# 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 00020493	sion Filers)	2 Total pages file	
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST		MI	OFFICE U	JSE ONLY
NAME	The Honorable	Todd A.			Date Received  ELECTRONICA	ALLY FILED
	NICKNAME	LAST Hunter		SUFFIX	10/28/2024	
4 CANDIDATE /	ADDRESS / PO BOX; APT	SUITE#; CIT	Υ;	ZIP CODE	Date Hand-delivered or	Date Postmarked
OFFICEHOLDER MAILING ADDRESS	445 Cape Henry				Receipt #	Amount
Change of Address	Corpus Christi, TX 78412				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI	•	
TREASURER NAME	Mr.	Glen				
		LAST Guillory		SUFFIX		
6 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO 2755 Shady Oak Ln.	BOX PLEASE);	APT	/ SUITE #; CITY;	STA	TE; ZIP CODE
(Residence or Business)	Ingleside, TX 78362					
7 CAMPAIGN TREASURER PHONE	AREA CODE PHON (361) 944-7725	E NUMBER E	EXTENSION			
8 REPORT TYPE	January 15	30th day before	election	Runoff	15th day after can appointment (office	
	July 15 X	8th day before 6	election	Exceeded modified reporting limit	Final Report (Atta	ch C/OH-FR)
9 PERIOD COVERED	Month Day Year 09/27/2024	ТН	IROUGH	Month Day 10/26/202	Year 24	
10 ELECTION	ELECTION DATE Month Day Year	Pı	rimary	ELECTION TYPE Runoff	Other	
	11/05/2024	XG	eneral	Special	_	
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT		
	State Representative Distri	ict 32		State Represent	ative District 32	
		GO T	O PAGE 2			

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM C/OH COVER SHEET PG 2

2 of 43

13 C / OH NAME	Hunter, Todd A. (The	Honorable)	<b>14</b> Filer ID 00020493	(Ethics Con	nmission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expendit These expenditures may have been made without d officeholders are required to report this information	t the candidate's or offic	eholder's kn	owledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			
	X GENERAL	Texas Alliance for Life PAC			
		COMMITTEE ADDRESS			
	SPECIFIC	8000 Centre Park Drive			
		Sutie 380			
		Austin, TX 78754			
		COMMITTEE CAMPAIGN TREASURER NAME			
		Shaw, James			
		COMMITTEE CAMPAIGN TREASURER ADDRE	SS		
		4505 Corazon Cv			
		Round Rock, TX 78681			
16 CONTRIBUTION TOTALS		IZED POLITICAL CONTRIBUTIONS (OTHER THATES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$	0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAN	IS)	\$	193,305.18
EXPENDITURE 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES TOTALS					0.00
	4. TOTAL POLITIC	AL EXPENDITURES		\$	131,828.37
CONTRIBUTION BALANCE	5. TOTAL POLITICATION REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE RIOD	LAST DAY OF THE	\$	1,252,025.31
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	S OF THE LAST DAY	\$	0.00
17 AFFIDAVIT		I swear, or affirm, under penal true and correct and includes under Title 15, Election Code.	all information required	companying to be reporte	report is ed by me
			norable Todd A. Hunt of Candidate or Officeho		
		Signature c	or Candidate of Officeric	nuer	
AFFIX NO	TARY STAMP / SEAL ABO	OVE			
Sworn to and subs	cribed before me, by the s	aid	, this the		day
of	, 20, to ce	ertify which, witness my hand and seal of office.			
Signature of office	cer administering	Printed name of officer administering	Title of office	er administer	ing oath

## **SUBTOTALS - C/OH**

# FORM COH **COVER SHEET PG 3**

					3 01 43
	ER NAM	ME odd A. (The Honorable)	<b>19</b> Filer ID 00020493	(Eth	ics Commission Filers)
		E SUBTOTALS SCHEDULE			SUBTOTAL AMOUNT
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	193,300.00
2.	Х	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	5.18
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE E: LOANS		\$	
5.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$	114,128.58
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.	Х	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	17,699.79
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS (	OF C/OH	\$	
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$	
12.	Х	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$	138.63

	MONEI	ARY POLITICAL CONTRIBUTIONS	SCHEDULE <b>A1</b>
	The Instru	ction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 1/19 Rpt: 4/43
2	FILER NAME Hunter, Todo	A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00020493
4	Date 09/30/2024	<ul> <li>Full name of contributor</li></ul>	7 Amount of Contribution (\$) \$1,500.00
8	Principal occu	Washington, DC 20005-2096  Dation / Job title (See Instructions)  9 Employer (See Instructions)	<b>)</b>
0	Principal occu	adion 7 300 title (See instructions)	)
	Date 09/30/2024	Full name of contributor	Amount of Contribution (\$) \$1,000.00
		Washington, DC 20005-5904	
	Principal occu	pation / Job title (See Instructions)  Employer (See Instructions	)
	Date 10/15/2024	Full name of contributor out-of-state PAC (ID#:) American Pharmacy, Inc. GPAC Contributor address; City; State; Zip Code	Amount of Contribution (\$) \$2,500.00
		Corpus Christi, TX 78401	
	Principal occu	pation / Job title (See Instructions)  Employer (See Instructions	
	Date 10/15/2024	Full name of contributor x out-of-state PAC (ID#: C00279224 )  Apache Corporation PAC  Contributor address; City; State; Zip Code  Houston, TX 77042-3643	Amount of Contribution (\$) \$2,000.00
	Principal occu	pation / Job title (See Instructions)  Employer (See Instructions)	)
	Date 10/04/2024	Full name of contributor X out-of-state PAC (ID#: C00043489 )  Bank of America State and Federal PAC  Contributor address; City; State; Zip Code  Wilmington, DE 19808	Amount of Contribution (\$) \$1,500.00
	Principal occu	pation / Job title (See Instructions)  Employer (See Instructions	)
		<b>1</b>	

	MONET	ARY POLITICAL CO	ONTRIBUTION	S 		SCHEDUI	_E <b>A1</b>
	The Instru	ction Guide explains how to	complete this forr	n.	1	Total pages Schedule A1: Sch: 2/19 Rpt: 5/43	
2	FILER NAME Hunter, Todo	A. (The Honorable)			3	Filer ID (Ethics Commission 00020493	on Filers)
4	Date 10/22/2024	<ul><li>Full name of contributor</li><li>Beef PAC</li><li>Contributor address; City; State</li></ul>			7	Amount of Contribution (\$)	\$2,000.00
_	<u> </u>	Amarillo, TX 79106	- la				
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Date 10/15/2024	Full name of contributor  Beer Alliance of Texas PAC  Contributor address; City; State	out-of-state PAC (ID#: ; Zip Code			Amount of Contribution (\$)	\$1,000.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Date 10/15/2024	Full name of contributor  Bell, Gregory Keith (Mr.)  Contributor address; City; State	out-of-state PAC (ID#: ; Zip Code			Amount of Contribution (\$)	\$1,000.00
		Forney, TX 75126					
	Principal occu President/CE	pation / Job title (See Instructions)		Employer (See Instructions Intex Electrical Contract		, Inc.	
	Date 10/24/2024	Full name of contributor  Bell, Mark  Contributor address; City; State  Austin, TX 78759-8642	out-of-state PAC (ID#: ; Zip Code			Amount of Contribution (\$)	\$2,000.00
	Principal occu President &	pation / Job title (See Instructions) CEO		Employer (See Instructions Association of Electric C		npanies of Texas, Inc.	
	Date 10/15/2024	Full name of contributor Bresnen, Steven (Mr.)  Contributor address; City; State  Austin, TX 78701		)		Amount of Contribution (\$)	\$500.00
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions Self	5)		
			<b>'</b>				

	MONET	ARY POLITICAL CONTRI	витю	ONS		SCHEDUI	_E <b>A1</b>
	The Instru	ction Guide explains how to comple	ete this fo	orm.	1	Total pages Schedule A1: Sch: 3/19 Rpt: 6/43	
2	FILER NAME Hunter, Todo	A. (The Honorable)			3	Filer ID (Ethics Commission 00020493	on Filers)
4	Date 10/15/2024	<ul> <li>Full name of contributor  x out-of-state</li> <li>Centene Corporation PAC</li> <li>Contributor address; City; State; Zip Code</li> </ul>			7	Amount of Contribution (\$)	\$500.00
		St. Louis, MO 63105					
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instructions	5)		
	Date 10/15/2024	Full name of contributor x out-of-state Chevron Employees PAC (CEPAC)  Contributor address; City; State; Zip Code  San Ramon, CA 94583		000035006		Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		
	Date 10/18/2024	Full name of contributor out-of-state Choctaw Nation of Oklahoma Contributor address; City; State; Zip Code	e PAC (ID#:_			Amount of Contribution (\$)	\$3,000.00
	Principal occu	Durant, OK 74702 Dation / Job title (See Instructions)		Employer (See Instructions	  -  s)		
	Date 10/15/2024	Christakos, Mickey				Amount of Contribution (\$)	\$100.00
	Principal occu Insurance A	pation / Job title (See Instructions) gent		Employer (See Instructions Self	s)		
	Date 10/22/2024	Full name of contributor x out-of-state Citigroup Inc. PAC - State Contributor address; City; State; Zip Code Washington, DC 20004		00039305		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		

