state PAC (ID#:_ HOMEPAC of the Texas Assn. of Builders Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 11/29/2023	Full name of contributor out-of-state PAC (ID#:_ Hayes, Richard Contributor address; City; State; Zip Code  Denton, TX 76201			Amount of Contribution (\$)	\$1,200.00
	Principal occu Lawyer	pation / Job title (See Instructions)	Employer (See Instructions Hayes, Berry, White & V		zant	

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULE A1		
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 5/13 Rpt: 8/44	
2	FILER NAME Bumgarner,	Benjamin C (The Honorable)		3	Filer ID (Ethics Commission 00086035	on Filers)
4	Date 09/28/2023	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_ Hoskins, Melissa</li> <li>Contributor address; City; State; Zip Code</li> </ul>		7	Amount of Contribution (\$)	\$500.00
_		Fort Worth, TX 76126				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	)		
	Date 10/06/2023	Full name of contributor out-of-state PAC (ID#:_ Independent Bankers Association of Texas PAC Contributor address; City; State; Zip Code  Austin, TX 78701			Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 11/29/2023	Full name of contributor out-of-state PAC (ID#: Johnson, Jim  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00
	Dringing oggu	Denton, TX 76210	Employer (See Instructions			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 12/12/2023	Full name of contributor out-of-state PAC (ID#:_ K & L Gates LLP Committee for Good Governm Contributor address; City; State; Zip Code Dallas, TX 75201			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 11/29/2023	Full name of contributor out-of-state PAC (ID#:_ Kerestine, Julia Contributor address; City; State; Zip Code Lantana, TX 76226	)		Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 6/13 Rpt: 9/44	
2	FILER NAME Bumgarner,	Benjamin C (The Honorable)		3	Filer ID (Ethics Commission 00086035	on Filers)
4	Date 11/02/2023	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$500.00
_		Lewisville, TX 75077				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 11/29/2023	Full name of contributor out-of-state PAC (ID#:_Ligon, Stacey  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$250.00
	Dringing agg	Flower Mound, TX 75028	Employer (Coo Instructions	<u></u>		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 10/06/2023	Full name of contributor out-of-state PAC (ID#:_ Linebarger Goggan Blair & Sampson, LLP Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$500.00
		Austin, TX 78760				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
	Date 08/01/2023	Full name of contributor X out-of-state PAC (ID#: CM Marchant Good Government Fund Contributor address; City; State; Zip Code Carrollton, TX 75006	00393348 )		Amount of Contribution (\$)	\$1,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 11/29/2023	Full name of contributor out-of-state PAC (ID#:_ Martin, Stacy Contributor address; City; State; Zip Code  Argyle, TX 76226	)		Amount of Contribution (\$)	\$175.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
		•				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	LE <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 7/13 Rpt: 10/44	
2	FILER NAME Bumgarner,	Benjamin C (The Honorable)		3	Filer ID (Ethics Commission 00086035	on Filers)
4	Date 11/04/2023	5 Full name of contributor out-of-state PAC (ID#:_ Mason, Kellie 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$750.00
_		Sanger, TX 76266				
8	Principal occu CFO	pation / Job title (See Instructions)	9 Employer (See Instructions Rock on Framing Inc	)		
	Date 11/30/2023	Full name of contributor out-of-state PAC (ID#:_ Mason, Kellie Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,070.00
	Dringinal occu	Sanger, TX 76266 pation / Job title (See Instructions)	Employer (See Instructions			
	CFO CFO	pation / 300 title (See Instructions)	Rock on Framing Inc	<i>)</i>		
	Date 11/05/2023	Full name of contributor out-of-state PAC (ID#: McEntire, Lisa Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$500.00
		Krum, TX 76249				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 11/29/2023	Full name of contributor out-of-state PAC (ID#:_ McEntire, Lisa Contributor address; City; State; Zip Code Krum, TX 76249	)		Amount of Contribution (\$)	\$150.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 10/06/2023	Full name of contributor out-of-state PAC (ID#:_ McGuire, Michael Contributor address; City; State; Zip Code  Dallas, TX 75205			Amount of Contribution (\$)	\$1,500.00
	Principal occu President &	pation / Job title (See Instructions) CEO	Employer (See Instructions Andrews Distributing	)		

	MONET	ARY POLITICAL CONTRIBU	ITIOI	NS		SCHEDUI	E A1
	The Instru	ction Guide explains how to complete t	his fo	rm.	1	Total pages Schedule A1: Sch: 8/13 Rpt: 11/44	
2	FILER NAME Bumgarner,	Benjamin C (The Honorable)			3	Filer ID (Ethics Commission 00086035	on Filers)
4	Date 10/06/2023	<ul> <li>Full name of contributor</li></ul>	C (ID#: <u>CC</u>	00225342 )	7	Amount of Contribution (\$)	\$250.00
		Richmond, VA 23219					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	s)		
	Date 10/06/2023	Full name of contributor out-of-state PAC Moak Casey PAC Contributor address; City; State; Zip Code Austin, TX 78701	  C (ID#:			Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		
	Date 12/12/2023	Full name of contributor out-of-state PAC  NRG Energy Inc. PAC  Contributor address; City; State; Zip Code  Princeton, NJ 08540	 	)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>l</u> s)		
	Date 10/06/2023	Full name of contributor out-of-state PAC Oncor Texas State PAC of Oncor Electric Contributor address; City; State; Zip Code Dallas, TX 75202	Deliver	,		Amount of Contribution (\$)	\$1,500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>.                                    </u>		
	Date 10/06/2023	Full name of contributor out-of-state PAC PAC of the Independent Insurance Agents Contributor address; City; State; Zip Code  Austin, TX 78701	of Tex			Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<b>.</b> (5)		

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 9/13 Rpt: 12/44			
2	FILER NAME Bumgarner,	Benjamin C (The Honorable)		3	Filer ID (Ethics Commission 00086035	on Filers)		
4	Date 11/06/2023	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_Palmer, Alexander</li> <li>Contributor address; City; State; Zip Code</li> </ul>	)	7	Amount of Contribution (\$)	\$5.00		
		Rochester, NY 14618						
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	)				
	Date 12/30/2023	Full name of contributor out-of-state PAC (ID#:_ Palmer, Alexander Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00		
	Principal occu	Rochester, NY 14618 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>				
	Date 10/11/2023	Full name of contributor out-of-state PAC (ID#:_ Polk, Douglas Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00		
		Austin, TX 78701						
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)				
	Date 11/29/2023	Full name of contributor out-of-state PAC (ID#:_ Reeder, Mark Contributor address; City; State; Zip Code Lewisville, TX 75067	)		Amount of Contribution (\$)	\$25.00		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)				
	Date 11/30/2023	Full name of contributor out-of-state PAC (ID#:_Simonson, Virginia  Contributor address; City; State; Zip Code  Flower Mound, TX 75022	)		Amount of Contribution (\$)	\$2,500.00		
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired	)				