	MONEI	ARY POLITICAL CONTRIBUTIO	ons		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 4/19 Rpt: 7/43	
2	FILER NAME	A (The Heneroble)		3	Filer ID (Ethics Commissio	n Filers)
		I A. (The Honorable)		L	00020493	
4	Date 10/15/2024			7	Amount of Contribution (\$)	\$4,000.00
		6 Contributor address; City; State; Zip Code				
		Philadelphia, PA 19103				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)	S)		
	Date	Full name of contributor   out-of-state PAC (ID#:	,	Г	Amount of Contribution (\$)	
	10/15/2024	Congress Ventures LLC Capitol Partners Consul	Itina		randant or contribution (4)	\$1,000.00
	10/10/2024	Contributor address; City; State; Zip Code		l		Ψ1,000.00
		Contributor address, City, State, Zip Code				
		Austin, TX 78703				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	5)		
	Date	Full name of contributor X out-of-state PAC (ID#: C	000112896	Π	Amount of Contribution (\$)	
	10/25/2024	ConocoPhillips Spirit PAC	,		( )	\$1,000.00
		Contributor address; City; State; Zip Code				, ,
		Bartlesville, OK 74004				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	<u>.</u> s)		
	Date	Full name of contributor X out-of-state PAC (ID#: C	000793711 )		Amount of Contribution (\$)	
	10/15/2024	Constellation Energy Corp Employee PAC (ECP	AC)			\$2,500.00
		Contributor address; City; State; Zip Code				
		Washington, DC 20001				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	5)		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	10/04/2024	Cornerstone Govenment Affairs Texas PAC				\$500.00
		Contributor address; City; State; Zip Code				
		Washington, DC 20024				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		

	MONET	ARY POLITICAL CONTRIBUTIONS		SCHEDUI	_E <b>A1</b>
	The Instru	ction Guide explains how to complete this form.	1	Total pages Schedule A1: Sch: 5/19 Rpt: 8/43	
2	FILER NAME Hunter, Todo	A. (The Honorable)	3	Filer ID (Ethics Commission 00020493	on Filers)
4	Date 10/18/2024	5 Full name of contributor out-of-state PAC (ID#:)  Corpus Christi Police Officers Association PAC  6 Contributor address; City; State; Zip Code	7	Amount of Contribution (\$)	\$3,500.00
		Corpus Christi, TX 78408			
8	Principal occu	pation / Job title (See Instructions)  9 Employer (See Instructions)	5)		
	Date 10/02/2024	Full name of contributor out-of-state PAC (ID#:) Corpus Christi Professional Fire Fighters Association Cope Fund Contributor address; City; State; Zip Code  Corpus Christi, TX 78415		Amount of Contribution (\$)	\$5,000.00
	Principal occu	pation / Job title (See Instructions)  Employer (See Instructions	<u>(</u>		
	Date 10/01/2024	Full name of contributor out-of-state PAC (ID#:)  Cypress Solar TX PAC  Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$5,000.00
	Principal occu	Sacramento, CA 95814  Dation / Job title (See Instructions)  Employer (See Instructions)	j)		
	Date 10/15/2024	Full name of contributor out-of-state PAC (ID#:)  Dallas Police Officers PAC  Contributor address; City; State; Zip Code  Dallas, TX 75215		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)  Employer (See Instructions	<u> </u>		
	Date 10/15/2024	Full name of contributor X out-of-state PAC (ID#: C00074096 )  Dow Inc PAC (DowPAC)  Contributor address; City; State; Zip Code  Midland, MN 48674		Amount of Contribution (\$)	\$4,000.00
	Principal occu	pation / Job title (See Instructions)  Employer (See Instructions	()		
		<b>1</b>			

	MONET	ARY POLITICAL CONTRIBUTIO	N	IS		SCHEDUI	LE <b>A1</b>
	The Instruc	ction Guide explains how to complete this fo	orr	n.	1	Total pages Schedule A1: Sch: 6/19 Rpt: 9/43	
2	FILER NAME Hunter, Todo	d A. (The Honorable)			3	Filer ID (Ethics Commission 00020493	on Filers)
4	Date 10/25/2024	<ul> <li>Full name of contributor</li></ul>		)	7	Amount of Contribution (\$)	\$500.00
8	Principal occu	Port Aransas, TX 78373 pation / Job title (See Instructions)	9	Employer (See Instructions	(;)		
	Business Ov		_	self employed	,		
	Date 10/17/2024	Full name of contributor				Amount of Contribution (\$)	\$2,000.00
	Daine die al access	Austin, TX 78717		Faralassa (Osa lastrustisas			
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 10/15/2024	Full name of contributor out-of-state PAC (ID#:_Family Housing Management Co. LLC Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$5,000.00
		Cedar Park, TX 78613-9070					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 10/15/2024	Full name of contributor out-of-state PAC (ID#:_Foley & Lardner, LLP Texas Campaign Fund Contributor address; City; State; Zip Code  Dallas, TX 75201-3340				Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 09/30/2024	Full name of contributor out-of-state PAC (ID#:_ Friends of Baylor Med  Contributor address; City; State; Zip Code  Houston, TX 77010-3095		)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDU	LE <b>A1</b>
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 7/19 Rpt: 10/43	
2	FILER NAME Hunter, Todo	d A. (The Honorable)		3	Filer ID (Ethics Commission 00020493	on Filers)
4	Date 10/15/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$5,000.00
_	<u> </u>	Austin, TX 78763				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	)		
	Date 10/15/2024	Full name of contributor out-of-state PAC (ID#:_Funds Available for Involved Reporters  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$500.00
	Principal occu	Athens, TX 75751 pation / Job title (See Instructions)	Employer (See Instructions			
	Fillicipal occu	pation / Job title (See instructions)	Employer (See instructions	)		
	Date 10/15/2024	Full name of contributor  out-of-state PAC (ID#:_ Grace & McEwan Consulting LLC Political Fund Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$1,000.00
		Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 10/24/2024	Full name of contributor out-of-state PAC (ID#:_ Gravely, Janrai (Officer)  Contributor address; City; State; Zip Code  Austin, TX 78701-4381			Amount of Contribution (\$)	\$1,000.00
	Principal occu Owner	pation / Job title (See Instructions)	Employer (See Instructions Two Hands Chiropractic			
	Date 10/22/2024	Full name of contributor x out-of-state PAC (ID#: C Greenberg Traurig P.A. PAC  Contributor address; City; State; Zip Code  Albany, NY 12207	00266585		Amount of Contribution (\$)	\$1,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 8/19 Rpt: 11/43	
2	FILER NAME Hunter, Todo	i A. (The Honorable)		3	Filer ID (Ethics Commission 00020493	on Filers)
4	Date 10/15/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$1,000.00
8	Principal occu	Houston, TX 77077 pation / Job title (See Instructions)	9 Employer (See Instructions	)		
	Date 10/15/2024	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	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 10/15/2024	Full name of contributor			Amount of Contribution (\$)	\$500.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 10/15/2024	Full name of contributor out-of-state PAC (ID#:_ HOMEPAC of Texas Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 10/15/2024	Full name of contributor out-of-state PAC (ID#:_ Halliburton Company PAC (HALPAC)  Contributor address; City; State; Zip Code  Houston, TX 77072			Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUI	E A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 9/19 Rpt: 12/43	
2	FILER NAME Hunter, Todo	d A. (The Honorable)		3	Filer ID (Ethics Commission 00020493	on Filers)
4	Date 10/15/2024	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of Contribution (\$)	\$500.00
8	Principal occu	Austin, TX 78768 pation / Job title (See Instructions)	9 Employer (See Instructions	)		
	Date 10/02/2024	Full name of contributor X out-of-state PAC (ID#: C JPMorgan Chase & Co. PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2,000.00
	Principal occu	Washington, DC 20005 pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 10/17/2024	Full name of contributor out-of-state PAC (ID#:_Khit Chiropractic & Wellness Center  Contributor address; City; State; Zip Code  Mission, TX 78572			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 10/25/2024	Full name of contributor out-of-state PAC (ID#:_ Kickapoo Traditional Tribe of Texas  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5,000.00
	Principal occu	Eagle Pass, TX 78852 pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 10/25/2024	Full name of contributor X out-of-state PAC (ID#: C KochPAC  Contributor address; City; State; Zip Code  Wichita, KS 67220	000236489		Amount of Contribution (\$)	\$5,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A			
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 10/19 Rpt: 13/43	
2	FILER NAME Hunter, Todo	d A. (The Honorable)		3	Filer ID (Ethics Commission 00020493	on Filers)
4	Date 10/15/2024			7	Amount of Contribution (\$)	\$2,500.00
_		Austin, TX 78760		L		
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	S)		
	Date Full name of contributor out-of-state PAC (ID#:)  10/15/2024 Lloyd Gosselink Rochelle & Townsend PC  Contributor address; City; State; Zip Code		•	Amount of Contribution (\$)	\$1,000.00	
Austin, TX 78701  Principal occupation / Job title (See Instructions)  Employer (See Instruction				<u> </u> S)		
	Date Full name of contributor out-of-state PAC (ID#:)  10/15/2024 Locke Lord LLP  Contributor address; City; State; Zip Code		•	Amount of Contribution (\$)	\$500.00	
	Principal occu	Dallas, TX 75201 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
Date Full name of contributor			Amount of Contribution (\$)	\$1,000.00		
	Principal occu	Pation / Job title (See Instructions)	Employer (See Instructions	<u>l</u> S)		
	Date Full name of contributor			Amount of Contribution (\$)	\$2,500.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
			1			

	MONET	ARY POLITICAL CONTRIBUTIO	SCHEDULE A			
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 11/19 Rpt: 14/43	
2	FILER NAME Hunter, Todo	d A. (The Honorable)		3	Filer ID (Ethics Commission 00020493	on Filers)
4	Date 10/15/2024			7	Amount of Contribution (\$)	\$5,000.00
		Dallas, TX 75205				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)	)		
	Date Full name of contributor X out-of-state PAC (ID#: C00225342 )  10/15/2024 McGuire Woods Federal PAC Fund  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00	
	Principal occupation / Job title (See Instructions)  Employer (See Instructions)			)		
	Date 10/15/2024	10/15/2024 National Association of Benefits and Insurance Professionals Texas PAC  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00
	Principal occu	Cranford, NJ 07016 pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 10/15/2024	Full name of contributor out-of-state PAC (ID#:_ North Texas Automobile Dealers PAC Contributor address; City; State; Zip Code  Irving, TX 75062			Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date Full name of contributor X out-of-state PAC (ID#: C00083857 )  10/01/2024 Occidental Petroleum Corporation PAC  Contributor address; City; State; Zip Code  Washington, DC 20006			Amount of Contribution (\$)	\$1,000.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A		
	The Instruc	ction Guide explains how to compl	ete this forr	n.	1	Total pages Schedule A1: Sch: 12/19 Rpt: 15/43		
2	FILER NAME Hunter, Todo	I A. (The Honorable)			3	Filer ID (Ethics Commission 00020493	on Filers)	
4	Date 10/15/2024			7	Amount of Contribution (\$)	\$2,500.00		
_	Deignigal	Dallas, TX 75202-1234	lo.	Frankrijer (Coo koete jetinge				
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	)			
	Date 10/15/2024				Amount of Contribution (\$)	\$1,000.00		
	Austin, TX 78701							
Principal occupation / Job title (See Instructions)  Employer (See Instruction			)					
	Date 10/15/2024				Amount of Contribution (\$)	\$500.00		
		Austin, TX 78701						
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)			
	Date 10/17/2024	Scott, James		)		Amount of Contribution (\$)	\$1,000.00	
		Employer (See Instructions Trans-Global Solutions,		÷.				
Date  Full name of contributor out-of-state PAC (ID#:)  Scott II, William (Mr.)  Contributor address; City; State; Zip Code  Beaumont, TX 77705			Amount of Contribution (\$)	\$1,000.00				
	•	pation / Job title (See Instructions) erations & Leasing		Employer (See Instructions Trans-Global Solutions,				
	president Op	oracono a Loading	1	a.s clobal solutions,		·		

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDUI	LE <b>A1</b>
	The Instruc	ction Guide explains hov	v to complete this fo	orm.	1	Total pages Schedule A1: Sch: 13/19 Rpt: 16/43	
2	FILER NAME Hunter, Todo	d A. (The Honorable)			3	Filer ID (Ethics Commission 00020493	on Filers)
4	Date 10/18/2024			7	Amount of Contribution (\$)	\$1,000.00	
8	Principal occur	Dallas, TX 75230 pation / Job title (See Instruction:	5)	9 Employer (See Instructions	·/-		
_	President/CE		5)	Accident & Injury Pain C		ters Group	
Date Full name of contributor out-of-state PAC (ID#:)  10/22/2024 Southwestern Committee on Political Education (SCOPE)  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3,000.00			
	Amarillo, TX 79101  Principal occupation / Job title (See Instructions)  Employer (See Instruction				<u></u>		
	Principal occu	pation / Job title (See Instruction:	5)	Employer (See Instructions	·)		
	Date Full name of contributor out-of-state PAC (ID#:)  10/15/2024 Spicer, Jeffrey  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2,000.00		
	Principal occur	Dallas, TX 75230-3435 pation / Job title (See Instructions	2)	Employer (See Instructions	·/_		
		Project Partner	s)	Dominium	')		
Date Full name of contributor out-of-state PAC (ID#:)  10/04/2024 TBA Bank PAC - State  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2,500.00			
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions	5)	Employer (See Instructions	<u> </u> 5)		
	Date 10/15/2024	Full name of contributor TBA Bank PAC - State Contributor address; City; S Austin, TX 78701	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	\$1,500.00
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	<b>s</b> )		

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1			
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 14/19 Rpt: 17/43			
2	FILER NAME Hunter, Todo	d A. (The Honorable)			3	Filer ID (Ethics Commission 00020493	ion Filers)		
4	Date 10/17/2024	5 Full name of contributor			7	Amount of Contribution (\$)	\$5,000.00		
		Austin, TX 78768-1786							
8	Principal occu	pation / Job title (See Instructions	)  9	Employer (See Instructions	5)				
	Date Full name of contributor out-of-state PAC (ID#:)  TXTA TruckPAC  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00				
	Austin, TX 78701  Principal occupation / Job title (See Instructions)  Employer (See Instructions)			  -  s)					
	Date 10/15/2024	Full name of contributor		)	•	Amount of Contribution (\$)	\$5,000.00		
	Principal occu	pation / Job title (See Instructions		Employer (See Instructions	5)				
	Date 10/15/2024	Full name of contributor Texans For Lawsuit Refor Contributor address; City; St Austin, TX 78701		)		Amount of Contribution (\$)	\$20,000.00		
	Principal occu	pation / Job title (See Instructions	)	Employer (See Instructions	5)				
	Date 10/15/2024	Full name of contributor Texas Agricultural Aviation Contributor address; City; St Austin, TX 78701			•	Amount of Contribution (\$)	\$1,000.00		
	Principal occu	pation / Job title (See Instructions		Employer (See Instructions	5)				

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A			
	The Instru	ction Guide explains how to	o complete this for	m.	1	Total pages Schedule A1: Sch: 15/19 Rpt: 18/43			
2	FILER NAME Hunter, Todo	I A. (The Honorable)			3	Filer ID (Ethics Commission 00020493	on Filers)		
4	Date 10/15/2024	5 Full name of contributor			7	Amount of Contribution (\$)	\$2,500.00		
		Austin, TX 78701							
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	5)				
	Date Full name of contributor out-of-state PAC (ID#:)  10/15/2024 Texas Automobile Dealers Association PAC  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2,000.00				
	Austin, TX 78701  Principal occupation / Job title (See Instructions)  Employer (See Instructions)			Employer (See Instructions	<u> </u>				
	Date 10/22/2024	Full name of contributor out-of-state PAC (ID#:)  Texas Chemistry Council/Texas Chemistry Alliance (FREEPAC)  Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$2,000.00		
	Principal occu	Austin, TX 78701-1586 pation / Job title (See Instructions)		Employer (See Instructions	j)				
	Date 10/02/2024	Full name of contributor  Texas Farm Bureau AG Fun  Contributor address; City; State  Waco, TX 76702-2689				Amount of Contribution (\$)	\$1,000.00		
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)				
	Date 10/15/2024	Full name of contributor  Texas Instruments Incorpora  Contributor address; City; State  Dallas, TX 75243-0592		0007070		Amount of Contribution (\$)	\$1,500.00		
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)				
			l						