	MONET	ARY POLITICAL CONTRIBUTIO	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this fo	1	Total pages Schedule A1: Sch: 10/13 Rpt: 13/44		
2	FILER NAME Bumgarner,	Benjamin C (The Honorable)		3	Filer ID (Ethics Commission 00086035	on Filers)
4			7	Amount of Contribution (\$)	\$45,000.00	
_		Austin, TX 78701				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)	)		
	Date Full name of contributor out-of-state PAC (ID#:)  10/06/2023 Texas Apartment Assoc PAC  Contributor address; City; State; Zip Code  Austin, TX 78701				Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 12/12/2023	Full name of contributor	)		Amount of Contribution (\$)	\$1,000.00
	Dringing! goog	Austin, TX 78701 pation / Job title (See Instructions)	Employer (Coo Instructions			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
Date Full name of contributor out-of-state PAC (ID#:)  12/27/2023 Texas Building Branch Associated General Contractors PAC  Contributor address; City; State; Zip Code  Austin, TX 78701				Amount of Contribution (\$)	\$1,000.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 12/14/2023	Full name of contributor out-of-state PAC (ID#:_ Texas Construction Assn. PAC  Contributor address; City; State; Zip Code  Austin, TX 78701			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUI	LE <b>A1</b>
	The Instru	ction Guide explains how to complete this fo	1	Total pages Schedule A1: Sch: 11/13 Rpt: 14/44		
2	FILER NAME Bumgarner,	Benjamin C (The Honorable)		3	Filer ID (Ethics Commission 00086035	on Filers)
4	Date 10/10/2023	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of Contribution (\$)	\$500.00
		Austin, TX 78701				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	)		
	Date 10/06/2023	Full name of contributor out-of-state PAC (ID#:_ Texas Medical Association PAC (TEXPAC)  Contributor address; City; State; Zip Code  Austin, TX 78701			Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 12/21/2023	Full name of contributor out-of-state PAC (ID#:_ Texas REALTORS PAC (TREPAC)  Contributor address; City; State; Zip Code  Austin, TX 78768	)		Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 09/05/2023	Full name of contributor out-of-state PAC (ID#:_ Texas Society Of Anesthesiologists PAC Contributor address; City; State; Zip Code  Austin, TX 78701	)		Amount of Contribution (\$)	\$2,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 10/06/2023	Full name of contributor out-of-state PAC (ID#: Texas State Assoc of Fire Fighters Action Comm Contributor address; City; State; Zip Code  Austin, TX 78701			Amount of Contribution (\$)	\$750.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	1	Total pages Schedule A1: Sch: 12/13 Rpt: 15/44		
2	FILER NAME Bumgarner,	Benjamin C (The Honorable)		3	Filer ID (Ethics Commission 00086035	on Filers)
4			7	Amount of Contribution (\$)	\$500.00	
		Austin, TX 78711				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	)		
	Date Full name of contributor out-of-state PAC (ID#:)  12/12/2023 Wholesale Beer Distributors of Texas PAC  Contributor address; City; State; Zip Code  Austin, TX 78701				Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 11/29/2023	Full name of contributor out-of-state PAC (ID#: Wiginton, Laurie Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$25.00
		Denton, TX 76207				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 12/12/2023	Full name of contributor out-of-state PAC (ID#:_ Williams, Mark Contributor address; City; State; Zip Code  Austin, TX 78756			Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 11/29/2023	Full name of contributor out-of-state PAC (ID#:_ Williams, Ryan Contributor address; City; State; Zip Code Sanger, TX 76266			Amount of Contribution (\$)	\$516.53
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	TARY POLITICAL CONTRIBUTION	ONS	SCHEDU	LE <b>A1</b>
	The Instru	ction Guide explains how to complete this	1 Total pages Schedule A1: Sch: 13/13 Rpt: 16/44		
2	FILER NAME Bumgarner,	Benjamin C (The Honorable)		3 Filer ID (Ethics Commission 00086035	on Filers)
4	Date 10/27/2023	Full name of contributor		7 Amount of Contribution (\$)	\$500.00
		Aubrey, TX 76227			
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	ns)	

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

### SCHEDULE A2

The Instru	ction Guide explains how to complete this f		1 Total pages Schedule A2:					
		Sch: 1/2 Rpt:						
2 FILER NAME Bumgarner.	Benjamin C (The Honorable)		3 Filer ID (Ethic 00086035	s Commission Filers)				
4								
TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$					
5 Date	6 Full name of contributor out-of-state PAC (ID#:	)	8 Amount of contribution (\$)	9 In-kind contribution description				
09/12/2023	Associated Republicans of Texas Campaign Fur	nd		Campaign Digital				
	7 Contributor address; City; State; Zip Code			Advertising				
	Austin, TX 78701			utside of Texas. Complete Schedule T.				
10 Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	-JUDICIAL) (See ir	nstructions)				
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL)	(See instructions)				
14 Contributor's	employer/law firm (FOR JUDICIAL)	<b>15</b> Law firm of contribute	or's spouse (if any) (I	FOR JUDICIAL)				
16 If contributor i	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)							
20 ii commoder i	o a sima, iaw iiini si paisin(s) (ii ariy) (i six session iz)							
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of	In-kind contribution				
10/02/2023	Associated Republicans of Texas Campaign Fur	nd	contribution (\$)	description Campaign Digital				
	Contributor address; City; State; Zip Code		Advertising					
	Austin, TX 78701		Check if travel of	utside of Texas. Complete Schedule T.				
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON		nstructions)				
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL)	(See instructions)				
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (I	FOR JUDICIAL)				
				ŕ				
If contributor i	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)							
Date 11/30/2023	Full name of contributor out-of-state PAC (ID#:	)	Amount of contribution (\$)	In-kind contribution description				
11/30/2023	Bumgarner, Ben Contributor address; City; State; Zip Code			Donation of Auction Items				
	Contributor taddress, Oity, State, 21p Code			for Campaign Fundraiser				
Flower Mound, TX 75022								
Principal occu Manufacturii	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON Self	-JUDICIAL) (See II	เอน น <b>ะแบ</b> ทอ <i>)</i>				
	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL)	(See instructions)				
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributo	r's spouse (if any) (I	FOR JUDICIAL)				
If contributor	is a child law firm of parent/s) (if any) (EQD 11/DICIAL)							
ii continutori	If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)							