	MONET	ARY POLITICAL CONTRIBUTIO	SCHEDULE A			
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 16/19 Rpt: 19/43	
2	FILER NAME Hunter, Todo	I A. (The Honorable)		3	Filer ID (Ethics Commission 00020493	on Filers)
4	Date 10/15/2024	5 Full name of contributor		7	Amount of Contribution (\$)	\$5,000.00
_	Dein sin al a sau	Austin, TX 78701	2. Faralassa (Osa hastaustisa			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 10/15/2024	Full name of contributor out-of-state PAC (ID#:)  Texas Mortgage Bankers PAC  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3,000.00
	Austin, TX 78701  Principal occupation / Job title (See Instructions)  Employer (See Instruction					
	Principal occu	oalion7 Job title (See instructions)	Employer (See Instructions	)		
	Date 10/18/2024	Full name of contributor  out-of-state PAC (ID#:)  Texas Nurse Practitioners PAC  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,500.00
		Austin, TX 78735				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 10/15/2024				Amount of Contribution (\$)	\$2,000.00
	Principal occu	Austin, TX 78705 pation / Job title (See Instructions)	Employer (See Instructions	<u>                                      </u>		
	Date 10/15/2024	Full name of contributor out-of-state PAC (ID#:_ Texas State Association of Fire Fighters Action C Contributor address; City; State; Zip Code  Austin, TX 78701			Amount of Contribution (\$)	\$1,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
		-				

	MONET	ARY POLITICAL CONTRIBUTIO	SCHEDULE A1			
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 17/19 Rpt: 20/43	
2	FILER NAME Hunter, Todo	I A. (The Honorable)		3	Filer ID (Ethics Commission 00020493	on Filers)
4	Date 10/15/2024			7	Amount of Contribution (\$)	\$1,000.00
_	Dringing Loon	Austin, TX 78701	Employer (Coo Instructions			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	)		
	Date Full name of contributor out-of-state PAC (ID#:)  10/15/2024 Texas Trial Lawyers Association PAC  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2,500.00	
Austin, TX 78701  Principal occupation / Job title (See Instructions)  Employer (See Instruction				5)		
	Date 10/25/2024				Amount of Contribution (\$)	\$2,000.00
	Principal occu	Washington, DC 20004 pation / Job title (See Instructions)	Employer (See Instructions	<u>(</u>		
	Date Full name of contributor X out-of-state PAC (ID#: C00542365  10/15/2024 Toyota Motor North America, Inc., PAC  Contributor address; City; State; Zip Code		000542365		Amount of Contribution (\$)	\$1,000.00
	Principal occu	Washington, DC 20004 pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date Full name of contributor out-of-state PAC (ID#:)  10/15/2024 Two Hands Chiropractic, Inc.  Contributor address; City; State; Zip Code  Austin, TX 78741			Amount of Contribution (\$)	\$1,000.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	ARY POLITICAL CONTRIBUT	SCHEDULE A1			
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 18/19 Rpt: 21/43	
2	FILER NAME Hunter, Todo	d A. (The Honorable)		3	Filer ID (Ethics Commission 00020493	on Filers)
4	Date 10/15/2024	· ————————————————————————————————————		7	Amount of Contribution (\$)	\$2,500.00
_	Deireitad	Washington, DC 20003	la Familia (O. hamata)			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	is)		
	Date Full name of contributor out-of-state PAC (ID#:)  10/15/2024 Verizon Communications Inc. Good Government Club - Texas  Contributor address; City; State; Zip Code  Austin, TX 78701			Amount of Contribution (\$)	\$5,000.00	
Principal occupation / Job title (See Instructions)  Employer (See Instruction			ns)			
	Date Full name of contributor out-of-state PAC (ID#:)  10/18/2024 Weekley, Richard (Mr.)  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00	
	Principal occu	Houston, TX 77027 pation / Job title (See Instructions)	Employer (See Instructions	ns)		
	Real estate o	developer	Self			
Date  Full name of contributor out-of-state PAC (ID#:)  Welch Jr., Gordon R. (Dr.)  Contributor address; City; State; Zip Code  Corpus Christi, TX 78411			Amount of Contribution (\$)	\$200.00		
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired	ns)		
	Date Full name of contributor out-of-state PAC (ID#:)  10/17/2024 William F Scott 1991 Trust  Contributor address; City; State; Zip Code  Nederland, TX 77627			Amount of Contribution (\$)	\$1,000.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	is)		
			•			

TARY POLITICAL CONTRIBU	JTIONS	SCHEDULE A1
action Guide explains how to complete	1 Total pages Schedule A1: Sch: 19/19 Rpt: 22/43	
E dd A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00020493
<ul> <li>Full name of contributor</li></ul>	C (ID#:)	7 Amount of Contribution (\$) \$1,000.00
San Antonio, TX 78265		
upation / Job title (See Instructions)	9 Employer (See Instruction	ns)
	ction Guide explains how to complete  d A. (The Honorable)  5 Full name of contributor  out-of-state PA Zachry Corporation PAC  6 Contributor address; City; State; Zip Code	d A. (The Honorable)  5 Full name of contributor out-of-state PAC (ID#:)     Zachry Corporation PAC  6 Contributor address; City; State; Zip Code  San Antonio, TX 78265

# NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 23/43 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Hunter, Todd A. (The Honorable) 00020493 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS 6 Full name of contributor 9 In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 10/04/2024 Texas Farm Bureau AG Fund \$5.18 Website endorsement 7 Contributor address; City; State; Zip Code Waco, TX 76702-2689 Check if travel outside of Texas. Complete Schedule T. (See instructions) 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

## 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 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: 1/9 Rpt: 24/43	Hunter, Todd A. (The Honorable) 00020493
4	Date	5 Payee name
	10/02/2024	ATT Teleconference Service
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$24.76	PO Box 5002
		Carol Stream, IL 60197-5002
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
		Telephone conference service
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	10/10/2024	Brent Chesney Campaign
	Amount (\$)	Payee address; City; State; Zip Code
	\$3,028.46	242 Cape Aron
		Corpus Christi, TX 78412
	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
		Political contribution
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	10/07/2024	Carranza, Vicente (Mr.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$400.00	3690 Jack Ave
		Robstown, TX 78380
	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/OI	1

## 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/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: 2/9 Rpt: 25/43	Hunter, Todd A. (The Honorable) 00020493
4	Date	5 Payee name
	10/10/2024	Coastal Bend Heros
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$840.00	7313 Pepper Ridge
		Corpus Christi, TX 78413
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
		Everit sponsorstip
_	Operation ONLY if allowed	Our did to 10 ff as had done as many
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/02/2024	Coastal Bend Republican Coalition
	Amount (\$)	Payee address; City; State; Zip Code
	\$5,000.00	15346 Cartagena Court
		Corpus Christi, TX 78418
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.  Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		1 ontical continuation
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	10/10/2024	College Republicans Texas A&M University CC
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	6300 Ocean Drive
		Corpus Christi, TX 78412
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	ZA ZHOHORZ	Candidate/Officeholder/Political Committee
		Political contribution
_	Operation ONE VIII II	Ora didata (Office hadden granne
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	p = 1 2 25 3/01	
L		

### SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I Committee	Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide expl		xpens Vages	e /Contract Labor		Travel in District Travel Out of District OTHER (enter a category no	t listed above)
1	Total pages Schedule F1:						3	•	commission Filers)
L	Sch: 3/9 Rpt: 26/43	Hunter, Too	dd A. (The Honorable)					00020493	
4	Date	5 Payee name							
	10/02/2024	Corpus Chi	risti Educational Founda	ition					
6	Amount (\$)	<b>7</b> Payee addre	ess; City; S	tate; Zip Co	ode				
	\$200.00	P.O. Box 28	822						
		Corpus Chi	risti, TX 78403						
8	PURPOSE	(a) Category (S	ee Categories listed at the top of th	is schedule)	(b)	Description			
	OF	Event Expe		is soriculic)	` `	·	outsi	de of Texas. Complete Schedu	ule T.
	EXPENDITURE					_		officeholder living expense	
						Event sponso	orsh	nip	
9	Complete ONLY if direct expenditure to benefit C/O		iceholder name	Office sou	ight			Office held	
	Date	Payee name							
	10/02/2024	Corpus Chi	risti Hooks Baseball Clu	b					
	Amount (\$)	Payee addre	ess; City; S	tate; Zip Co	ode				
	\$1,500.00	734 E. Port		•					
	. , 20								
		Corpus Chr	risti, TX 78401		_				
	PURPOSE		ee Categories listed at the top of th	is schedule)	(b)	Description			
	OF EXPENDITURE	Event Expe				<b>—</b>		de of Texas. Complete Schedi	ule T.
						Event sponso		officeholder living expense	
						Everit shouse	<i>)</i> 1 31	ıιÞ	
$\vdash$	Complete ONLY if direct	Candidate/Off	iceholder name	Office sou	laht Iaht			Office held	
	expenditure to benefit C/O		icentituei fiame	Onice Suc	grit			Onice Helu	
L	Data								
	Date	Payee name							
	10/02/2024	-	risti Road Runners						
	Amount (\$)	Payee addre		tate; Zip Co	ode				
	\$1,000.00	P.O. Box 8	750						
		Corpus Chi	risti, TX 78468						
	PURPOSE	(a) Category (S	ee Categories listed at the top of th	is schedule)	(b)	Description			
	OF EXPENDITURE	Event Expe		,		Check if travel		de of Texas. Complete Schedi	ule T.
	TVI FIADITORE					<b>—</b>		officeholder living expense	
						Event sponso	orsr	ııp	
	2				<u> </u>				
	Complete ONLY if direct expenditure to benefit C/O		iceholder name	Office sou	ıght			Office held	
	Orialiano to bonioni o/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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

sement Solicitation/Fundraising Expense
pense 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	ompl	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 4/9 Rpt: 27/43	Hunter, Todd A. (The Honorable)		00020493
4	Date	5 Payee name		
	10/07/2024	Garza, Rolando		
6	Amount (\$) \$450.00	7 Payee address; City; State; Zip Co 2629 McCain Dr.	ode	
	\$450.00	2029 MCCalli Di.		
		Corpus Christi, TX 78410		
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.
	EXI ENDITORE			Check if Austin, TX, officeholder living expense  Advertising expense
				Advertising expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	ıght	Office held
	expenditure to benefit C/O	1		
	Date	Payee name		
	10/01/2024	Granado, Angie Flores		
	Amount (\$)	Payee address; City; State; Zip Co	ode	
l	\$6,500.00	418 Peoples St		
l		# 505		
L		Corpus Christi, TX 78401		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
l	EXPENDITURE	Salaries/Wages/Contract Labor		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
				Contract Labor
L				
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ught	Office held
L				
	Date	Payee name		
┡	10/01/2024	John Donner & Associates		
	Amount (\$) \$7,500.00	Payee address; City; State; Zip Co 1005 Congress Ave., Ste 580	oue	
	Ψ1,300.00	1003 Congress Ave., Sie 300		
		Austin, TX 78701		
┝	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
l	OF EXPENDITURE	Consulting Expense		Check if travel outside of Texas. Complete Schedule T.
l	LXI LINDITORE			Check if Austin, TX, officeholder living expense
				Consulting expense
	Complete ONLY if direct	Candidate/Officeholder name Office sou	l ught	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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services	Salarie	_	es/Contract Labor		OTHER (enter a	a category not listed ab	ove)
L	<u> </u>			The Instruction Gui	ide explains how to	compl	lete this form.				
1	Total pages Schedule F1:	2	FILER NAME	Ē				3	Filer ID	(Ethics Commissi	on Filers)
	Sch: 5/9 Rpt: 28/43		Hunter, Too	dd A. (The Honor	able)				00020493		
4	Date	5	Payee name								
	10/02/2024			er & Associates							
6	Amount (\$)	7	Payee addre	ss; City;	State; Zip	Code					
ľ	\$24,000.00	ľ		ress Ave., Ste 58		Oodo					
	Ψ24,000.00		1000 Cong	1033 / ((0., 0.0 00	O						
L			Austin, TX	78701							
8	PURPOSE	(a)	Category (S	ee Categories listed at the	e top of this schedule)	(b)	Description				
	OF EXPENDITURE		Consulting	Expense			<u> </u>			nplete Schedule T.	
							ш		, officeholder livin	g expense	
							Consulting ex	xpe	ense		
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Off	iceholder name	Office s	ought			Office h	eld	
L	experialiture to benefit C/Oi										
	Date		Payee name								
	10/03/2024		John Donne	er & Associates							
Н	Amount (\$)	H	Payee addre	ss; City;	State; Zip	Code					
	\$4,648.68		1005 Cong	ress Ave., Ste 58	0						
	,		J	,							
			Auctin TV	70701							
L		L	Austin, TX			1					
	PURPOSE OF	(a)		ee Categories listed at the	e top of this schedule)	(b)	Description		:d4 T O	andata Cabantula T	
	EXPENDITURE		Consulting	Expense			<u></u>		, officeholder livin	nplete Schedule T.	
							Consulting ex			g expense	
							Cornoditing of	Λρυ	,,,,,,		
⊢	Complete ONLY if direct	<u> </u>	Candidate/Off	iceholder name	Office s	ought			Office h	eld.	
	expenditure to benefit C/OI		Carialaatc/On	iccholact hame	Office	ougni			Office II	ciu	
┝		_									
	Date		Payee name								
	10/03/2024		John Donne	er & Associates							
	Amount (\$)		Payee addre	ss; City;	State; Zip	Code					
	\$24,465.55		1005 Cong	ress Ave., Ste 58	0						
			Austin, TX	78701							
H	PURPOSE	(a)	Category (s	ee Categories listed at the	o top of this schodulo)	(b)	Description				
	OF	``	Consulting		e top of this schedule)	``		outs	ide of Texas. Con	nplete Schedule T.	
	EXPENDITURE		Concurring	ZAPONOO			Check if Austin	ı, TX	, officeholder livin	g expense	
							Consulting ex	хре	ense		
Г	Complete ONLY if direct		Candidate/Off	iceholder name	Office s	ought			Office h	eld	
	expenditure to benefit C/OI	Н									
H											
ĺ											
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

	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: 6/9 Rpt: 29/43	Hunter, Todd A. (The Honorable)  00020493
4	Date	5 Payee name
	10/01/2024	Murphy Nasica
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$4,000.00	815 - S Brazos St
		Ste 304
		Austin, TX 78701
8	PURPOSE	1
°	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	Consulting Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Consulting expense
		Constantly Oxponed
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
	Date	Payee name
	10/04/2024	Murphy Nasica
	Amount (\$)	Payee address; City; State; Zip Code
	\$6,195.38	815 - S Brazos St
	• •	Ste 304
		Austin, TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	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	Condidate/Officeholder page Office pought Office hold
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/10/2024	Murphy Nasica
	Amount (\$)	Payee address; City; State; Zip Code
	\$11,724.75	815 - S Brazos St
		Ste 304
		Austin, TX 78701
		1
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Consulting expense
		Consularly expense
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct 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 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: 7/9 Rpt: 30/43	Hunter, Todd A. (The Honorable) 00020493
4	Date	5 Payee name
	10/01/2024	Padre Island Business Association
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$7,000.00	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 Austin, TX, officeholder living expense  Event Sponsorship
		LVOIR Oponsors.iip
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ĺ	expenditure to benefit C/Oh	
H	Date	Payee name
	10/02/2024	South Jetty
	Amount (\$)	Payee address; City; State; Zip Code
	\$575.00	PO Box 1117
	φο. σ.σσ	1 O BOX 1111
		Port Aransas, TX 78373
	PURPOSE	1
	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
		Advertising expense
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	experialiture to benefit 6/01	1
	Date	Payee name
	10/03/2024	South Texas Council Boy Scouts of America
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,500.00	700 Everhart Rd, Ste A
		Corpus Christi, TX 78411
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	PURPOSE OF EXPENDITURE	Event Expense
	OF	Event Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	OF	Event Expense
	OF EXPENDITURE	Event Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Event sponsorship
	OF	Event Expense  Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Event sponsorship  Candidate/Officeholder name  Office sought  Office held
	OF EXPENDITURE  Complete ONLY if direct	Event Expense  Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Event sponsorship  Candidate/Officeholder name  Office sought  Office held
	OF EXPENDITURE  Complete ONLY if direct	Event Expense  Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Event sponsorship  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	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: 8/9 Rpt: 31/43	Hunter, Todd A. (The Honorable) 00020493
4	Date	5 Payee name
	10/02/2024	South Texas News
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$688.00	111 N. Washington St.
		Beeville, TX 78102
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
		Check if Austin, TX, officeholder living expense  Advertising expense
		Advertising expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	10/03/2024	Texans for Greg Abbott
H	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	P.O. 308
	·	
		Austin, TX 78767
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	EXPENDITORE	Candidate/Officeholder/Political Committee
		Political contribution
L	Operation ONLY & Street	Outstide to 10 ff and half an array of the second to
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
┕		
	Date	Payee name
	10/01/2024	Texas A&M University-Corpus Christi
	Amount (\$)	Payee address; City; State; Zip Code
	\$388.00	6300 Ocean Drive
		Corpus Christi, TX 78412
	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 sponsorship
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
$\vdash$		