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

### SCHEDULE A2

The Instru	iction Guide explains how to complete this f	1 Total pages Schedule A2: Sch: 2/2 Rpt: 18/44						
2 FILER NAME	Benjamin C (The Honorable)	3 Filer ID (Ethics Commission Filers) 00086035						
4	benjamin C (The Honorable)		00060035					
TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$					
<b>5</b> Date	6 Full name of contributor  ut-of-state PAC (ID#:	)	8 Amount of 9 In-kind contribution					
12/19/2023	Dade Phelan Campaign		contribution (\$) description \$14,950.00   Polling					
	7 Contributor address; City; State; Zip Code		Taring I					
			į į					
	Austin, TX 78763		_ ;					
10 Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	Check if travel outside of Texas. Complete Schedule T.  J-JUDICIAL) (See instructions)					
TO Principal occi	apation / Job title (FOR NON-JODICIAL) (See institutions)	II Employer (FOR NON	4-JODICIAL) (See instructions)					
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)					
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)					
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	•						
Date	Full name of contributor  out-of-state PAC (ID#:	)	Amount of In-kind contribution					
07/07/2023	Texans for Lawsuit Reform PAC		contribution (\$) description					
	Contributor address; City; State; Zip Code		\$53.331 Campaign Fundraiser					
	, ,, ,		!					
			į į					
	Austin, TX 78701		Check if travel outside of Texas. Complete Schedule T.					
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	N-JUDICIAL) (See instructions)					
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)					
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)					
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)							
Date	Full name of contributor  ut-of-state PAC (ID#:	)	Amount of In-kind contribution					
12/13/2023	Texans for Lawsuit Reform PAC		contribution (\$) description \$14,950.00   Campaign Polling					
	Contributor address; City; State; Zip Code		I					
			_					
	Austin, TX 78701	1	Check if travel outside of Texas. Complete Schedule T.					
Principal occı	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	N-JUDICIAL) (See instructions)					
0	grip size I as a superficie (FOR JUDIOIAL)	O a stalla standa da la la titula	(FOR AUDIOIAL) (Continue transfer of					
Contributor's principal occupation (FOR JUDICIAL)  Contributor's job title (FOR JUDICIAL) (See instructions)								
Contribute	ovia anguas (if am.) (FOD 3UDIOIAL)							
Contributor's	employer/law firm (FOR JUDICIAL)	Law IIIII of contribute	or's spouse (if any) (FOR JUDICIAL)					
If contribute	If contributor is a child law firm of parent(c) (if any) (EOR TUDICIAL)							
ii contributor	If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)							
I								

	LOANS					SCHEDULE E
	The Instruction	ages Schedule E: /1 Rpt: 19/44				
2	FILER NAME Bumgarner, Ben	ijamin C (The Honorable)			3 Filer ID 00086	(Ethics Commission Filers)
4	TOTAL OF UN	IITEMIZED LOANS			ı	\$
5	Date of loan 11/13/2023	7 Name of lender out-of Bumgarner, Caroline	f-state PA	C (ID#:		9 Loan Amount (\$) \$68,000.00
6	Is lender a financial institution?	8 Lender address; City;	State;	Zip Code		10 Interest Rate
	No	Flower Mound, TX 75022				11 Maturity Date
12	Principal occupation Psychologist	on / Job title (See Instructions)		13 Employer (See Instruction DFW Psychological	s)	
14	Description of Coll  X None	ateral		15 Check if personal funds w	ere deposite	d into political account (See Instructions)
16	GUARANTOR INFORMATION	17 Name of guarantor				19 Amount Guaranteed (\$)
	X not applicable	18 Guarantor address; City;	State;	Zip Code		
20	Principal occupation	on		21 Employer (See Instruction	s)	

### SCHEDULE F1

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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)

Gredit Card F ayment	The Instruction Guide explains how to co	omplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 1/24 Rpt: 20/44	Bumgarner, Benjamin C (The Honorable)	00086035
4 Date	5 Payee name	•
09/29/2023	48HourPrint.com	
6 Amount (\$)	7 Payee address; City; State; Zip C	ode
\$469.40	8000 Haskell Ave	
	Van Nuys, CA 91406	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Printing Expense	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Printing of Campaign Materials
		a grand page and and
9 Complete ONLY if direct	Candidate/Officeholder name Office so	ught Office held
expenditure to benefit C/O	Н	
Date	Payee name	
08/23/2023	Amazon	
Amount (\$)	Payee address; City; State; Zip C	ode
\$42.23	440 Terry Ave N	
	Seattle, WA 98109	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Supplies for Capitol Office
		Сарриос ю. Сарис. С.шес
Complete ONLY if direct	Candidate/Officeholder name Office so	I ught Office held
expenditure to benefit C/O	Н	
Date	Payee name	
11/06/2023	Amazon	
Amount (\$)	Payee address; City; State; Zip C	ode
\$25.97	440 Terry Ave N	
	Seattle, WA 98109	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Supplies for Capitol Office
		Supplies for Supplier Since
Complete ONLY if direct	Candidate/Officeholder name Office so	Lught Office held
expenditure to benefit C/O		

#### SCHEDULE F1

Advertising Expense E
Accounting/Banking F
Consulting Expense F
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		ory not listed above)
1	Total pages Cabadula F1:		ice Commission Filore)
1	Total pages Schedule F1:		ics Commission Filers)
	Sch: 2/24 Rpt: 21/44	Bumgarner, Benjamin C (The Honorable) 00086035	
4	Date	5 Payee name	
	11/09/2023	Amazon	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$38.08	440 Terry Ave N	
		Seattle, WA 98109	
Ļ			
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description	tala adula T
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete S	
		Supplies for Campaign Event	
		Supplies is: Sumparing Point	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
9	expenditure to benefit C/O		
L	· 		
	Date	Payee name	
	11/27/2023	Amazon	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$64.92	440 Terry Ave N	
		Seattle, WA 98109	
_	DUDDOCE		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)    (b) Description   Check if travel outside of Texas. Complete S	schedule T
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete S  Check if Austin, TX, officeholder living expen	
		Supplies for Campaign Event	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O	3	
<u> </u>	Data	<u> </u>	
	Date	Payee name	
	12/18/2023	Amazon	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$499.41	440 Terry Ave N	
		Seattle, WA 98109	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Event Expense Check if travel outside of Texas. Complete S	schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expen	nse
		Supplies for Campaign Event	
L			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	H	

### 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	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: 3/24 Rpt: 22/44	Bumgarner, Benjamin C (The Honorable) 00086035
4	Date	5 Payee name
	08/08/2023	Babe's Chicken Dinner House
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$655.90	104 N Oak St
		Roanoke, TX 76262
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
		Food for Campaign Event
		1 333 to 34. page 213
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/01/2023	CS Creations & Events
	Amount (\$)	Payee address; City; State; Zip Code
	\$350.18	6224 Meadowlands Dr
	Ψ000.10	3224 Moddowidido Bi
		Krum, TX 76249
	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  Decorations for Campaign Event
		Decorations for Campaign Event
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/05/2023	Casteneda, Liz
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,800.00	1610 E. Peters Colony
		Carrollton, TX 75007
	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  Campaign Contract Labor
		Campaigh Contract Labor
	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 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/Political Committee Credit Card Payment			nmittee	Gift/Awards/Mem Legal Services The Instruction	orials Expense		Wages	/Contract Labor		Travel Out of D OTHER (enter	istrict a category not listed abov	re)
1	Total pages Schedule F1:	2	FII FR NAME		· ·		•		3	Filer ID	(Ethics Commission	n Filers)
	Sch: 4/24 Rpt: 23/44				(The Honor	able)				00086035	( 1 11 11 11 11 11 11 11 11 11 11 11 11	,
4	Date	5	Payee name									
	11/01/2023		Casteneda,	Liz								
6	Amount (\$)	7	Payee addres	ss; City;	Sta	te; Zip C	ode					
	\$1,800.00		1610 E. Pet	ers Colony								
			Carrollton,	TX 75007								
8	PURPOSE	(a)	Category (Se	ee Categories liste	ed at the top of this	schedule)	(b)	Description				
	OF EXPENDITURE		Salaries/Wa	ages/Contra	ct Labor						mplete Schedule T.	
	-							_		officeholder livir	ig expense	
								Campaign Co	OHILI	aci Laboi		
_	Complete ONLY if direct	<u> </u>	Condidate/Offi	aahaldar nam		Office co	uabt			Office h	ald	
9	expenditure to benefit C/OI		Candidate/Offi	cenoider nam	le	Office so	ugni			Office f	leiu	
	Date		Payee name									
	12/04/2023		Casteneda,	Liz								
	Amount (\$)		Payee addres	ss; City;	Sta	ite; Zip C	ode					
	\$1,800.00		1610 E. Pet	ers Colony								
			Carrollton,	TX 75007								
	PURPOSE OF	(a)			ed at the top of this	schedule)	(b)	Description				
	EXPENDITURE		Salaries/Wa	ages/Contra	ct Labor			<b>=</b>		de of Texas. Cor officeholder livir	nplete Schedule T.	
								Campaign Co			ig expense	
								oupa.g o				
	Complete ONLY if direct	<u> </u>	Candidate/Offi	ceholder nam	ie	Office so	<u>l</u> ught			Office h	eld	
	expenditure to benefit C/OI	H										
	Date		Payee name									
	07/07/2023		Children's A	Advocacy Ce	enter for Nortl	h Texas						
	Amount (\$)		Payee addres	ss; City;	Sta	ite; Zip C	ode					
	\$1,000.00		1854 Cain [	Or								
			Lewisville, 7	ΓX 75077			_					
	PURPOSE OF	(a)	Category (Se	ee Categories liste	ed at the top of this	schedule)	(b)	Description				
	EXPENDITURE		Contribution			- maitt - a		ш		de of Texas. Cor officeholder livir	mplete Schedule T.	
			Candidate/C	Jilicenolaer/	Political Com	ımıttee		Charitable Co			ig expense	
								Silantable of	J. 10			
_	Complete ONLY if direct	Щ	Candidate/Offi	ceholder nam	ıe	Office so	llapt			Office h	reld	
	expenditure to benefit C/OI		Janualo, OIII	SCHOIGE HAIII		Office 30	agni			Jillog I		

### 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 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 5/24 Rpt: 24/44	Bumgarner, Benjamin C (The Honorable) 00086035
4	Date	5 Payee name
	11/09/2023	Circle R Ranch
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,446.45	5901 Cross Timbers Rd
		Flower Mound, TX 75022
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  Venue Rental Fee for Campaign Event
		venue Rentair de loi Campaign Event
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
	Date	Payee name
	08/07/2023	DFW Chinese Alliance
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	4417 Brigade Ct
		Plano, TX 75024
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee Charitable Contribution Towards Back-to-School
		Backpack Fundraiser
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· ·
	<u> </u>	
	Date	Payee name
	12/04/2023	Delorbe, Davis
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	1111 Lexington Ave
		Apt 916
		Flower Mound, TX 75028
	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  Campaign Contract Labor
		Campaign Contract Labor
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	<b>o</b>

#### 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 Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Commit	ttee Le	:/Awards/Memorials E pal Services			ages/	Contract Labor		Travel Out of OTHER (ente		ct ategory not listed above)
				e Instruction Gu	de explains	how to cor	mple	te this form.	_			
1	Total pages Schedule F1:	2 FII	LER NAME		<u></u>				3	Filer ID	(	(Ethics Commission Filers)
	Sch: 6/24 Rpt: 25/44			enjamin C (Th	e Honorab	ile)				0008603	5	
4	Date	l	ayee name									
L	11/14/2023	L D€	enton Count	y Republican I	Party							
6	Amount (\$)	<b>7</b> Pa	ayee address;	City;	State;	Zip Co	de					
	\$350.00	29	21 Country	Club Rd. #102	<u>)</u>							
		De	enton, TX 76	210								
8	PURPOSE	<b>(a)</b> Ca	ategory (See (	ategories listed at the	e top of this sch	edule)	(b)	Description				
	OF EXPENDITURE		ent Expens		•	<i>'</i>		Check if travel	outsi	de of Texas. C	omple	ete Schedule T.
	EXPENDITORE							Check if Austin,				
								Campaign Sp	on	sorship of	Pai	rty Event
9	Complete ONLY if direct expenditure to benefit C/OH		ndidate/Office	nolder name	C	Office sou	ght			Office	helc	<u> </u>
L	experiorure to benefit C/OF											
	Date	Pa	ayee name	_								
	10/24/2023	Di	scountMugs									
	Amount (\$)	Pa	ayee address;	City;	State;	; Zip Co	de					
	\$786.45	12	2610 NW 11	5th Ave								
		Mi	iami, FL 331	78								
	PURPOSE	( <b>a)</b> Ca	ategory (See (	ategories listed at the	e top of this sch	edule)	(b)	Description				
	OF EXPENDITURE	ı	dvertising Ex					Check if travel of				
	LXI LINDITORE							Check if Austin,				
								Production of	Ca	ampaign F	rom	notional Items
		<u> </u>										
	Complete ONLY if direct expenditure to benefit C/O		ndidate/Office	nolder name	C	Office sou	ght			Office	nelo	1
		ı —										
	Date		ayee name									
L	09/18/2023	Di	splays2go									
	Amount (\$)	Pa	ayee address;	City;	State;	Zip Co	de					
	\$271.19	81	L Commerce	Drive								
		Fa	all River, MA	02720								
	PURPOSE	( <b>a)</b> Ca	ategory (See (	ategories listed at the	e top of this sch	edule)	(b)	Description				
	OF EXPENDITURE	Ac	dvertising Ex	pense				Check if travel of				
								Check if Austin,			-	·
								Production of	ı Câ	ampaign L	ısμl	lay
	Complete ONLY if direct		ndidate/Office	nolder name		Office soug	aht			Office	holo	1
	expenditure to benefit C/O		iuiuale/OIIICe	ioidei name	(	SOU(	yııı			Onice	пек	
	•											
_												