## SCHEDULE F1

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

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	- I Com	nmittee	Gift/Awards/Memoria Legal Services	lls Expense	Printing Exper Salaries/Wage	se s/Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	trict category not listed above)
Total pages Schedule F1:	2	FILER NAM	 E				3	Filer ID	(Ethics Commission Filers)
Sch: 9/9 Rpt: 32/43				orable)				00020493	
Date	5	Payee name	;						
10/15/2024				nc.					
Amount (\$)	7	Payee addre	ess; City;	State;	Zip Code				
\$1,000.00		1602 East	Riverside Dr						
		Austin. TX	78741						
PURPOSE				**********	(b)	Description			
OF				t the top of this sche	edule)		el outs	ide of Texas. Comp	plete Schedule T.
EXPENDITURE	·					_			expense
						Return of c	ontril	oution	
complete ONLY if direct expenditure to benefit C/OI		andidate/Off	ficeholder name	C	Office sought			Office he	eld
	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment  Total pages Schedule F1:     Sch: 9/9 Rpt: 32/43  Date     10/15/2024  Amount (\$)  PURPOSE OF EXPENDITURE  Complete ONLY if direct	Contributions/ Donations Made By-Candidate/Officeholder/Political Control Credit Card Payment  Total pages Schedule F1: 2 Sch: 9/9 Rpt: 32/43  Date 5 10/15/2024  Amount (\$) 7 \$1,000.00  PURPOSE OF EXPENDITURE	Complete ONLY if direct  Condidate/Office older/Political Committee  Credit Card Payment  Total pages Schedule F1: Sch: 9/9 Rpt: 32/43  Punter, Total pages Schedule F1: Sch: 9/9 Rpt: 32/43  Funter, Total pages Schedule F1: Function Payment  Punter, Total pages Schedule F1: Funter, Total Pages	Complete ONLY if direct  Committee C	Contributions/ Donations Made By- Candidate/Officeholder/Political Committee Credit Card Payment  Total pages Schedule F1: Sch: 9/9 Rpt: 32/43  Date 10/15/2024  Amount (\$)  PURPOSE OF EXPENDITURE  Credit Card Payment  The Instruction Guide explains in the Instruction Guide expl	Contributions/ Donations Made By-Candidate/Officeholder/Political Committee Credit Card Payment  Total pages Schedule F1: Sch: 9/9 Rpt: 32/43  Date 10/15/2024  Amount (\$)  PURPOSE OF EXPENDITURE  Complete ONLY if direct  Committee  Candidate/Officeholder name  Condidate/Officeholder name  Gift/Awards/Memorials Expense Legal Services  The Instruction Guide explains how to complete Only in the Instruction Guide explains how to complete Salaries/Wage  The Instruction Guide explains how to complete Only in the Instruction Guide explains how to complete Only i	Contributions/ Donations Made By- Credit Card Payment  Total pages Schedule F1: Sch: 9/9 Rpt: 32/43  Date 10/15/2024  Amount (\$)  PURPOSE OF EXPENDITURE  Complete ONLY if direct  Credit Card Payment  Sidit/Awards/Memorials Expense Legal Services  Salaries/Wages/Contract Labor  The Instruction Guide explains how to complete this form.  Find Instruction Guide explains how to complete this form.  Find Instruction Guide explains how to complete this form.  Find Instruction Guide explains how to complete this form.  The Instruction Guide explains how to complete this form.  Find Instruction Guide explains how to complete this form.  Find Instruction Guide explains how to complete this form.  The Instruction Guide explains how to complete this form.  The Instruction Guide explains how to complete this form.  The Instruction Guide explains how to complete this form.  The Instruction Guide explains how to complete this form.  The Instruction Guide explains how to complete this form.  The Instruction Guide explains how to complete this form.  The Instruction Guide explains how to complete this form.  The Instruction Guide explains how to complete this form.  The Instruction Guide explains how to complete this form.  The Instruction Guide explains how to complete this form.  The Instruction Guide explains how to complete this form.	Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment  Total pages Schedule F1: Sch: 9/9 Rpt: 32/43  Date	Contributions/ Donations Made By- Candidate/Officeholder/Political Complete Credit Card Payment  Total pages Schedule F1: Sch: 9/9 Rpt: 32/43  Date 10/15/2024  Amount (\$)  Purpose OF EXPENDITURE  Candidate/Officeholder name  Candidate/Officeholder name  Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Travel Out of Dis Sch: 9/9 Rpt: 32/43  Filer ID 00020493  Filer ID 00020493

## SCHEDULE G

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	(	Gift/Awards/Memorials Expense Printing Expense Travel C						l in District I Out of District ER (enter a category not listed above)			
	Credit Card Payment			The Instruction Guid	de explains h	ow to co	mplete this form.					
1	Total pages Schedule G:	2 F	ILER NAME					3	Filer ID	(Ethics Commi	ssion Filers)	
	Sch: 1/10 Rpt: 33/43	Н	lunter, Todo	d A. (The Honora	ıble)				000204	193		
4	Date	<b>5</b> P	ayee name									
	10/25/2024	A	Associated E	Builders & Contra	ctors, Tex	as Coa	stal Bend Chapte	er				
6	Amount (\$)	<b>7</b> P	ayee addres	s; City;	State;	Zip Co	de					
	\$40.00	P	P.O. Box 25	2584								
	Reimbursement from political contributions intended	c	Corpus Chris	sti, TX 77403								
8	PURPOSE	(a) C	Category (See	e Categories listed at the	top of this sche	dule)	(b) Description	Cr	neck if trave	I outside of Texas. Cor	mplete Schedule T.	
	OF EXPENDITURE	F	ood/Bevera	age Expense			Ī	Ch	neck if Austi	n, TX, officeholder living	g expense	
	_/						Meeting expens	е				
9	Complete ONLY if direct expenditure to benefit C/OH	Candi	idate/Officeh	older name			Office sought			Office held		
	Date	Р	ayee name									
	10/15/2024	ı	vis Rental (	Car								
	Amount (\$)	P	ayee addres	s; City;	State;	Zip Co	de					
	\$461.75	6	Sylvan Wa	ıy								
	Reimbursement from											
	x political contributions intended	P	arsippany,	NJ 07054								
	PURPOSE	С	Category (See	e Categories listed at the	top of this sche	dule)	Description	Ch	neck if trave	I outside of Texas. Cor	nplete Schedule T.	
	OF EXPENDITURE	Т	ransportation	on Equipment An	nd Related		Ī	Cr	neck if Austi	n, TX, officeholder livin	g expense	
	EXPENDITORE	E	Expense				Rental car expe	nse				
		Candi	idate/Officeh	older name			Office sought			Office held		
	expenditure to benefit C/OH											
_	Date		lavaa nama									
	10/17/2024	1	ayee name Chick-Fil-A (	00957								
_	Amount (\$)		ayee addres		State:	Zip Co	de .					
	\$102.19	1	946 S. Star		oldic,	Zip 00	uc					
	Reimbursement from											
	X political contributions intended	С	Corpus Chris	sti, TX 78411								
	PURPOSE OF	l		e Categories listed at the	top of this sche	dule)	Description	_		I outside of Texas. Cor		
	EXPENDITURE	F	ood/Bevera	age Expense			Mooting ovnone	_	IECK II AUSU	n, TX, officeholder livin	y expense	
							Meeting expens	C				
	Complete ONLY if direct	Candi	idate/Officeh	older name			Office sought			Office held		
	expenditure to benefit	Cariu	idate/Officeri	older flame			Office 30ugift			Office field		
	C/OH											

## SCHEDULE G

## **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		Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services		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	emplete this form.								
1	Total pages Schedule G:	2 FILER NAME				3	Filer ID (Ethics Commiss	ion Filers)					
	Sch: 2/10 Rpt: 34/43	Hunter, Too	ld A. (The Honorable)				00020493						
4	Date	5 Payee name				<u> </u>							
	10/18/2024	Children's (	Coalition of Aransas County	1									
6	Amount (\$)	7 Payee addre	ss; City; State	; Zip Co	ode								
	\$250.00	401-B W. M	401-B W. Market St										
	Reimbursement from political contributions intended	Rockport, T	X 78382										
8	PURPOSE	(a) Category (s	ee Categories listed at the top of this sch	nedule)	(b) Description	Ch	eck if travel outside of Texas. Comp	lete Schedule T.					
	OF EXPENDITURE	Event Expe		ŕ	`´	Ch	eck if Austin, TX, officeholder living e	expense					
	EXPENDITURE	·			Event sponsorsh	nip							
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Office	holder name		Office sought		Office held						
	Date	Payee name											
	10/25/2024	Coastal Be	nd Heros										
	Amount (\$)	Payee addre	ss; City; State	; Zip Co	ode								
	\$500.00	7313 Pepp	er Ridge										
	Reimbursement from												
	X political contributions intended	Corpus Chi	isti, TX 78413										
	PURPOSE	Category (s	ee Categories listed at the top of this sch	nedule)	Description [	Ch	eck if travel outside of Texas. Comp	lete Schedule T.					
	OF EXPENDITURE		ns/Donations Made By			Ch	eck if Austin, TX, officeholder living e	expense					
		Candidate/	Officeholder/Political Comm	nittee	Contribution								
	Complete <u>ONLY</u> if direct expenditure to benefit	Candidate/Office	holder name		Office sought		Office held						
	C/OH												
F	Date	Payee name											
	10/18/2024	1 1	es Flour Bluff										
	Amount (\$)	Payee addre	ss; City; State	; Zip Co	ode								
	\$25.83	10309 SPI											
	Reimbursement from												
	X political contributions intended	Corpus Chi	isti, TX 78412										
	PURPOSE	Category (s	ee Categories listed at the top of this sch	nedule)	Description	Ch	neck if travel outside of Texas. Compl	lete Schedule T.					
	OF EXPENDITURE	Food/Bever	age Expense			Ch	neck if Austin, TX, officeholder living e	expense					
					Meeting expense	е							
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Office	holder name		Office sought		Office held						

## SCHEDULE G

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

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee	Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services  Polling Expense Printing Expense Salaries/Wages/Contract Labor  The Instruction Guide explains how to complete this form.							t of District	ory not listed above)
1	Total pages Schedule G:	2	FILER NAME		o Hone == 1	Ja)			3	Filer ID	,	Commission Filers)
	Sch: 3/10 Rpt: 35/43	_	Hunter, Too	id A. (Th	e Honorab	ie)				00020	493	
4	Date	5	Payee name	int Diri	. Ob !	-4.0						
	10/15/2024		Corpus Chr									
6	Amount (\$)	7	Payee addre		ity;	State;	Zip Co	de				
	\$348.84		PO Box 605	0/4								
	X Reimbursement from political contributions intended		Corpus Chr	isti, TX 7	78466							
8	PURPOSE	(a)	Category (Se	ee Categorie	s listed at the to	p of this sche	edule)	(b) Description	=			exas. Complete Schedule T.
	OF EXPENDITURE		Event Expe	nse				[   Everyd 0	_	neck if Aus	tın, TX, officeh	older living expense
								Event Sponsors	nıp			
_	Complete ONLY if alias -t		adidata/Offic - I	holder ===	m.o.			Office assista			Off: a -	hald
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	car	ndidate/Officel	ioluer nai	me			Office sought			Office	neid
	Date		Payee name									
	10/25/2024		Double Tree	e Suites								
	Amount (\$)		Payee addre	ss; C	ity;	State;	Zip Co	de				
	\$649.52		303 West 1	5th								
	X Reimbursement from political contributions intended		Austin, TX	78701								
	PURPOSE		Category (Se	ee Categorie	s listed at the to	p of this sche	edule)	Description	_			exas. Complete Schedule T.
	OF EXPENDITURE		Hotel exper	ise				[	CI	neck if Aus	tin, TX, officeh	older living expense
								Hotel expense				
	Complete ONLY if direct expenditure to benefit	Car	ndidate/Officel	holder na	me			Office sought			Office	held
	C/OH											
	Date		Payee name									
	10/25/2024		Double Tree	e Suites								
	Amount (\$)	$\vdash$	Payee addre	ss; C	ity;	State:	Zip Co	de				
	\$168.00		303 West 1	•	-	,						
	Reimbursement from											
	X political contributions intended		Austin, TX	78701		_						
	PURPOSE OF		Category (Se		s listed at the to	p of this sche	edule)	Description	_			exas. Complete Schedule T.
	EXPENDITURE		Parking exp	ense				Parking expense	_	IECK IT AUS	un, IA, omcen	older living expense
								raiking expense	C			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Car	ndidate/Officel	holder na	me			Office sought			Office	held

## SCHEDULE G

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

Advertising Expense Accounting/Banking Consulting Expense

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

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

	Candidate/Officeholder/Politica Credit Card Payment		mmittee Legal Se		Salaries/V	Vages/C	Contract Labor		OTHER (er		y not listed abo	ve)
			The Ins	struction Guide ex	cplains how to co	omplete	e this form.					
1	Total pages Schedule G:	2	FILER NAME					3	Filer ID	(Ethics (	Commission	Filers)
	Sch: 4/10 Rpt: 36/43		Hunter, Todd A. (1	he Honorable)	)				000204	93		
4	Date	5	Payee name									
	10/15/2024		Grassroots Consu	Itants								
6	Amount (\$)	7	Payee address;	City;	State; Zip Co	ode						
	\$800.00		4710 Hakel									
	Reimbursement from political contributions intended		Corpus Christi, TX	78415								
8	PURPOSE	(a	Category (See Catego	ries listed at the top of	f this schedule)	<b>(b)</b> D	Description	CI	heck if travel	outside of Te	xas. Complete	Schedule T.
	OF EXPENDITURE		Consulting Expens	se				CI	heck if Austir	n, TX, officeho	older living expe	nse
	LAFENDITORE					Cons	sulting exp	ense	!			
9	Complete ONLY if direct	Ca	ndidate/Officeholder n	ame		Ot	ffice sought			Office h	neld	
	expenditure to benefit C/OH						_					
	Date		Payee name									
	10/17/2024		Hardknocks Sport	s Grill								
	Amount (\$)		Payee address;	City;	State; Zip Co	ode						
	\$140.42		15401 SPID									
	X Reimbursement from political contributions intended		Corpus Christi, TX	78418								
	PURPOSE		Category (See Catego	ries listed at the top of	f this schedule)		Description	CI	heck if travel	outside of Te	xas. Complete	Schedule T.
	OF EXPENDITURE		Food/Beverage Ex	pense				CI	heck if Austir	n, TX, officeho	older living expe	nse
	EXI ENDITORE					Meet	ting expen	se				
	Complete ONLY if direct expenditure to benefit C/OH	Ca	ndidate/Officeholder n	ame		Of	ffice sought			Office h	neld	
	Date		Payee name									
	10/02/2024		Mike Bergsma Ca	mpaign								
	Amount (\$)	$\vdash$	Payee address;	City;	State; Zip Co	ode						
	\$500.00		PO Box 955	•								
	Reimbursement from											
	X political contributions intended		Corpus Christi, TX	78403								
	PURPOSE		Category (See Catego	ries listed at the top of	f this schedule)		Description	느			xas. Complete	
	OF EXPENDITURE		Contributions/Don					_		n, TX, officeho	older living expe	nse
	-		Candidate/Officeh	older/Political (	Committee	Politi	ical contrib	ution	1			
						<u> </u>						
		Ca	ndidate/Officeholder n	ame		Of	ffice sought			Office h	neld	
	expenditure to benefit C/OH											
	J. J											

## SCHEDULE G

### **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		
	Credit Card Fayment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule G:	2 FILER NAME 3 Filer ID (Ethics Commission F	ilers)
	Sch: 5/10 Rpt: 37/43	Hunter, Todd A. (The Honorable) 00020493	
4	Date	5 Payee name	
	10/15/2024	Omni PGA Frisco	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$436.75	4341 PGA Pkwy	
	Reimbursement from political contributions intended	Frisco, TX 75034	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Sc	
	EXPENDITURE	Hotel expense Check if Austin, TX, officeholder living expense	е
		Hotel expens	
_	Operation ONLY # discort	Office health	
9	Complete ONLY if direct expenditure to benefit	Candidate/Officeholder name Office sought Office held	
	C/OH		
	Date	Payee name	
	10/15/2024	Phelan for Texas	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,000.00	P.O. BOX 78045	
	Reimbursement from political contributions intended	Phoenix, AZ 85062-8045	
	PURPOSE	Category (See Categories listed at the top of this schedule)  Description Check if travel outside of Texas. Complete Sci	hedule T.
	OF EXPENDITURE	Contributions/Donations Made By	е
		Candidate/Officeholder/Political Committee Political contribution	
	Complete ONLY if direct expenditure to benefit	Candidate/Officeholder name Office sought Office held	
	C/OH		
	Date	Payee name	
	10/17/2024	Romeros, Christianna	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$100.00	429 Naples	
	Reimbursement from political contributions		
	intended	Corpus Christi, TX 78404	
	PURPOSE OF	Category (See Categories listed at the top of this schedule)  Description Check if travel outside of Texas. Complete So	
	EXPENDITURE	Salaries/Wages/Contract Labor Check if Austin, TX, officeholder living expense	е
		Contract Labor	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OH	Canadator Onice sought Onice netu	