### 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

	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: 7/24 Rpt: 26/44	Bumgarner, Benjamin C (The Honorable) 00086035
4	Date	5 Payee name
	07/24/2023	Evite
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$249.99	310 E Colorado St.
		Glendale, CA 91205
8	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
		Campaign Advertising Expense
		Campaig. Water about 2 Apones
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	<del>1</del>
	Date	Payee name
	07/27/2023	Flower Mound Chamber of Commerce
	Amount (\$)	Payee address; City; State; Zip Code
	\$50.00	700 Parker Square Rd # 100
		Flower Mound, TX 75028
	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
		Expense for COH to Attend Chamber Event
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	08/17/2023	Flower Mound Chamber of Commerce
	Amount (\$)	Payee address; City; State; Zip Code
	\$30.00	700 Parker Square Rd # 100
		Flower Mound, TX 75028
	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  Expense for COH to Attend Chamber Event
		Expense for Corr to Attend Chamber Event
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	<b>o</b>

### SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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 Expens Legal Services The Instruction Guide ex	Polling Expense Printing Expense Salaries/Wages/Contract Labor explains how to complete this form.				Travel in Distric Travel Out of D OTHER (enter		ed above)	
1	Total pages Schedule F1:	2 FILER	NAME				3	Filer ID	(Ethics Commission	on Filers)	
	Sch: 8/24 Rpt: 27/44		arner, Benjamin C (The Ho	norable)				00086035	•	,	
_	Date	_					<u> </u>				
4	08/21/2023	5 Payee	name r Mound Chamber of Comi	moroo							
6	Amount (\$)	<b>7</b> Payee	•	State; Zip Co	ode						
	\$2,500.00	700 Pa	arker Square Rd # 100								
		Flowe	r Mound, TX 75028								
8	PURPOSE	(a) Catego	OFY (See Categories listed at the top o	f this schedule)	(b)	Description					
	OF	Fees	(occ oategories listed at the top o	i tilio ochedale)	` `	_ :	outs	ide of Texas. Cor	nplete Schedule T.		
	EXPENDITURE					Check if Austin	ı, TX	, officeholder livin	g expense		
						COH Membe	ersh	ip Dues			
9	Complete ONLY if direct expenditure to benefit C/O		te/Officeholder name	Office sou	ught			Office h	eld		
	Date	Payee	name								
	11/02/2023		r Mound Chamber of Comi	merce							
	Amount (\$)	Pavee	address; City;	State: Zip Co	nde						
	\$3,500.00	,	arker Square Rd # 100	State, Zip O	ouc						
	Ψ5,500.00	7001	arker oquare Ru # 100								
		Flowe	r Mound, TX 75028								
	PURPOSE				(h)	Description					
	OF		Ory (See Categories listed at the top o	f this schedule)	(5)	Description  Check if travel	outs	ide of Texas. Cor	nplete Schedule T.		
	EXPENDITURE	Event	Expense					, officeholder livin			
						Campaign S	pon	sorship of (	Chamber Event		
	Complete ONLY if direct	Candida	te/Officeholder name	Office sou	ught			Office h	eld		
	expenditure to benefit C/OI	1									
	Date	Daysas	nome								
	12/20/2023	Payee	n, Melvin								
	Amount (\$)		address; City;	State; Zip Co	ode						
	\$600.00	801 Pa	atricia Dr								
		Allen,	TX 75002								
	PURPOSE	(a) Catego	Ory (See Categories listed at the top o	f this schodulo)	(b)	Description					
	OF		es/Wages/Contract Labor	i tilis scriedule)	'		outs	ide of Texas. Cor	nplete Schedule T.		
	EXPENDITURE	Collective	56, 11 dig 56, 56 dict 20.56.			Check if Austin, TX, officeholder living expense					
						Campaign C	ont	ract Labor			
	Complete ONLY if direct		te/Officeholder name	Office sou	ught			Office h	eld		
	expenditure to benefit C/OI	1									

#### 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

	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: 9/24 Rpt: 28/44	Bumgarner, Benjamin C (The Honorable) 00086035
4	Date	5 Payee name
	09/20/2023	Glassman, Matthew
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	1144 Brittnay Place
		Lewisville, TX 75077
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  Campaign Contract Labor
		Campaign Contract Labor
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
J	expenditure to benefit C/OI	
	Date	Payee name
	11/06/2023	Glassman, Matthew
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	1144 Brittnay Place
	,	
		Lewisville, TX 75077
	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.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Campaign Contract Labor
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<b>y</b>
	Date	Payee name
	12/01/2023	Glassman, Matthew
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	1144 Brittnay Place
	7_00.00	
		Lewisville, TX 75077
	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
		Campaign Contract Labor
	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 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							OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2 EII ED NAM	<u> </u>				3	Filer ID	(Ethics Commiss	ion Filers)	
ľ	Sch: 10/24 Rpt: 29/44		− ·, Benjamin C (The Honor	rahle)				00086035	(Ethics Commiss	ion i licis)	
_		_		шысу							
4	Date	5 Payee name									
	10/10/2023	HEB									
6	Amount (\$)	<b>7</b> Payee addre		ate; Zip Co	de						
	\$82.85	2652 Lake	Austin Blvd								
		Austin, TX	78703								
8	PURPOSE	(a) Category (s	See Categories listed at the top of this	schedule)	(b)	Description					
	OF EXPENDITURE	Office Ove	rhead/Rental Expense			<b>=</b>		de of Texas. Com			
						Supplies for (		officeholder living	expense		
						Cuppiico ioi v	مم	J. 101			
9	Complete ONLY if direct	Candidate/Off	iceholder name	Office sou	aht			Office he	-ld		
ľ	expenditure to benefit C/OI		ioonolaer name	011100 000	giit			Omoo no	, id		
-	Date	Dayoo nama									
	11/06/2023	Payee name HEB	•								
_			occ: City: Str	ate: Zip Co	do						
	Amount (\$) \$167.87	Payee addre	ess; City; Sta Austin Blvd	ale, Zip Co	ue						
	Ψ101.01	2032 Lake	Austin bivu								
		Austin, TX	70702								
	DUDDOOF			1	(1-)						
	PURPOSE OF		See Categories listed at the top of this	schedule)	(D)	Description  Check if travel	nutsi	de of Texas. Com	nlete Schedule T		
	EXPENDITURE	Office Overficad/Nertial Expense						officeholder living			
						Supplies for 0	Cap	oitol Office			
	Complete ONLY if direct		iceholder name	Office sou	ght			Office he	eld		
	expenditure to benefit C/OI	H									
	Date	Payee name	ļ								
	12/15/2023	Hernandez	, David								
	Amount (\$)	Payee addre	ess; City; Sta	ate; Zip Co	de						
	\$2,500.00	253 East R	ound Grove Road								
		Lewisville,	TX 75067								
	PURPOSE	(a) Category (s	See Categories listed at the top of this	schedule)	(b)	Description					
	OF EXPENDITURE	l	ages/Contract Labor	,		ш		de of Texas. Com			
	EXI ENDITORE					_		officeholder living	expense		
						Campaign Co	וווווע	aci Labui			
	Complete ONLY if direct	Candidata/Off	iceholder name	Office serv	abt			Office he	old.		
	Complete ONLY if direct expenditure to benefit C/OI		icendiuei name	Office sou	yııı			Office Ne	iu		
_											

#### SCHEDULE F1

Advertising Expense Event Exp Accounting/Banking Fees Consulting Expense Food/Bev Contributions/ Donations Made By - Gift/Awar

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
OTHEP (expense a category not listed above)

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_	Tatal as a consequent of the	
1	Total pages Schedule F1:	
	Sch: 11/24 Rpt: 30/44	Bumgarner, Benjamin C (The Honorable) 00086035
4	Date	5 Payee name
	12/18/2023	Hernandez, David
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,500.00	253 East Round Grove Road
		Lewisville, TX 75067
_		
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor
		Campaign Contract Labor
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
$\vdash$	Data	
	Date	Payee name
	08/04/2023	Hobby Lobby
	Amount (\$)	Payee address; City; State; Zip Code
	\$777.03	2325 S Stemmons Fwy #400B
		Lewisville, TX 75067
	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.
	LAI LINDITORE	Check if Austin, TX, officeholder living expense
		Supplies for Campaign Event
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experientare to benefit or of	<u> </u>
	Date	Payee name
	10/06/2023	JR Ramirez Campaign
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,500.00	PO Box 2134
		Uvalde, TX 78802
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
		Campaign Contribution
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ising 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 (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 12/24 Rpt: 31/44	2 FILER NAME Bumgarner, Benjamin C (The Honorable) 3 Filer ID (Ethics Commission Filers) 00086035
4	Date 12/20/2023	5 Payee name Khaldon, Omar
6	Amount (\$) \$500.00	7 Payee address; City; State; Zip Code 900 N Grand
8	PURPOSE OF EXPENDITURE	Sherman, TX 75090  (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. Check if Austin, TX, officeholder living expense Campaign Contract Labor
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 07/28/2023	Payee name Mailchimp
	Amount (\$) \$21.32	Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE Ste 5000 Atlanta, GA 30308
	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  Campaign Email Advertising Expense
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 08/28/2023	Payee name Mailchimp
	Amount (\$) \$21.32	Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE Ste 5000 Atlanta, GA 30308
	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  Campaign Email Advertising 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)

xpense 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 (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to com	olete	this form.
1	Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)
	Sch: 13/24 Rpt: 32/44	Bumgarner, Benjamin C (The Honorable)		00086035
4	Date	5 Payee name		
	09/28/2023	Mailchimp		
6	Amount (\$) \$21.32	7 Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE Ste 5000 Atlanta, GA 30308	!	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense		Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Campaign Email Advertising Expense
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	t	Office held
	Date	Payee name		
	10/30/2023	Mailchimp		
	Amount (\$) \$21.32	Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE Ste 5000 Atlanta, GA 30308	!	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense		Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Campaign Email Advertising Expense
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	t	Office held
	Date 11/28/2023	Payee name Mailchimp		
	Amount (\$) \$1,975.30	Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE Ste 5000 Atlanta, GA 30308	!	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense	E	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Campaign Email Advertising Expense
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	t	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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor, Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (output a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
	Sch: 14/24 Rpt: 33/44	Bumgarner, Benjamin C (The Honorable) 00086035
4	Date	5 Payee name
	12/06/2023	Mailchimp
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$458.38	675 Ponce de Leon Ave NE
		Ste 5000
		Atlanta, GA 30308
8	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.
	LXI LINDITORE	Check if Austin, TX, officeholder living expense
		Campaign Email Advertising Expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
_	Data	David and the second se
	Date 12/28/2023	Payee name  Mailchimp
_		<u> </u>
	Amount (\$)	Payee address; City; State; Zip Code
	\$479.70	675 Ponce de Leon Ave NE
		Ste 5000
		Atlanta, GA 30308
	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
		Campaign Email Advertising Expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	08/01/2023	Melton, Kalon
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	3928 Creek Hollow Way
		The Colony, TX 75067
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	LXI LINDITORE	Check if Austin, TX, officeholder living expense
		Campaign Contract Labor
L	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<b>y</b>
l		

#### 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/Officenoider/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 15/24 Rpt: 34/44	Bumgarner, Benjamin C (The Honorable) 00086035
4	Date	5 Payee name
	09/07/2023	Melton, Kalon
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$550.00	3928 Creek Hollow Way
		The Colony, TX 75067
8	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
		Campaign Contract Labor
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	10/10/2023	Melton, Kalon
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	3928 Creek Hollow Way
		The Colony, TX 75067
	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  Campaign Contract Labor
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	11/01/2023	Melton, Kalon
	Amount (\$)	Payee address; City; State; Zip Code
	\$800.00	3928 Creek Hollow Way
		The Colony, TX 75067
	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  Campaign Contract Labor
		Campaign Contract Labor
	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 -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 Salaries (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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 16/24 Rpt: 35/44	Bumgarner, Benjamin C (The Honorable) 00086035
4	Date	5 Payee name
	12/04/2023	Melton, Kalon
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$800.00	3928 Creek Hollow Way
		The Colony, TX 75067
8	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
		Campaign Contract Labor
		Campaign Contact Laso.
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	09/19/2023	Murphy Nasica & Associates
		· · ·
	Amount (\$)	Payee address; City; State; Zip Code
	\$11,804.96	PO Box 1648
		Austin, TX 78767
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Design, Data, Postage and Production for Campaign
		Mail Advertisements
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	09/29/2023	Murphy Nasica & Associates
	Amount (\$)	Payee address; City; State; Zip Code
	\$11,804.96	PO Box 1648
		Austin, TX 78767
	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  Design, Data, Postage and Production for Campaign
		Mail Advertisements
	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