## SCHEDULE **G**

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

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment		Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor  The Instruction Guide explains how to complete this form.			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 -	ILER NAME			3	Filer ID (Ethics Commission Filers)		
	Sch: 6/10 Rpt: 38/43	l	lunter, Todd A. (The Honorable)			•	00020493		
4	Date	5 P	ayee name		•				
L	10/25/2024	Romeros, Christianna							
6	Amount (\$)	7 Payee address; City; State; Zip Code							
	\$100.00	429 Naples							
	Reimbursement from political contributions intended		Corpus Christi, TX 78404						
8	PURPOSE	(a) C	Category (See Categories listed at the top of this scho	edule)	(b) Description	CI	neck if travel outside of Texas. Complete Schedule T.		
	OF EXPENDITURE	5	Salaries/Wages/Contract Labor			Cl	heck if Austin, TX, officeholder living expense		
	LA LIBITORE				Contract Labor				
9	Complete ONLY if direct	L Cand	idate/Officeholder name		Office sought		Office held		
9	expenditure to benefit	Cand	idato/Onicendidei name		Office Sought		Office field		
	Date	F	Payee name						
	10/17/2024	S	Sam's Club						
	Amount (\$)	F	Payee address; City; State;	Zip Co	ode				
\$300.20 4833 SPID									
	Reimbursement from political contributions intended	C	Corpus Christi, TX 78411						
PURPOSE			category (See Categories listed at the top of this sche	edule)	Description	╛	neck if travel outside of Texas. Complete Schedule T.		
	OF EXPENDITURE		Office Overhead/Rental Expense		Office supplies	CI	neck if Austin, TX, officeholder living expense		
	Complete ONLY if direct expenditure to benefit C/OH	<b>L</b> Cand	idate/Officeholder name		Office sought		Office held		
	Date	F	ayee name						
10/17/2024		s	South Texas Alliance of Republicans						
Amount (\$)			Payee address; City; State; Zip Code						
\$60.00			934 High Meadow Dr						
Reimbursement from political contributions intended		C	Corpus Christi, TX 78413						
	PURPOSE	C	Category (See Categories listed at the top of this sche	edule)	Description	=	neck if travel outside of Texas. Complete Schedule T.		
OF EXPENDITURE		F	Food/Beverage Expense						
	-				Meeting expense				
	Complete ONLY if direct expenditure to benefit C/OH	Cand	idate/Officeholder name		Office sought		Office held		

### SCHEDULE G

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

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment		Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Polling Expense Offit/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor  The Instruction Guide explains how to complete this form.			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: 7/10 Rpt: 39/43	-	Hunter, Todd A. (The Honorable)				00020493	
4	Date	5	Payee name					
	10/11/2024		Steve Ray & Associates					
6	Amount (\$)	7	7 Payee address; City; State; Zip Code					
	\$5,000.00		901 N. Carancahua St					
	Reimbursement from political contributions intended		Corpus Christi, TX 78401					
8	PURPOSE	(a)	Category (See Categories listed at the top of this sched	ule)	(b) Description	Ch	neck if travel outside of Texas. Complete Schedule T.	
	OF	``	Consulting Expense			Ch	neck if Austin, TX, officeholder living expense	
	EXPENDITURE		9 Pr		Consulting exper	ise		
	Complete ONLY if direct expenditure to benefit C/OH	L Car	ndidate/Officeholder name		Office sought		Office held	
	Date		Payee name					
	10/17/2024	2024 Sugarbakers						
,	Amount (\$)	Payee address; City; State; Zip Code						
	\$36.76	2766 Santa Fe St,						
	X Reimbursement from political contributions intended		Corpus Christi, TX 78404					
	PURPOSE		Category (See Categories listed at the top of this sched	ule)	Description	_	eck if travel outside of Texas. Complete Schedule T.	
OF EXPENDITURE			Food/Beverage Expense				eck if Austin, TX, officeholder living expense	
					Meeting expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Car	ididate/Officeholder name		Office sought		Office held	
	Date		Payee name					
	10/25/2024		Sugarbakers					
Ε,	Amount (\$) Payee address; City; State; Zip Code							
	\$42.73   2766 Santa Fe St,							
	Reimbursement from							
	X political contributions intended		Corpus Christi, TX 78404					
	PURPOSE OF		Category (See Categories listed at the top of this sched	ule)	Description	╛	neck if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE		Food/Beverage Expense		L	-	eck if Austin, TX, officeholder living expense	
					Meeting expense			
		L						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Car	ndidate/Officeholder name		Office sought		Office held	
	ma provided by Tayon F		Commission was othics at				Varaian V/4 1 0 40daE1F	

## SCHEDULE G

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

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	-			kpense /ages/Contract Labor	Travel in E Travel Out OTHER (e		
1	Total pages Schedule G:	2 FILER NAME					(Ethics Commission Filers)	
Sch: 8/10 Rpt: 40/43		Hunter, Todd A. (The Honorable)					193	
4	Date	Payee name	•		I			
	10/22/2024	Ted Cruz for Senate						
6	Amount (\$)	Payee address; City;	State:	Zip Co	de			
	\$2,500.00							
	Reimbursement from political contributions intended	Houston, TX 77265						
8	PURPOSE	a) Category (See Categories lister	d at the top of this sche	dule)	(b) Description	Check if trave	l outside of Texas. Complete Schedule T.	
	OF EXPENDITURE		ontributions/Donations Made By andidate/Officeholder/Political Committee Political Contribution					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held						
	Date	Payee name						
	10/22/2024	Ted Cruz for Senate						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$1,000.00 PO Box 25400							
	Reimbursement from political contributions intended Houston, TX 77265							
	PURPOSE	Category (See Categories lister	d at the top of this sche	dule)	Description	_	I outside of Texas. Complete Schedule T.	
OF EXPENDITURE		Contributions/Donations Candidate/Officeholder/		ttee	Political contribu	_	n, TX, officeholder living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	andidate/Officeholder name			Office sought		Office held	
	Date	Payee name						
	10/02/2024	Texans for Greg Abbott						
Amount (\$) Payee address; City; State; Zip Code \$500.00 P.O. 308								
	Reimbursement from political contributions intended	Austin, TX 78767						
	PURPOSE OF	Category (See Categories lister	d at the top of this sche	dule)	Description	_	I outside of Texas. Complete Schedule T.	
EXPENDITURE		Contributions/Donations Candidate/Officeholder/	ttee	Check if Austin, TX, officeholder living expense				
		Candidate/OniceHolder/	onucai comilii	uce	Political contribu	uON		
	Complete ONLY if direct expenditure to benefit C/OH	andidate/Officeholder 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 Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Contributions/ Donations Made By -Gift/Awards/Memorials Expense 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 G: FILER NAME Filer ID (Ethics Commission Filers) Sch: 9/10 Rpt: 41/43 Hunter, Todd A. (The Honorable) 00020493 Date Payee name 10/25/2024 United Corpus Christi Chamber of Commerce State; Zip Code Amount (\$) Payee address; City; \$20.00 602 N Staples St #150 Reimbursement from political contributions Х intended Corpus Christi, TX 78401 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if Austin, TX, officeholder living expense Food/Beverage Expense **EXPENDITURE** Meeting expense Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 10/13/2024 United States Postal Service - Lamar Station Amount (\$) Payee address; City; State; Zip Code \$58.40 4801 Everhart Reimbursement from political contributions Χ Corpus Christi, TX 78411 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 Office Overhead/Rental Expense **EXPENDITURE** Postage expense Candidate/Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 10/19/2024 United States Postal Service - Lamar Station Payee address; City; State; Zip Code Amount (\$) \$58.40 4801 Everhart Reimbursement from Χ political contributions intended Corpus Christi, TX 78411 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. Category (See Categories listed at the top of this schedule) Description OF Check if Austin, TX, officeholder living expense Office Overhead/Rental Expense **EXPENDITURE** Postage expense Complete ONLY if direct Candidate/Officeholder 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 NAME Filer ID Total pages Schedule G: (Ethics Commission Filers) Sch: 10/10 Rpt: 42/43 Hunter, Todd A. (The Honorable) 00020493 Date Payee name 10/15/2024 Warwick Melrose Hotel 6 Amount (\$) Payee address; City; State; Zip Code \$2,500.00 3015 Oak Lawn Ave Reimbursement from political contributions intended Х Dalllas, TX 75219 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. 8 OF Check if Austin, TX, officeholder living expense Food/Beverage Expense **EXPENDITURE** Catering expense Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

# 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: 1/1 Rpt: 43/43 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Hunter, Todd A. (The Honorable) 00020493 5 Name of person from whom amount is received 8 Amount (\$) 09/30/2024 \$138.63 American Bank 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