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 Expe Legal Services The Instruction Guide	ense Pi Si	_	nse es/Contract Labor	Tra	avel in District avel Out of Dis FHER (enter a	strict category not listed above)	
1	Total pages Schedule F1:	2 FILER NAM	E				3 Fi	ler ID	(Ethics Commission Filers)	
	Sch: 17/24 Rpt: 36/44	Bumgarne	r, Benjamin C (The I	Honorable)	)		00	0086035		
4	Date	5 Payee name					<u> </u>			
	09/29/2023	,	sica & Associates							
6	Amount (\$)	7 Payee addre		State: 7	Zip Code					
	\$3,321.95	PO Box 16		Otato, 2	Lip Godo					
	+0,022.00	. 0 20% 20								
		Austin, TX	78767							
8	PURPOSE	(a) Category (s	See Categories listed at the to	p of this schedu	ıle) (b	) Description				
	OF EXPENDITURE	Advertising				=			plete Schedule T.	
	EXI ENDITORE					Check if Austin			expense	
						Digital Voter	Conta	ıcı		
9	Complete ONLY if direct	Candidate/Of	ficabaldar nama	O#:-	oo couch	•		Office he	ald	
9	Complete ONLY if direct expenditure to benefit C/OI		ficeholder name	Oiffic	ce sough	·		Office he	สน 	
	Date	Payee name	<u> </u>							
L	12/06/2023	Murphy Na	sica & Associates							
	Amount (\$)	Payee addre	ess; City;	State; Z	Zip Code					
	\$2,500.00	PO Box 16	48							
		Austin, TX	78767							
	PURPOSE	(a) Category (S	See Categories listed at the to	p of this schedu	ıle) (b	<b>)</b> Description				
	OF EXPENDITURE	Polling Exp				<u> </u>			plete Schedule T.	
	_//					Campaign P				
						Campaign R	cscart	on Expens	<b>5</b> 6	
_	Complete ONLY if direct	Candidate/Of	ficeholder name	Offi	ce sough	<u> </u>		Office he	ald.	
	expenditure to benefit C/O		nocholaci Hallic	Ollik	oc sough	•		Office He	JIQ.	
$\vdash$	Data	D								
	Date 12/06/2023	Payee name								
		Party Time		<u> </u>	7:- 0 :					
	Amount (\$)	Payee addre		State; Z	Zip Code					
	\$500.00	811 E Plan	o Pkwy #10							
		<b>.</b>								
		Plano, TX	75074							
	PURPOSE OF		See Categories listed at the to	p of this schedu	<sub>ile)</sub> (b	) Description				
	EXPENDITURE	Event Expe	ense			Check if travel Check if Austin			plete Schedule T.	
						Staffing for C				
								5		
	Complete ONLY if direct	Candidate/Of	ficeholder name	Offic	ce sough	<u> </u>		Office he	eld	
	expenditure to benefit C/O				J					

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense

Advertising Expense Accounting/Banking Consulting Expense

Fees Food/Beverage Expense 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: 18/24 Rpt: 37/44	Bumgarner, Benjamin C (The Honorable)  00086035
4	Date	5 Payee name
	10/20/2023	Preston V Catering and Cakes
6	Amount (\$) \$865.83	7 Payee address; City; State; Zip Code 4405 Bent Grass Way  Flower Mound, TX 75028
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Catering for Campaign Event
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	07/28/2023	TFRW Convention 2023 PAC
	Amount (\$)	Payee address; City; State; Zip Code
	\$360.00	13740 N Highway 183
		Suite J4
		Austin, TX 78750
	DUDDOCE	· · · · · · · · · · · · · · · · · · ·
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Event Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Campaign Booth Rental at TFRW Convention
		Sampaign Boar (chair at 1) (the Commonton
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/16/2023	Texas Capitol Gift Shop
	Amount (\$)	Payee address; City; State; Zip Code
	\$23.82	1400 N. Congress Avenue
	Ψ23.02	1700 N. Congress Avenue
		Austin, TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Gift/Awards/Memorials Expense
	-	Check if Austin, TX, officeholder living expense
		Constituent Gifts
	0 1. 5	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	onponantire to benefit 6/01	•

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense

Advertising Expense Accounting/Banking

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		mmittee	Gift/Awards/Memorials Exp Legal Services  The Instruction Guide			xpens Vages	se s/Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	strict category not listed above)	
1	Total pages Schedule F1:	2	FILER NAME	Ē					3	Filer ID	(Ethics Commission Filers)	_
	Sch: 19/24 Rpt: 38/44		Bumgarner	, Benjamin C (The	Honorabl	le)				00086035		
4	Date	5	Payee name									
	10/16/2023		Texas Capi	tol Gift Shop								
6	Amount (\$)	7	Payee addre	ss; City;	State;	Zip Co	ode					_
	\$234.90		1400 N. Co	ngress Avenue								
			Austin, TX	78701								
8	PURPOSE	(a)	Category (S	ee Categories listed at the to	op of this sche	edule)	(b)	Description				
	OF EXPENDITURE			/Memorials Expens						de of Texas. Com		
	ZA ZIIDII GILZ							ш		officeholder living	expense	
								Constituent C	אווכ	5		
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Off	ceholder name	С	Office sou	ıght			Office he	eld	
-	Date	Π	Dayaa nama									=
	10/26/2023		Payee name	tol Gift Shop								
		L		-								
	Amount (\$)		Payee addre	•	State;	Zip Co	ode					
	\$38.97		1400 N. Co	ngress Avenue								
			Austin, TX	78701								
	PURPOSE	(a)	Category (S	ee Categories listed at the to	op of this sche	edule)	(b)	Description				
	OF EXPENDITURE			/Memorials Expens				<b>—</b>		de of Texas. Com		
	LA LIBITORE							ш		officeholder living	expense	
								Constituent C	٤ΠΙέ	5		
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Off	iceholder name	С	Office sou	ıght			Office he	eld	
	experialitate to beliefit 6/01	''										
	Date		Payee name									
	11/03/2023		Texas Capi	tol Gift Shop								
	Amount (\$)		Payee addre	ss; City;	State;	Zip Co	ode					_
	\$38.97		1400 N. Co	ngress Avenue		•						
				3								
			Austin, TX	79701								
		<u> </u>										_
	PURPOSE OF	(a)		ee Categories listed at the to		edule)	(b)	Description		d4.T O	alata Calcadula T	
	EXPENDITURE	l	Gift/Awards	:/Memorials Expens	se					de of Texas. Com officeholder living		
		l						Constituent C			скрепос	
								2003.00111		-		
_	Complete ONLY if direct	Ц,	Candidata/Off	ceholder name		Office sou	laht			Office he	ald.	_
	expenditure to benefit C/OI		Januluale/OII	conduct name	C	7111CG 20L	igill			Office He	Ju	

#### SCHEDULE F1

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

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

	Candidate/Officenoider/Politica	The Instruction Guide explains how to complete this form.						
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)						
	Sch: 20/24 Rpt: 39/44	Bumgarner, Benjamin C (The Honorable) 00086035						
4	Date	5 Payee name						
	11/29/2023	Texas Capitol Gift Shop						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$346.40	1400 N. Congress Avenue						
		Austin, TX 78701						
8	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  Constituent Gifts						
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/O							
	Date	Payee name						
	09/15/2023	Texas Correctional Industries						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$421.09	P.O. Box 4013						
	,							
		Huntsville, TX 77342						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Gift/Awards/Memorials Expense						
	EXPENDITORE	Check if Austin, TX, officeholder living expense						
		Constituent Gifts						
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·						
	Date	Payee name						
	11/15/2023	Texas House of Representatives						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$50.00	P.O. Box 2910						
	400.00	. 15. 26. 2020						
		Austin, TX 78768						
	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						
		Campaign Purchase of House Photography Materials						
	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 Comr

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

	Candidate/Officeholder/Politica Credit Card Payment	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: 21/24 Rpt: 40/44	Bumgarner, Benjamin C (The Honorable) 00086035	
4	Date	5 Payee name	
	08/10/2023	Texas Strong Republican Women	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$1,000.00	PO Box 549	
		Argyle, TX 76226	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Contribution to Republican Women PAC	
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held	_
F	Date	Payee name	=
	10/19/2023	Warwick Melrose Hotel	
H	Amount (\$)	Payee address; City; State; Zip Code	_
	\$1,287.10	3015 Oak Lawn Avenue	
	, , -		
		Dallas, TX 75219	
	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	
		Venue and Catering for Campaign Event (Pro-Rata	
		Share)	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	_
H	Date	Payee name	=
	10/30/2023	Waterloo Communications	
L		Payee address; City; State; Zip Code	_
	Amount (\$)	91 Red River St	
	\$12,000.00		
		Unit 2404	
		Austin, TX 78701	
	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  Campaign Consulting Expense	
		Campaign Consulting Expense	
$\vdash$	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 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 cor	mple	lete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 22/24 Rpt: 41/44	Bumgarner, Benjamin C (The Honorable)		00086035
4	Date	5 Payee name		-
	10/11/2023	WinRed		
6	Amount (\$)	7 Payee address; City; State; Zip Coo	de	
	\$295.89	1776 Wilson Blvd		
		Arlington, VA 22209		
8	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.
	EXI ENDITORE			Check if Austin, TX, officeholder living expense Processing Fees for Online Campaign Contributions
				Oct 11 - Dec 30
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held
	expenditure to benefit C/O		9110	. Sinde field
_	Date	Payee name		
	07/17/2023	i360 LLC		
	Amount (\$)	Payee address; City; State; Zip Coo	de	
	\$120.00	2300 Clarendon Blvd		
	,	Ste 800		
		Arlington, VA 22201		
	PURPOSE		(h)	N Decoviration
	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Office Overflead/Neffical Expense		Check if Austin, TX, officeholder living expense
				Campaign Technology Expense
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sou	ght	Office held
	experientare to benefit 6/61	'		
	Date	Payee name		
	08/17/2023	i360 LLC		
	Amount (\$)	Payee address; City; State; Zip Coo	de	
	\$120.00	2300 Clarendon Blvd		
		Ste 800		
		Arlington, VA 22201		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	) Description
	OF EXPENDITURE	Office Overhead/Rental Expense		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense  Campaign Technology Expense
				- Ampaign 100 molecules
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/O	•	. · ·	

### SCHEDULE F1

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

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 complete this form.
1	Total pages Schedule F1:	<u> </u>
	Sch: 23/24 Rpt: 42/44	Bumgarner, Benjamin C (The Honorable) 00086035
4	Date	5 Payee name
	09/18/2023	i360 LLC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$120.00	2300 Clarendon Blvd
		Ste 800
		Arlington, VA 22201
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Campaign Technology Expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	10/27/2023	i360 LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$120.00	2300 Clarendon Blvd
		Ste 800
		Arlington, VA 22201
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Campaign Technology Expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	11/17/2023	i360 LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$120.00	2300 Clarendon Blvd
		Ste 800
		Arlington, VA 22201
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Campaign Technology Expense
		Sampagn Toomology Expones
	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

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	, <sub>-</sub> I Cor	mmittee	Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Expe Printing Exp	nead/Rental Expense ense ense ges/Contract Labor		Travel in Distric Travel Out of Di	
	Credit Card Payment			The Instruction Guide explain	s how to com	plete this form.			
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)
l	Sch: 24/24 Rpt: 43/44		Bumgarner	, Benjamin C (The Honora	ıble)			00086035	
4	Date	5	Payee name				<u> </u>		
l	12/12/2023		i360 LLC						
-	Amount (\$)	7	Payee addre	ss; City; Stat	e; Zip Cod	<u> </u>			
ľ	\$1,250.00	<b>'</b>	2300 Clare	•	.c, 2ip 00u	C			
l	Ψ1,200.00		Ste 800	ndon Biva					
l				/A 00004					
<u> </u>			Arlington, V	/A 22201					
8	PURPOSE OF	(a)		ee Categories listed at the top of this s	chedule)	b) Description			
l	EXPENDITURE		Office Over	head/Rental Expense					nplete Schedule T.
l						Campaign T		K, officeholder livin	
l						Campaign	CCI	inology Expo	CHSC
9	Commission ONII V if disposi	<u> </u>	Condidate/Off	in a balday ya wa	Office sough	L.		Office b	ald
"	Complete ONLY if direct expenditure to benefit C/OH	۱ ,	Januluale/On	iceholder name	Office Sough	iii.		Office h	eiu
$\vdash$									
l									
l									
l									
l									
l									

#### 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 NAME Filer ID Total pages Schedule G: (Ethics Commission Filers) Sch: 1/1 Rpt: 44/44 Bumgarner, Benjamin C (The Honorable) 00086035 Date Payee name 12/04/2023 **Denton County Republican Party** 6 Amount (\$) Payee address; State; Zip Code City; \$750.00 2921 Country Club Rd. #102 Reimbursement from political contributions intended Х Denton, TX 76210 **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 Fees **EXPENDITURE** Filing Fee for March 2024 Republican Primary Election Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH