# 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 Comm 00020493		2 Total pages	filed: 120
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE	USE ONLY
OFFICEHOLDER NAME	The Honorable	Todd A.			Date Received	
10 000					ELECTRONIC	ALLY EILED
					07/15/2025	ALLI FILLD
	NICKNAME	LAST		SUFFIX	07/15/2025	
		Hunter				
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Y;	ZIP CODE	Date Hand-delivered	or Date Postmarked
OFFICEHOLDER MAILING	445 Cape Henry					
ADDRESS					Receipt #	Amount
Change of Address	Corpus Christi, TX 78412					
	Corpus Crinisti, 17, 70412				Date Processed	
					Date Imaged	
F CAMBAICN	MC (MDC (MD	FIDCT			<u> </u>	
5 CAMPAIGN TREASURER	MS / MRS / MR	FIRST		MI		
NAME	Mr.	Glen				
	NICKNAME	LAST		SUFFIX		
		Guillory				
6 CAMPAIGN	STREET ADDRESS (NO PO	BOX PLEASE);	AP	T / SUITE #; CITY;	ST	TATE; ZIP CODE
TREASURER ADDRESS	2755 Shady Oak Ln.					
(Residence or Business)	Ingleside, TX 78362					
	]					
7 CAMPAIGN	AREA CODE PHON	IE NUMBER E	EXTENSION			
TREASURER PHONE	(361) 944-7725					
8 REPORT		_		_		
TYPE	January 15	30th day before	election	Runoff	15th day after c appointment (of	ampaign treasurer
	X July 15	8th day before 6	election $\square$	Exceeded modified	Final Report (At	
		J can day belove t		reporting limit		addit Groff Fry
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	01/01/2025	TH	HROUGH	06/30/202		
	01/01/2023			00/30/202	.5	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
LEECTION	Month Day Year	XP	rimary	Runoff	Other	
	03/03/2026				Шошо.	
		□□G	Seneral	Special		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT	(if known)	
	State Representative Distr	ict 32				
		GO T	O PAGE 2			
		GO	O PAGE 2			

### CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM C/OH COVER SHEET PG 2

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13 C / OH NAME	Hunter, Todd A. (The	Honorable)	<b>14</b> Filer ID 00020493	(Ethics Com	mission Filers)	
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	These expenditures may have beer	olitical expenditures made by political on made without the candidate's or office this information only if they receive n	ceholder's kno	owledge or	
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME				
	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE ADDRESS				
		COMMITTEE CAMPAIGN TREAS	URER NAME			
		COMMITTEE CAMPAIGN TREAS	URER ADDRESS			
16 CONTRIBUTION TOTALS	, <b>\$</b>	0.00				
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANT	EES OF LOANS)	\$	128,880.00	
EXPENDITURE TOTALS						
	4. TOTAL POLITIC	AL EXPENDITURES		\$	382,906.64	
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINEI RIOD	D AS OF THE LAST DAY OF THE	\$	1,292,936.28	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR		ING LOANS AS OF THE LAST DAY	\$	0.00	
17 AFFIDAVIT						
			m, under penalty of perjury, that the ac t and includes all information required Election Code.			
			The Heaventh Todd A. Hood			
			The Honorable Todd A. Hunt Signature of Candidate or Officeho			
AFFIX NO	TARY STAMP / SEAL AB	)VF				
-						
		aid ertify which, witness my hand and so	, this the eal of office.		day	
Signature of offi	cer administering	Printed name of officer admin	istering Title of office	er administeri	ng oath	

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

# FORM C/OH COVER SHEET PG 3

3 of 120

				3 of 120	
<b>18</b> FILER NAME Hunter, Todd A	a. (The Honorable)	<b>19</b> Filer ID 00020493	(Ethics Comm	ission Filers)	
20 SCHEDULE SUB NAME OF SCHE			SUBTOT	AL AMOUNT	
1. X SCH	HEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	128,500.00	
2. X SCH	\$	380.00			
3. X SCH	HEDULE B: PLEDGED CONTRIBUTIONS		\$	16,750.00	
4. SCH	HEDULE E: LOANS		\$		
5. X SCH	5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS				
6. SCH	HEDULE F2: UNPAID INCURRED OBLIGATIONS		\$		
7. SCH	HEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$		
8. X SCH	HEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	15,213.08	
9. X SCH	HEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	60,681.61	
10. SCH	HEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS (	OF C/OH	\$		
11. SCH	HEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$		
	HEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F FILER	RETURNED	\$	825.51	

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	LE <b>A1</b>
	The Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 1/9 Rpt: 4/120	
2	FILER NAME Hunter, Todo	d A. (The Honorable)		3	Filer ID (Ethics Commission 00020493	on Filers)
4	Date 06/27/2025	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$1,000.00
		Corpus Christi, TX 78401				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	i)		
	Date 06/27/2025	Full name of contributor out-of-state PAC (ID#:_ Anderson, J. Robert Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$250.00
	Deinsinal assu	Austin, TX 78749	Franks or (Cook batwetis as	$\overline{\Gamma}$		
	Qwner	pation / Job title (See Instructions)	Employer (See Instructions J. Robert Anderson, FAS		A Landscape Architects	
	Date 06/27/2025	Full name of contributor out-of-state PAC (ID#:_ Austin, Joel Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,500.00
	Principal occu	McKinney, TX 75072-2763 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
		sident I Chief Digital Officer	Oncor Electric Delivery	,		
	Date 06/27/2025	Full name of contributor out-of-state PAC (ID#:_ Capital Leadership Fund 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	5)		
	Date 06/27/2025	Full name of contributor \(\times\) out-of-state PAC (ID#: \(\times\)  Centerpoint Energy, Inc. PAC  Contributor address; City; State; Zip Code  Houston, TX 77210-4567	C00333534 )		Amount of Contribution (\$)	\$5,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		

	MONET	ARY POLITICAL CONTR	RIBUTION	IS		SCHEDU	LE <b>A1</b>
	The Instruc	ction Guide explains how to comp	lete this for	m.	1	Total pages Schedule A1: Sch: 2/9 Rpt: 5/120	
2	FILER NAME Hunter, Todo	d A. (The Honorable)			3	Filer ID (Ethics Commissi 00020493	on Filers)
4	Date 06/27/2025	<ul> <li>Full name of contributor</li></ul>	ate PAC (ID#:		7	Amount of Contribution (\$)	\$1,000.00
_	5	Austin, TX 78701	- la	5 1 (0 1 1 1			
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	)		
	Date 06/27/2025	Clevenger, Don J				Amount of Contribution (\$)	\$5,000.00
		Sunnyvale, TX 75182	· · · · · · · · · · · · · · · · · · ·				
	Principal occur Chief Financ	pation / Job title (See Instructions) ial Officer		Employer (See Instructions Oncor Electric Delivery	)		
	Date 06/27/2025	Full name of contributor out-of-state PAC (ID#:				Amount of Contribution (\$)	\$1,000.00
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Date 06/27/2025	Dennis, Debbie		)		Amount of Contribution (\$)	\$1,000.00
	Principal occu Senior Vice I	pation / Job title (See Instructions) President		Employer (See Instructions Oncor Electric Delivery			
	Date 06/27/2025	Full name of contributor x out-of-sta ENPAC Texas  Contributor address; City; State; Zip Cod  Austin, TX 78701	ate PAC (ID#: <u>C00</u>	)		Amount of Contribution (\$)	\$10,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
			<b>-</b>				

	MONET	ARY POLITICAL C	ONTRIBUTION	NS		SCHEDUI	LE <b>A1</b>
	The Instruc	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 3/9 Rpt: 6/120	
2	FILER NAME Hunter, Todo	d A. (The Honorable)			3	Filer ID (Ethics Commission 00020493	on Filers)
4	Date 06/27/2025	Full name of contributor     El Paso Electric Company     Contributor address; City; Sta		)	7	Amount of Contribution (\$)	\$2,000.00
_	District	El Paso, TX 79960	- In	Fundamental Control of the American			
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	S)		
	Date 06/27/2025	Full name of contributor Erben & Yarbrough Contributor address; City; Sta		)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	1	Employer (See Instructions	;) 		
	i illicipal occu	pation / dob title (dee matractions)		Employer (See manachoris	,		
	Date 06/27/2025	Full name of contributor Gilbert, Jessie Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$500.00
	Dringing age	Portland, TX 78374-4160		Employer (Coo Instructions	<u></u>		
		pation / Job title (See Instructions) ident and CEO		Employer (See Instructions Texas State Aquarium	o)		
	Date 06/27/2025	Full name of contributor Grace & McEwan Consulti Contributor address; City; Sta Austin, TX 78701		)		Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>l</u> S)		
	Date 06/27/2025	Full name of contributor Grant, Kathy Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code	)		Amount of Contribution (\$)	\$500.00
	Principal occu Owner	pation / Job title (See Instructions)		Employer (See Instructions Kathy Grant Group	5)		
			1				

	MONEI	ARY POLITICAL (	CONTRIBUTIO	)N:	5		SCHEDUI	LE <b>A1</b>
	The Instruc	ction Guide explains how	to complete this fo	orm	1.	1	Total pages Schedule A1: Sch: 4/9 Rpt: 7/120	
2	FILER NAME Hunter, Todo	d A. (The Honorable)				3	Filer ID (Ethics Commission 00020493	on Filers)
4	Date 06/27/2025	<ul><li>5 Full name of contributor</li><li>Greer, James Alan</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#:_			7	Amount of Contribution (\$)	\$5,000.00
8	Principal occu Vice Preside		5)		Employer (See Instructions Oncor Electric Delivery	)		
	Date 06/27/2025	Full name of contributor HOMEPAC of Texas  Contributor address; City; S  Austin, TX 78701	out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions	s)	ı	Employer (See Instructions	)		
	Date 06/27/2025	Full name of contributor Harvey, Julia Contributor address; City; S	out-of-state PAC (ID#:_				Amount of Contribution (\$)	\$500.00
	Principal occu	Austin, TX 78702-1711 pation / Job title (See Instructions	s)		Employer (See Instructions	)		
	Government	,	,		Texas Electric Cooperat		s	
	Date 06/27/2025	Full name of contributor Henry, Matthew  Contributor address; City; S  Dallas, TX 75218-4340	out-of-state PAC (ID#: tate; Zip Code		)		Amount of Contribution (\$)	\$5,000.00
	Principal occu General Cou	pation / Job title (See Instructions Insel	5)		Employer (See Instructions Oncor Electric Delivery (			
	Date 06/27/2025	Full name of contributor Hillco PAC Contributor address; City; S Austin, TX 78701	out-of-state PAC (ID#:_		)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions	5)		Employer (See Instructions	)		

	MONET	ARY POLITICAL CONTRIBUTI	ONS		SCHEDU	LE <b>A1</b>
	The Instruc	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 5/9 Rpt: 8/120	
2	FILER NAME Hunter, Todo	J A. (The Honorable)		3	Filer ID (Ethics Commission 00020493	on Filers)
4	Date 06/27/2025	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$500.00
_		Austin, TX 78768		Ĺ		
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	S)		
	Date 06/27/2025	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	<u> </u> s)		
	Date 06/27/2025	Full name of contributor	#:)		Amount of Contribution (\$)	\$1,000.00
		Austin, TX 78711-1510	1	Ļ		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	S)		
	Date 06/27/2025	Full name of contributor X out-of-state PAC (ID: NRG Energy Inc, PAC  Contributor address; City; State; Zip Code  Houston, TX 77002-4901	#: C00366559 )		Amount of Contribution (\$)	\$5,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>I</u> S)		
	Date 06/27/2025	Full name of contributor X out-of-state PAC (ID: Nextera Energy PAC  Contributor address; City; State; Zip Code  Juno Beach, FL 33408	#: C00064774 )		Amount of Contribution (\$)	\$5,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
			•			

	MONET	ARY POLITICAL (	CONTRIBUTION	N:	S		SCHEDU	LE <b>A1</b>
	The Instru	ction Guide explains hov	v to complete this for	rm	1.	1	Total pages Schedule A1: Sch: 6/9 Rpt: 9/120	
2	FILER NAME Hunter, Todo	d A. (The Honorable)				3	Filer ID (Ethics Commissi 00020493	on Filers)
4	Date 06/27/2025	<ul><li>5 Full name of contributor Nye, Erle</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#:		)	7	Amount of Contribution (\$)	\$15,000.00
0	Dringing Lagge	Dallas, TX 75225-7117	s)		Employer (Cae Instructions	_		
8	CEO	pation / Job title (See Instruction:	9		Employer (See Instructions Oncor Electric Delivery	·)		
	Date 06/27/2025	Full name of contributor Oney, Tom Contributor address; City; S Austin, TX 78756	out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$2,000.00
	Principal occu	pation / Job title (See Instructions	5)		Employer (See Instructions	5)		
	Attorney			(	Oney PAC			
	Date 06/27/2025	Full name of contributor Randy Lee Public Affairs, Contributor address; City; S			)		Amount of Contribution (\$)	\$500.00
		Austin, TX 78767						
	Principal occu	pation / Job title (See Instruction:	s)		Employer (See Instructions	5)		
	Date 06/27/2025	Full name of contributor Rivero, Hector (Mr.) Contributor address; City; S Austin, TX 78731			)		Amount of Contribution (\$)	\$1,000.00
	Principal occu President &	pation / Job title (See Instructions	5)		Employer (See Instructions Texas Chemical Counci			
	Date 06/27/2025	Full name of contributor Rural Friends of Electric ( Contributor address; City; S  Austin, TX 78701			)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions	s)	ļ	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDULE A1
	The Instru	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 7/9 Rpt: 10/120
2	FILER NAME Hunter, Todo	I A. (The Honorable)		3	Filer ID (Ethics Commission Filers) 00020493
4	Date 06/27/2025	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$) \$500.00
_		Horseshoe Bay, TX 78657			
8	Consultant	pation / Job title (See Instructions)	Employer (See Instructions Focused Advocacy	5)	
	Date 06/27/2025	Full name of contributor out-of-state PAC (ID#:Southwestern Committee on Political Education (Southwestern address; City; State; Zip Code			Amount of Contribution (\$) \$3,000.00
	Principal occu	Amarillo, TX 79101 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ;)	
	Date 06/27/2025	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$) \$10,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>                                      </u>	
	Date 06/27/2025	Full name of contributor  out-of-state PAC (ID#: Texans For Lawsuit Reform PAC  Contributor address; City; State; Zip Code  Austin, TX 78701			Amount of Contribution (\$) \$10,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)	
	Date 06/27/2025	Full name of contributor out-of-state PAC (ID#: Texas Chemistry Council/Texas Chemistry Alliano Contributor address; City; State; Zip Code  Austin, TX 78701-1586			Amount of Contribution (\$) \$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)	

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDULE A1
	The Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 8/9 Rpt: 11/120
2	FILER NAME Hunter, Todo	A. (The Honorable)		3	Filer ID (Ethics Commission Filers) 00020493
4	Date 06/27/2025	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$) \$1,500.00
_		Austin, TX 78759	1		
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	)	
	Date 06/27/2025	Full name of contributor out-of-state PAC (ID#:_ Texas Medical Association PAC  Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$5,000.00
	Principal occu	Austin, TX 78701 Dation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
	Date 06/27/2025	Full name of contributor out-of-state PAC (ID#:_ Texas Trial Lawyers Association PAC Contributor address; City; State; Zip Code  Austin, TX 78701			Amount of Contribution (\$) \$10,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)	
	Date 06/27/2025	Full name of contributor	Committee for		Amount of Contribution (\$) \$2,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)	
	Date 06/27/2025	Full name of contributor out-of-state PAC (ID#:_Valero PAC  Contributor address; City; State; Zip Code  San Antonio, TX 78269			Amount of Contribution (\$) \$2,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)	

	MONET	ARY POLITICAL CONTRIBUTION	ONS		sc	HEDUI	LE <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Sched		
2	FILER NAME Hunter, Todo	d A. (The Honorable)		3	Filer ID (Ethics C 00020493		on Filers)
4	Date 06/27/2025	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_ Vaughan, James</li> <li>Contributor address; City; State; Zip Code</li> </ul>		7	Amount of Contribu	tion (\$)	\$500.00
8	Principal occu Manager	West Lake Hills, TX 78746 upation / Job title (See Instructions)	Employer (See Instructions Bendecido, Ltd.	<u> </u> ;)			
	Date 06/30/2025	Full name of contributor out-of-state PAC (ID#: Weekley, Richard (Mr.)  Contributor address; City; State; Zip Code			Amount of Contribu	tion (\$)	\$5,000.00
	Principal occu Real estate	Houston, TX 77027  upation / Job title (See Instructions)  developer	Employer (See Instructions Self	<u> </u> 5)			
	Date 06/27/2025	Full name of contributor out-of-state PAC (ID#: Wholesale Beer Distributors of Texas PAC Contributor address; City; State; Zip Code  Austin, TX 78701			Amount of Contribu	tion (\$)	\$1,500.00
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)			

### 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: 13/120 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 06/26/2025 Second Floor Strategies \$380.00 Invitation email distribution 7 Contributor address; City; State; Zip Code for a fundraiser Austin, TX 78701 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)

PLEDO	SED CONTRIBUTI	ONS			SCHEDULE B
The	Instruction Guide expla	ins how to comple	te this form.	1 Total pages S Sch: 1/2 Rp	
2 FILER NAM Hunter, Too	IE dd A. (The Honorable)			3 Filer ID 00020493	(Ethics Commission Filers)
4 TOTAL O	F UNITEMIZED PLEDGE	S		\$	0.00
5 Date 06/30/2025	6 Full name of pledgor Henry, Thomas  7 Pledgor Address;	out-of-state PAC (ID#:_	)	8 Amount of pledge (\$) . \$10,000	9 In-kind description (If applicable)
	Corpus Christi, TX 7840	1		Check if trave	l I el outside of Texas. Complete Schedule T.
10 Principal occ	cupation / Job title (See Instruction	ons)	11 Employer (See Instru Thomas J Henry	•	
<b>5</b> Date 06/27/2025	6 Full name of pledgor Marquez, Brandy 7 Pledgor Address;	out-of-state PAC (ID#:_ City; State; Zip Code		8 Amount of pledge (\$) . \$1,000	9 In-kind description (If applicable)
	Austin, TX 78735			Check if trave	el outside of Texas. Complete Schedule T.
10 Principal occ Consultant	cupation / Job title (See Instruction t	ons)	11 Employer (See Instru Marquez Public A	•	
5 Date 06/30/2025	<ul><li>6 Full name of pledgor Targa Resources Corp.</li><li>7 Pledgor Address;</li><li>Houston, TX 77002</li></ul>	out-of-state PAC (ID#:_ Texas PAC  City; State; Zip Code		8 Amount of pledge (\$)  \$2,000	9 In-kind description (If applicable)  0.00
10 Principal occ	cupation / Job title (See Instruction	ons)	11 Employer (See Instru		Toubles of Toxas. Complete Control 1
5 Date 06/24/2025	6 Full name of pledgor The Home Depot Action 7 Pledgor Address;	X out-of-state PAC (ID#: Committee  City; State; Zip Code	C00284885 )	8 Amount of pledge (\$) . \$2,500	9 In-kind description (If applicable)
	Washington, DC 20004			<u> </u>	el outside of Texas. Complete Schedule T.
10 Principal occ	cupation / Job title (See Instruction	ons)	11 Employer (See Instru	uctions)	

PLEDO	GED CONTRIBUTION	ONS				SCHEDULE E	3
The	Instruction Guide explai	ns how to comple	te this form.	1	Total pages Sched		
2 FILER NAM Hunter, To	E dd A. (The Honorable)		3	Filer ID (Ethi	ics Commission Filers)		
4 TOTAL O	F UNITEMIZED PLEDGES	6			\$	(	0.00
5 Date 06/24/2025	6 Full name of pledgor Vaughn, Janet 7 Pledgor Address;	out-of-state PAC (ID#:_	)	8	Amount of pledge (\$) \$1,250.00	9 In-kind description (If applicable)	
	Corpus Christi, TX 78412	<b>)</b>		۱,	Check if travel outs	i ide of Texas. Complete Scheo	dule T.
10 Principal oc	cupation / Job title (See Instructio		11 Employer (See Instru	ıctio		2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	

#### SCHEDULE F1

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

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
_	Sch: 1/45 Rpt: 16/120	Hunter, Todd A. (The Honorable) 00020493
4	Date	5 Payee name
	01/03/2025	ABC Texas - Coastal Bend Chapter
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,386.00	7433 Leopard
		Corpus Christi, TX 78409
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Membership dues  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Membership dues
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/21/2025	Amazon.com, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$237.01	PO Box 81226
		Seattle, WA 98108-1226
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	2/11/2/10/12	Check if Austin, TX, officeholder living expense
		Office supplies
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	
	Date	Payee name
	02/14/2025	American Cancer Society
	Amount (\$)	Payee address; City; State; Zip Code
	\$5,000.00	PO Box 781449
		San Antonio, TX 78278
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Event sponsorship
		Event Sponsorship
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

#### 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

	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	on Filers)
l	Sch: 2/45 Rpt: 17/120	Hunter, Todd A. (The Honorable) 00020493	
4	Date	5 Payee name	
	01/04/2025	American Express	
6	Amount (\$) \$550.29		
L		Dallas, TX 75265-0448	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Credit Card Payment  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Credit Card Payment	
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held OH	
	Date	Payee name	
	01/24/2025	American Express	
	Amount (\$) \$717.53	Payee address; City; State; Zip Code P.O. BOX 650448	
		Dallas, TX 75265-0448	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Credit Card Payment  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Credit Card Payment	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held OH	
	Date 04/11/2025	Payee name American GI Forum	
	Amount (\$) \$175.00	Payee address; City; State; Zip Code PO Box 10307	
		Corpus Christi, TX 78460-0307	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Event Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Event Sponsorship	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held OH	

#### SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Printing Expense Salaries/Wages/Contract Labor 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 F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 3/45 Rpt: 18/120 Hunter, Todd A. (The Honorable) 00020493 4 Date Payee name 02/07/2025 American Heart Association 6 Amount (\$) Payee address; City; State; Zip Code \$3,000.00 8415 Wurzbach Rd. San Antonio, TX 78229 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense Event sponsorship Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 01/03/2025 Anderson Williams Amount (\$) Payee address; City; State; Zip Code \$7,000.00 PO Box 1172 Austin, TX 78767 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Consulting Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Consulting expense Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/28/2025 Aransas Pass Chamber of Commerce Amount (\$) Payee address; City; State; Zip Code \$125.00 130 W Goodnight Aransas Pass, TX 78336 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Membership dues **EXPENDITURE** Check if Austin, TX, officeholder living expense Membership dues Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to con	ıple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 4/45 Rpt: 19/120	Hunter, Todd A. (The Honorable)		00020493
4	Date	5 Payee name		
l	02/07/2025	Associated Builders & Contractors, Texas Coas	tal	Bend Chapter
6	Amount (\$)	7 Payee address; City; State; Zip Coc	le	
l	\$80.00	P.O. Box 2584		
		0		
Ļ		Corpus Christi, TX 77403		
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	b)	Description  Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Food/beverage Expense		Check if Austin, TX, officeholder living expense
l				Meeting expense
Ļ				
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office soug	ht	Office held
⊨	Data			
l	Date 02/28/2025	Payee name Best Buy		
⊢	Amount (\$)	Payee address; City; State; Zip Coc	ما	
l	\$357.21	1201 Barbara Jordan Blvd	iC.	
l	700			
		Austin, TX 78723		
┝	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
l	OF EXPENDITURE	Office Overhead/Rental Expense		Check if travel outside of Texas. Complete Schedule T.
l	LA LIBITORE			Check if Austin, TX, officeholder living expense Office equipment
				опес ецирпен
H	Complete ONLY if direct	Candidate/Officeholder name Office soug	ht	Office held
	expenditure to benefit C/Ol	4		
Г	Date	Payee name		
	02/07/2025	Black Baldy Investments, LLC		
	Amount (\$)	Payee address; City; State; Zip Coo	le	
	\$1,050.00	4161 Hwy 35 N, Unit 1		
l				
L		Rockport, TX 78382		
l	PURPOSE OF	, ,	b)	Description  Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Office Overhead/Rental Expense		Check if Austin, TX, officeholder living expense
				Rental expense
L	Operation ONE VIII	Condition 100 calculation as	1	0#
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office soug	nt	Office held

#### SCHEDULE F1

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

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	- · · · · · · · · · · · · · · · · · · ·
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 5/45 Rpt: 20/120		00020493
4	Date	5 Payee name	
	03/31/2025	Black Baldy Investments, LLC	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$1,050.00	4161 Hwy 35 N, Unit 1	
		Rockport, TX 78382	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Onice overnead/Nental Expense	vel outside of Texas. Complete Schedule T.
		Rental exp	stin, TX, officeholder living expense
		Rental exp	ELISE
_	0 1: 0 1: 0		000
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought OH	Office held
	Date	Payee name	
	04/04/2025	Boys & Girls Club	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,000.00	3902 Greenwood	
		Corpus Christi, TX 78416	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Event Expense	vel outside of Texas. Complete Schedule T.
		Event spon	stin, TX, officeholder living expense
		Ενοπι οροπ	Susiib
H	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		Office field
		1	
	Date	Payee name	
	01/24/2025	Bryan, Kenneth	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$6,600.00	1122 Colorado St, Apt. 2105	
		Austin, TX 78701-2142	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Tiousing expense	vel outside of Texas. Complete Schedule T.
			stin, TX, officeholder living expense
		Housing ex	.pense
	0 1: 0 1: 0		000
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
		··	

#### SCHEDULE F1

Advertising Expense Event Expens
Accounting/Banking Fees
Consulting Expense Food/Beverag
Contributions/ Donations Made By Gandidate/Officeholder/Political Committee Gradit Contributions/ Demonstrates

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

	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: 6/45 Rpt: 21/120	Hunter, Todd A. (The Honorable) 00020493
4	Date	5 Payee name
	02/28/2025	Bryan, Kenneth
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$6,600.00	1122 Colorado St, Apt. 2105
		Austin, TX 78701-2142
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Housing expense Check if travel outside of Texas. Complete Schedule T.
		X Check if Austin, TX, officeholder living expense
		Housing expense
<u>_</u>	Complete ONLY if alice -t	Condidate/Officeholder name Office cought
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
	02/10/2025	Carlson, Jessie
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	337 Gulfstream Dr.
		Corpus Christi, TX 78418
	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  Media consultant
		media donisaliani
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
	Data	B
	Date 01/03/2025	Payee name
		Castaneda, Zac
	Amount (\$)	Payee address; City; State; Zip Code
	\$545.00	300 Palm Valley Dr. E
		Harlingen, TX 78552
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Event sponsorship
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OH	

#### SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

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

	Candidate/Officeholder/Politica Credit Card Payment	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: 7/45 Rpt: 22/120	Hunter, Todd A. (The Honorable) 00020493
4	Date	5 Payee name
	03/07/2025	Catalyst Advisor
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$4,000.00	1108 Lavaca St. 110-506
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Consulting expense
		Consulting expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/Ol	
	Date	Payee name
	04/04/2025	Catalyst Advisors Group
Н	Amount (\$)	Payee address; City; State; Zip Code
	\$4,000.00	1108 Lavaca St. 110-506
	·	
		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  Consulting expense
		Consulting expense
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payee name
	01/17/2025	Charity League
L	Amount (\$)	Payee address; City; State; Zip Code
	\$1,200.00	25 Hewit Dr
	\$1,200.00	25 Hewil Di
		On white TV 70404
		Corpus Christi, TX 78404
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Taxes, Complete Schedule T
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Event sponsorship
一	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	<del>1</del>
一		
ı		

#### 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

	Credit Card r ayment	The Instruction Guide explains how to com	nple	te this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 8/45 Rpt: 23/120	Hunter, Todd A. (The Honorable)		00020493
4	Date	5 Payee name		·
	03/28/2025	Children's Coalition of Aransas County		
6	Amount (\$)	7 Payee address; City; State; Zip Cod	le	
	\$1,000.00	401-B W. Market St		
		Rockport, TX 78382		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Event Expense		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
				Event sponsorship
9	Complete ONLY if direct	Candidate/Officeholder name Office soug	ht	Office held
	expenditure to benefit C/O			
	Date	Payee name		
	01/04/2025	Citi Bank Credit Card		
-	Amount (\$)	Payee address; City; State; Zip Cod	le	
	\$5,105.28	P.O. BOX 78045		
		Phoenix, AZ 85062-8045		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Credit Card Payment		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
				Credit Card Payment
	Complete ONLY if direct	Candidate/Officeholder name Office soug	ht	Office held
	expenditure to benefit C/O	1		
	Date	Payee name		
	01/24/2025	Citi Bank Credit Card		
	Amount (\$)	Payee address; City; State; Zip Cod	le	
	\$3,261.81	P.O. BOX 78045		
		Phoenix, AZ 85062-8045		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Credit Card Payment		Check if travel outside of Texas. Complete Schedule T.
				Credit Card Payment
				Credit Card Fayment
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office soug	ıht	Office held
	expenditure to benefit C/O	9	,	Cindo Hold
-				
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#### SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this for	rm.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 9/45 Rpt: 24/120	Hunter, Todd A. (The Honorable)	00020493
4	Date	5 Payee name	•
	02/21/2025	Citi Bank Credit Card	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$4,002.42	P.O. BOX 78045	
		Phoenix, AZ 85062-8045	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descript	ion
	OF EXPENDITURE	Credit Card Payment	if travel outside of Texas. Complete Schedule T.
	LXI ENDITORE	,	if Austin, TX, officeholder living expense
		Credit C	card payment
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
9	Complete ONLY if direct expenditure to benefit C/Ol		Office field
_			
	Date	Payee name	
	04/04/2025	Citi Bank Credit Card	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,705.82	P.O. BOX 78045	
		Phoenix, AZ 85062-8045	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Descript	
	EXPENDITURE	Credit Cara'r dyffieit	if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense
		,	Card Payment
			,
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	Н	
	Date	Payee name	
	01/24/2025	City of Austin	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$20.55	1111 Rio Grande St	
		Austin, TX 78701	
	PURPOSE		ion
	OF	· · · · · · · · · · · · · · · · · · ·	if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		if Austin, TX, officeholder living expense
		Parking	g expense
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	experience to beliefft C/O		

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

	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: 10/45 Rpt:	Hunter, Todd A. (The Honorable) 00020493
4	Date	5 Payee name
	01/17/2025	Coastal Bend Republican Coalition
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,000.00	15346 Cartagena Court
		Corpus Christi, TX 78418
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Political contribution
		T officer contribution
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	04/11/2025	Coastal Bend Republicans
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,500.00	15346 Cartagena Court
		Corpus Christi, TX 78418
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Event sponsorship
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	01/08/2025	Cort Austin Rental
	Amount (\$)	Payee address; City; State; Zip Code
	\$900.00	9821A IH-35 North
		Austin, TX 78753
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Housing expense Check if travel outside of Texas. Complete Schedule T.
		X Check if Austin, TX, officeholder living expense Housing expense
		Troubing expense
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense

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	- Gift/Awards/Memorials Expense Printing Expense Travel Out of District 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 Cabadula F1:	
1 Total pages Schedule F1: Sch: 11/45 Rpt:	2 FILER NAME Hunter, Todd A. (The Honorable)  3 Filer ID (Ethics Commission Filers) 00020493
4 Date	5 Payee name
02/07/2025	Cort Austin Rental
6 Amount (\$) \$900.00	7 Payee address; City; State; Zip Code 9821A IH-35 North  Austin, TX 78753
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Housing expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Housing expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/13/2025	Double Tree Suites
Amount (\$) \$551.58	Payee address; City; State; Zip Code 303 West 15th  Austin, TX 78701
DUDDOCE	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Hotel and Parking expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Hotel and parking expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
Date	Payee name
03/07/2025	Election Integrity Project
Amount (\$) \$1,500.00	Payee address; City; State; Zip Code 4522 Weber Rd
	Corpus Christi, TX 78411
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Political contribution
Complete ONLY if direct expenditure to benefit C/Oh	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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor,

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 12/45 Rpt:	Hunter, Todd A. (The Honorable) 00020493
4	Date	5 Payee name
	03/25/2025	Election Integrity Project
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,500.00	4522 Weber Rd
		Corpus Christi, TX 78411
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Political contribution
		Political contribution
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
	Date	Payee name
	03/22/2025	Embry Communications
	Amount (\$)	Payee address; City; State; Zip Code
	\$450.00	2614 Raindance
		Leander, TX 78641
	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  Consulting expense
		Concutting expenses
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	02/28/2025	Flour Bluff High School Community Boosters
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	2505 Waldron Rd
	Ψ200.00	2000 Walaion Na
		Corpus Christi, TX 78418
	DUDDOOF	To a
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Fivent Expanse.  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
		Event sponsorship
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

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

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		nmittee Legal Services Salaries/Wages/Co	ontract Labor		OTHER (enter a	category not listed above)	
	Ordan dara r dyment		The Instruction Guide explains how to complete	this form.				
1	Total pages Schedule F1:	2	FILER NAME	3	3	Filer ID	(Ethics Commission File	ers)
	Sch: 13/45 Rpt:		Hunter, Todd A. (The Honorable)			00020493		
4	Date	5	Payee name	•				
	01/03/2025		Granado, Angie Flores					
6	Amount (\$)	7	Payee address; City; State; Zip Code					
	\$6,500.00	1	418 Peoples St					
	, . ,	1	# 505					
		1	Corpus Christi, TX 78401					
_		$\vdash$	· · · · · · · · · · · · · · · · · · ·					
8	PURPOSE OF	(a)		escription	.4	l4.T O	olata Cabadula T	
	EXPENDITURE		Salaries/Wages/Contract Labor	Check if travel out				
				Contract Labo				
9	Complete ONLY if direct		Candidate/Officeholder name Office sought			Office he	eld	
	expenditure to benefit C/OI	Н	· ·					
	Date	Т	Payee name					
	01/06/2025		Granado, Angie Flores					
		⊢						
	Amount (\$) \$561.59		Payee address; City; State; Zip Code					
	Ф501.59	1	418 Peoples St					
		1	# 505					
			Corpus Christi, TX 78401					
	PURPOSE OF	(a)		escription				
	EXPENDITURE		Office Overhead/Rental Expense	Check if travel ou Check if Austin, 1			plete Schedule T.	
				Office furniture		omcendaer hving	ехрепас	
	Complete ONLY if direct		Candidate/Officeholder name Office sought			Office he	hld	
	expenditure to benefit C/OI							
	Date	Т	Daves name					
	01/27/2025		Payee name Granado, Angie Flores					
		┢						
	Amount (\$)		Payee address; City; State; Zip Code					
	\$6,500.00	1	418 Peoples St					
			# 505					
			Corpus Christi, TX 78401					
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule) (b) D	escription				
	OF EXPENDITURE		Salaries/Wages/Contract Labor	⊒			plete Schedule T.	
			L	Check if Austin, 1		officeholder living	expense	
				Contract Labo	'			
	Complete ONLY if direct	Ļ	condidate/Officebolder name			Office	Nd	
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Officeholder name Office sought			Office he	tiu	

#### SCHEDULE F1

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
Ĺ	Sch: 14/45 Rpt:	Hunter, Todd A. (The Honorable)  00020493	
4	Date	5 Payee name	
	02/28/2025	Granado, Angie Flores	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$6,500.00	418 Peoples St	
		# 505	
		Corpus Christi, TX 78401	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaries/Wages/Contract Labor	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Contract Labor	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	04/04/2025	Granado, Angie Flores	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$6,500.00	418 Peoples St	
		# 505	
		Corpus Christi, TX 78401	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Contract Labor	
		Somulati Edisor	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	01/27/2025	Grassroots Consultants	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$350.00	4710 Hakel	
		Corpus Christi, TX 78415	
	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	
		Constituting Superior	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		

#### SCHEDULE F1

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

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 15/45 Rpt:	Hunter, Todd A. (The Honorable)	00020493
4 Date	5 Payee name	•
03/14/2025	Grassroots Consultants	
6 Amount (\$)	7 Payee address; City; State; Zip (	Code
\$800.00	4710 Hakel	
	Corpus Christi, TX 78415	
8 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.
LXI LINDITORE		Check if Austin, TX, officeholder living expense
		Consulting expense
9 Complete ONLY if direct	Candidate/Officeholder name Office so	ought Office held
expenditure to benefit C/O		ought Office field
Data		
Date 01/24/2025	Payee name	
	Hardknocks Sports Grill	
Amount (\$)	Payee address; City; State; Zip (	Code
\$25.07	15401 SPID	
	Corpus Christi, TX 78418	<del>_</del>
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description
EXPENDITURE	Parking expense	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Parking expense
Complete ONLY if direct	Candidate/Officeholder name Office so	ought Office held
expenditure to benefit C/O	PH	
Date	Payee name	
03/14/2025	Hardknocks Sports Grill	
Amount (\$)	Payee address; City; State; Zip 0	Code
\$100.28	15401 SPID	
	Corpus Christi, TX 78418	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
		Meeting expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office so	ought 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/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to comp	lete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 16/45 Rpt:	Hunter, Todd A. (The Honorable)	00020493
4	Date	5 Payee name	•
	01/13/2025	Huerta, Isabella	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$294.75	446 Pennington Dr.	
		Corpus Christi, TX 78412	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Travel Out of District	Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE		Check if Austin, TX, officeholder living expense
			Travel to Austin
^	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
9	Complete ONLY if direct expenditure to benefit C/OI		Office field
	Date	Payee name	
	03/07/2025	Huerta, Isabella	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$294.75	446 Pennington Dr.	
		Corpus Christi, TX 78412	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	EXPENDITURE	Transportation Equipment And Related	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Expense	Travel to Austin.
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	03/07/2025	Huerta, Isabella	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$100.00	446 Pennington Dr.	
		S	
		Corpus Christi, TX 78412	
	PURPOSE		Description
	OF	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Check if Austin, TX, officeholder living expense
			Contract Labor
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experiulture to beliefit C/OI	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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to c	ompl	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 17/45 Rpt:	Hunter, Todd A. (The Honorable)		00020493
4	Date	5 Payee name		<u> </u>
	04/11/2025	Huerta, Isabella		
6	Amount (\$)	7 Payee address; City; State; Zip C	ode	
	\$1,600.00	446 Pennington Dr.		
		Corpus Christi, TX 78412		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Housing expense		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense Housing expense
l				Troubing expense
9	Complete ONLY if direct	Candidate/Officeholder name Office so	<u>l</u> uaht	Office held
	expenditure to benefit C/OI		9	
H	Date	Payee name		
	01/03/2025	Hunter, Todd		
-	Amount (\$)	Payee address; City; State; Zip C	ode	
	\$25,000.00	445 Cape Henry		
l	¥==,000			
l		Corpus Christi, TX 78412		
┝	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
l	OF	Loan Repayment/Reimbursement	(-,	Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE			Check if Austin, TX, officeholder living expense
l				Loan Repayment
L	Complete ONLY if disent	Condidate/Officeholder name		Office hold
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so	ugnı	Office held
⊨	Data			
	Date 01/03/2025	Payee name		
┡		Hunter, Todd		
l	Amount (\$)	Payee address; City; State; Zip C	oae	
l	\$9,600.00	445 Cape Henry		
l		Corpus Christi TV 70412		
		Corpus Christi, TX 78412		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description  Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Loan Repayment/Reimbursement		Check if Austin, TX, officeholder living expense
l				Loan Repayment
	Complete ONLY if direct	Candidate/Officeholder name Office so	ught	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 Committee

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

	Credit Card Payment	The Instruction Guide explains how to comple	ete this form.				
1	Total pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers	s)
	Sch: 18/45 Rpt:	Hunter, Todd A. (The Honorable)			00020493		
4	Date	5 Payee name					
	02/07/2025	Hunter, Todd					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$35,000.00	445 Cape Henry					
		Corpus Christi, TX 78412					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description				
	OF EXPENDITURE	Loan Repayment/Reimbursement			ide of Texas. Com		
			Loan repayr		, officeholder living t	j expense	
			Louirrepayi	iicii			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought			Office he	-lq	
	expenditure to benefit C/OI				Omoc n	old .	
	Date	Payee name					_
	02/21/2025	Hunter, Todd					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$25,000.00	445 Cape Henry					
	Ψ23,000.00	443 Cape Herry					
		Corpus Christi TV 79/12					
	DUDD 005	Corpus Christi, TX 78412					
	PURPOSE OF	, -	Description  Check if trave	Louts	ide of Texas. Com	nlete Schedule T	
	EXPENDITURE	Loan Repayment/Reimbursement	_		, officeholder living		
			Loan Reimb	urs	ement		
	Complete ONLY if direct	Candidate/Officeholder name Office sought			Office he	eld	
	expenditure to benefit C/OI	1					
	Date	Payee name					
	03/07/2025	Hyatt Centric Congress Ave					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$421.07	721 Congress Ave					
		Austin, TX 78701					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description				
	OF EXPENDITURE	Travel Out of District			ide of Texas. Com		
			Travel to Au		, officeholder living	g expense	
			Havel to Au	JUII			
	Complete ONLY if direct	Candidate/Officeholder name Office sought			Office he	əld	
	expenditure to benefit C/OI				Omoc ne	···	

#### SCHEDULE F1

Advertising Expense

Event Expense

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

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Accounting/Banking Consulting Expense 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 F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 19/45 Rpt:	Hunter, Todd A. (The Honorable) 00020493
4	Date	5 Payee name
	01/27/2025	Ingleside Chamber of Commerce
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$200.00	2665 San Angelo Ave
		Ingleside, TX 78362
_	DUDD 0.05	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if the release to the second sec
	EXPENDITURE	Membership dues  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Membership dues
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
•	expenditure to benefit C/O	
	Date	Payee name
	04/11/2025	JCCC LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,950.00	242 Cape Aaron
	Ψ1,000.00	212 000070000
		Corpus Christi, TX 78412
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Rental expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Data	Davies wares
	Date 02/05/2025	Payee name JGCC LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,450.00	4461 S. Staples
		Corpus Christi, TX 78411
	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
		Rental expense
	2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Superiorder to belieff 6/01	·

#### SCHEDULE F1

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

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	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: 20/45 Rpt:	Hunter, Todd A. (The Honorable) 00020493
4	Date	5 Payee name
	02/21/2025	Jason's Deli #616
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$39.53	1416 Airline
		Corpus Christi, TX 78412
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Meeting expense
		Meeting expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
$\vdash$	Data	David and the second se
	Date	Payee name
	03/14/2025	Jason's Deli #616
	Amount (\$)	Payee address; City; State; Zip Code
	\$24.13	1416 Airline
		Corpus Christi, TX 78412
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Meeting expense
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date 01/31/2025	Payee name KEDT Food & Wine Classic
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	3205 S. Staples
		Corpus Christi, TX 78411
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Event sponsorship
		Ενεπι σμοποσιοτήμ
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

#### SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 21/45 Rpt:	Hunter, Todd A. (The Honorable) 00020493
4	Date	5 Payee name
	01/27/2025	Kiwanis Club of Corpus Christi
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$300.00	PO Box 6501
		Corpus Christi, TX 78466
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Event sponsorship
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
⊨	Date	
	Date	Payee name
L	02/28/2025	London Educational Foundation
	Amount (\$)	Payee address; City; State; Zip Code
	\$150.00	1356 FM 43
		Corpus Christi, TX 78415
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Event sponsorship
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Date	
	Date	Payee name
	01/31/2025	Lopez Broadcasting
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,500.00	PO Box 270547
		Corpus Christi, TX 78427
	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
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
$\vdash$		

### SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 22/45 Rpt:	Hunter, Todd A. (The Honorable) 00020493
4	Date	5 Payee name
	01/08/2025	McCartt, J
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$3,754.83	823 Congress, Ste. 900
		Austin, TX 78701
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
		Reimbursement of Event Expenses
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	1
	Date	Payee name
	04/04/2025	Microsoft 365
	Amount (\$)	Payee address; City; State; Zip Code
	\$140.71	One Microsoft Way
		Redmond, WA 98052-6399
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Technical expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Technical expense
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	1
Г	Date	Payee name
	01/03/2025	Murphy Nasica
	Amount (\$)	Payee address; City; State; Zip Code
	\$17,102.19	1108 Lavaca #110-506
		Ste 304
		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.  Check if Austin, TX, officeholder living expense
		Consulting expense  Consulting expense
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
Г		

### SCHEDULE F1

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

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

	Candidate/Officeholder/Politica Credit Card Payment	d 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: 23/45 Rpt:	Hunter, Todd A. (The Honorable) 00020493
4	Date	5 Payee name
	01/04/2025	Murphy Nasica
6	Amount (\$)	7 Payee address; City; State; Zip Code
l	\$17,102.19	1108 Lavaca #110-506
l		Ste 304
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Consulting expense
		Consulting expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	1
Г	Date	Payee name
	01/09/2025	Murphy Nasica
	Amount (\$)	Payee address; City; State; Zip Code
l	\$4,000.00	1108 Lavaca #110-506
		Ste 304
		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.
		Check if Austin, TX, officeholder living expense  Consulting expense
		Consulting expense
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	01/30/2025	Murphy Nasica
	Amount (\$)	Payee address; City; State; Zip Code
	\$4,000.00	1108 Lavaca #110-506
l		Ste 304
		Austin, TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
l		Check if Austin, TX, officeholder living expense  Consulting expense
		Consulting expense
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	<del>1</del>

### SCHEDULE F1

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

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

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

	Candidate/Officenoider/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 24/45 Rpt:	Hunter, Todd A. (The Honorable) 00020493
4	Date	5 Payee name
	04/13/2025	NAMI Greater Corpus Christi
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$750.00	PO Box 300817
		Austin, TX 78703
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Event sponsorship
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	01/03/2025	New Life Refuge Ministries
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,000.00	P.O. Box 9157
	, ,	
		Corpus Christi, TX 78469
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Event sponsorship
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	<b>y</b>
	Date	Payee name
	01/04/2025	Nueces County Republican Party
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,500.00	PO Box 18016
	72,000.00	. 6 26. 26026
		Corpus Christi, TX 78480-8016
	PURPOSE	In.
	OF	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee
		Political contribution
	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

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	
1	Total pages Schedule F1:	
	Sch: 25/45 Rpt:	Hunter, Todd A. (The Honorable) 00020493
4	Date	5 Payee name
	01/08/2025	Nueces County Republican Party
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$400.00	PO Box 18016
		Corpus Christi, TX 78480-8016
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Political Contribution
		Political Continution
<u>_</u>	Complete ONLY if direct	Condidate/Officeholder name Office cought
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
	Date	Payee name
	02/14/2025	Nueces County Republican Party
	Amount (\$)	Payee address; City; State; Zip Code
	\$7,500.00	PO Box 18016
		Corpus Christi, TX 78480-8016
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	_/	Candidate/Officeholder/Political Committee
		Political contribution
_	Complete ONLY if direct	Condidate/Officeholder name Office cought
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
L	-	
	Date	Payee name
	03/07/2025	Nueces County Republican Party
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,500.00	PO Box 18016
		Corpus Christi, TX 78480-8016
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	LAFENDITURE	Candidate/Officeholder/Political Committee
		Political contribution
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Superiorder to belieff 6/01	

### SCHEDULE F1

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete	this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 26/45 Rpt:	Hunter, Todd A. (The Honorable)	00020493
4	Date	5 Payee name	·
	03/24/2025	Nueces County Republican Party	
6	Amount (\$) \$2,500.00	7 Payee address; City; State; Zip Code PO Box 18016	
		Corpus Christi, TX 78480-8016	
8	PURPOSE OF EXPENDITURE	Event Expense	escription  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Vent sponsorship
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	01/03/2025	Padre Island Business Association	
	Amount (\$) \$4,276.80	Payee address; City; State; Zip Code 4493 SPID, Ste A PMB 313	
		Corpus Christi, TX 78418	
	PURPOSE OF EXPENDITURE	Advertising Expense	escription  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  dvertising expense
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	01/03/2025	Padre Island Business Association	
	Amount (\$) \$3,500.00	Payee address; City; State; Zip Code 4493 SPID, Ste A PMB 313	
		Corpus Christi, TX 78418	
	PURPOSE OF EXPENDITURE	Event Expense	escription  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Vent sponsorship
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held

### SCHEDULE F1

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

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

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_	Total marca Cabadula F1.	
1	Total pages Schedule F1: Sch: 27/45 Rpt:	2 FILER NAME Hunter, Todd A. (The Honorable)  3 Filer ID (Ethics Commission Filers) 00020493
4	Date	5 Payee name
	02/25/2025	Padre Island Business Association
6	Amount (\$) \$125.00	7 Payee address; City; State; Zip Code 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
ľ	OF	,
	EXPENDITURE	Membership dues  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Membership dues
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/03/2025	Port Aransas Chamber of Commerce
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	403 W. Cotter
		Port Aransas, TX 78373
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Event sponsorship
		Event Sponsorship
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
L	03/07/2025	Raconteur Media Company
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	1717 West Sixth St,
		Suite 215
		Austin, TX 78703
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Technology expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

### SCHEDULE F1

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

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

	orean oara'r ayment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 28/45 Rpt:	Hunter, Todd A. (The Honorable)	00020493
4	Date	5 Payee name	•
	04/11/2025	Raconteur Media Company	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$250.00	1717 West Sixth St,	
		Suite 215	
		Austin, TX 78703	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	onice overnedaritental Expense	vel outside of Texas. Complete Schedule T.
		Check if Au Technolog	stin, TX, officeholder living expense
		recritiolog	у ехрепзе
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
٠	expenditure to benefit C/OI		
	Date	Payee name	
	02/14/2025	Rockport Fulton Chamber of Commerce	
		·	
	Amount (\$) \$150.00	Payee address; City; State; Zip Code 319 Broadway St	
	Φ120.00	1 313 Bioauway St	
		Docknort TV 70202	
		Rockport, TX 78382	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if tra	vel outside of Texas. Complete Schedule T.
	EXPENDITURE	Wellbership ades	vei outside of Texas. Complete Schedule T. stin, TX, officeholder living expense
		Membersh	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	H	
	Date	Payee name	
	03/21/2025	Rockport Fulton Chamber of Commerce	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$15.00	319 Broadway St	
		Rockport, TX 78382	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Event Expense	vel outside of Texas. Complete Schedule T.
	LAI LINDITORL	l —	stin, TX, officeholder living expense
		Event spor	isorsilip
	Operation ONE VALUE	Overskildete (Office hedden manne	Office held
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	ll Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 29/45 Rpt:	Hunter, Todd A. (The Honorable) 00020493
4	Date	5 Payee name
	04/11/2025	Rockport Fulton Chamber of Commerce
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$150.00	319 Broadway St
		Rockport, TX 78382
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Event sponsorship
		Event sponsorship
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	the state of the s
F	Date	Payee name
	01/24/2025	Romeros, Christianna
H	Amount (\$)	Payee address; City; State; Zip Code
	\$294.80	434 Louisiana
		Corpus Christi, TX 78404
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Travel to Austin
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	01/24/2025	Romeros, Christianna
H	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	434 Louisiana
		Corpus Christi, TX 78404
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Contract Labor
		Contract Labor
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
$\vdash$		
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### SCHEDULE F1

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 30/45 Rpt:	Hunter, Todd A. (The Honorable) 00020493
4	Date	5 Payee name
	02/07/2025	Romeros, Christianna
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100.00	434 Louisiana
		Corpus Christi, TX 78404
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor
		Contract Labor
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	02/21/2025	Romeros, Christianna
	Amount (\$)	Payee address; City; State; Zip Code
	\$98.46	434 Louisiana
		Corpus Christi, TX 78404
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Contract Labor
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	4
	Date	Payee name
	02/28/2025	Romeros, Christianna
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	434 Louisiana
	•	
		Corpus Christi, TX 78404
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Contract Labor
		Contract Labor
	Operation ONLY if allowed	Our distance (Office health an array of the constitution of the co
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H

### SCHEDULE F1

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

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

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: 31/45 Rpt:	Hunter, Todd A. (The Honorable) 00020493
4	Date	5 Payee name
	03/21/2025	Romeros, Christianna
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100.00	434 Louisiana
		Corpus Christi, TX 78404
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Contract Labor
		Contract Labor
_	Compulate ONII V if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OI	
	Date	Payee name
	03/07/2025	Romeros, Christianna
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	434 Louisiana
		Corpus Christi, TX 78404
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.
		Contract Labor
		Contract Labor
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date 03/14/2025	Payee name Romeros, Christianna
		·
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	434 Louisiana
		Corpus Christi, TX 78404
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Contract Labor
		Contract Labor
$\vdash$	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

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 32/45 Rpt:	Hunter, Todd A. (The Honorable) 00020493
4	Date	5 Payee name
	02/28/2025	Sam's Club
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$88.12	4833 SPID
		Corpus Christi, TX 78411
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 Office supplies
		Office supplies
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
⊨	Data	
	Date	Payee name
L	03/07/2025	Sam's Club
	Amount (\$)	Payee address; City; State; Zip Code
	\$176.23	4833 SPID
		Corpus Christi, TX 78411
	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
		Supplies
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
⊨	Date	
	Date	Payee name
	03/14/2025	Sam's Club
	Amount (\$)	Payee address; City; State; Zip Code
	\$121.00	4833 SPID
		Corpus Christi, TX 78411
	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 Office supplies
		Office supplies
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
$\vdash$		

### 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

	Credit Card Payment	The Instruction Guide explains how to complete	e this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 33/45 Rpt:	Hunter, Todd A. (The Honorable)	00020493
4	Date	5 Payee name	
	01/03/2025	Sims, Orlando	
6	Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code 5757 Woodridge, Apt 10d	
		Corpus Christi, TX 78414	
8	PURPOSE OF EXPENDITURE	Consulting Expense	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Consulting expense
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	01/30/2025	Sims, Orlando	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,000.00	5757 Woodridge, Apt 10d	
		Corpus Christi, TX 78414	
	PURPOSE OF EXPENDITURE	Consulting Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Consulting expense
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	03/01/2025	Sims, Orlando	
	Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 5757 Woodridge, Apt 10d	
		Corpus Christi, TX 78414	
	PURPOSE OF EXPENDITURE	Consulting Expense	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Consulting expense
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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 (Contract Labor

	Credit Card Payment	The Instruction Guide explains how to cor	-	ete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·	_	3 Filer ID (Ethics Commission Filers)
	Sch: 34/45 Rpt:	Hunter, Todd A. (The Honorable)		00020493
4	Date	5 Payee name		<u> </u>
	04/04/2025	Sims, Orlando		
6	Amount (\$)	7 Payee address; City; State; Zip Coo	de	
	\$1,000.00	5757 Woodridge, Apt 10d		
		Corpus Christi, TX 78414		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Consulting Expense		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense  Consulting Expense
				Consulting Expense
_	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held
9	Complete ONLY if direct expenditure to benefit C/OI		ynı	Office field
	Date	Payee name		
	01/08/2025	South Jetty		
	Amount (\$)	Payee address; City; State; Zip Cod	de	
	\$312.00	PO Box 1117		
		Port Aransas, TX 78373		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Advertising Expense		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense  Advertising expense
				, tavertising expense
	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held
	expenditure to benefit C/OI		9	
	Date	Davis name		
	02/14/2025	Payee name South Jetty		
		,	do	
	Amount (\$) \$378.00	Payee address; City; State; Zip Coo PO Box 1117	ue	
	φ376.00	PO 80X 1117		
		Doub Aromono TV 70070		
		Port Aransas, TX 78373		
	PURPOSE OF	,	(b)	Description  Charlest travel outside of Tourse Complete Schoolule T
	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 sout	ght	Office held
	expenditure to benefit C/OI			

### 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 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: 35/45 Rpt:	Hunter, Todd A. (The Honorable) 00020493
4	Date	5 Payee name
	03/14/2025	South Jetty
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$298.80	PO Box 1117
		Port Aransas, TX 78373
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
		Advertising expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<del>-</del>
	Date	Payee name
	01/03/2025	South Texas Alliance of Republicans
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	4934 High Meadow Dr
		Corpus Christi, TX 78413
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
	ZXI ZXIDITORZ	Check if Austin, TX, officeholder living expense  Event sponsorship
		Event sponsorship
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	01/17/2025	South Texas Alliance of Republicans
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	4934 High Meadow Dr
		Corpus Christi, TX 78413
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Event Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Event sponsorship
	Complete ONLY if alice of	Candidate/Officeholder name Office sought
	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 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			Git/Awards/Memoria Legal Services	is Expense	Salaries/V		e /Contract Labor		OTHER (enter a	strict i category not listed ab	ove)
	Credit Card Payment			The Instruction (	Guide explai	ins how to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commiss	ion Filers)
	Sch: 36/45 Rpt:		Hunter, Tode	d A. (The Hon	orable)					00020493		
4	Date	5	Payee name									
	01/24/2025		South Texas	Alliance of R	epublican	S						
6	Amount (\$)	7	Payee addres	s; City;	Sta	ate; Zip Co	de					
	\$60.00		4934 High M	leadow Dr								
			Corpus Chris	sti, TX 78413								
8	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this	schedule)	(b)	Description				
	OF EXPENDITURE		Food/Bevera	age Expense				<b>=</b>		de of Texas. Com officeholder living	plete Schedule T.	
								Meeting expe			g expense	
								9				
9	Complete ONLY if direct		andidate/Offic	eholder name		Office sou	ght			Office h	eld	
	expenditure to benefit C/OI	Н					-					
	Date		Payee name									
	01/24/2025		South Texas	Alliance of R	epublican	S						
	Amount (\$)		Payee addres	s; City;	Sta	ate; Zip Co	de					
	\$120.00		4934 High M	leadow Dr								
			Corpus Chris	sti, TX 78413								
	PURPOSE	(a)	Category (Se	e Categories listed at	t the top of this	schedule)	(b)	Description				
	OF EXPENDITURE		Membership	dues				<u></u>			nplete Schedule T.	
								Membership		officeholder living	g expense	
	Complete ONLY if direct		andidate/Offic	eholder name		Office sou	ght			Office h	eld	
	expenditure to benefit C/OI	Н					•					
	Date		Payee name									
	01/27/2025	ı	•	Alliance of R	epublican	S						
	Amount (\$)		Payee addres	s; City;	Sta	ate; Zip Co	de					
	\$2,500.00		4934 High M	leadow Dr								
			Corpus Chri	sti, TX 78413								
	PURPOSE	(a)	Category (Se	e Categories listed at	t the top of this	schedule)	(b)	Description				
	OF EXPENDITURE			s/Donations M				ш			plete Schedule T.	
	ZAI ZABITORZ		Candidate/C	officeholder/Po	olitical Cor	nmittee		Check if Austin, Political contr		officeholder living	g expense	
								r unucai culli	เมน	uUII		
_	Complete ONLY if direct		andidate/Offic	ceholder name		Office sou	aht			Office h	eld	
	expenditure to benefit C/OI		a. madato/Offic	onorder name		CCC 500	ar.			Cinoc II	···	

### 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 Salarice Magnet/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	<u> </u>
	Sch: 37/45 Rpt:	Hunter, Todd A. (The Honorable)  00020493
4	Date	5 Payee name
	02/07/2025	South Texas Alliance of Republicans
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$60.00	4934 High Meadow Dr.
		Corpus Christi, TX 78413
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Meeting expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	02/10/2025	South Texas Alliance of Republicans
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,500.00	4934 High Meadow Dr.
	Ψ1,000.00	4934 Fight Meadow Dr.
		Corpus Christi, TX 78413
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Event sponsorship
		Event aperiod only
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· ·
	Data	
	Date 02/18/2025	Payee name South Toyas Alliance of Popublicans
		South Texas Alliance of Republicans
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	4934 High Meadow Dr.
		Corpus Christi, TX 78413
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Event sponsorship
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	<b>U</b>

### 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 Salarice Magnet/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	<u> </u>
	Sch: 38/45 Rpt:	Hunter, Todd A. (The Honorable) 00020493
4	Date	5 Payee name
	03/07/2025	South Texas Alliance of Republicans
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$90.00	4934 High Meadow Dr.
		Corpus Christi, TX 78413
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Meeting expense
_	Opening the ONE Wife Street	Outside to Office health
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/04/2025	South Texas Alliance of Republicans
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	4934 High Meadow Dr.
		Corpus Christi, TX 78413
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Event sponsorship
		Event sponsorship
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Data	
	Date 04/11/2025	Payee name South Toyog Alliance of Dopublicans
		South Texas Alliance of Republicans
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	4934 High Meadow Dr.
		Corpus Christi, TX 78413
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Event sponsorship
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	<b>o</b>
_		

### SCHEDULE F1

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 39/45 Rpt:	Hunter, Todd A. (The Honorable) 00020493
4	Date	5 Payee name
	01/04/2025	South Texas News
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$688.00	111 N. Washington St.
		Beeville, TX 78102
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Advertising expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	02/07/2025	South Texas News
	Amount (\$)	Payee address; City; State; Zip Code
	\$860.00	111 N. Washington St.
		Beeville, TX 78102
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Taylor Camplete Schedule T
	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 expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	experientare to benefit eror	
	Date	Payee name
	03/07/2025	South Texas News
	Amount (\$)	Payee address; City; State; Zip Code
	\$688.00	111 N. Washington St.
		Popuillo TV 70102
		Beeville, TX 78102
	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
		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)** 

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 40/45 Rpt:	Hunter, Todd A. (The Honorable) 00020493
4	Date	5 Payee name
	04/04/2025	South Texas News
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$688.00	111 N. Washington St.
		Beeville, TX 78102
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Advertising expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OH	<del>-</del>
	Date	Payee name
	03/21/2025	Starbucks Staples & Doddridge
	Amount (\$)	Payee address; City; State; Zip Code
	\$19.38	3738 Staples
		Corpus Christi, TX 78411
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Meeting expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	
	Date	Payee name
	03/07/2025	Streamlined Communications
	Amount (\$)	Payee address; City; State; Zip Code
	\$17.76	3500 Gateway Dr. Ste. 106
	, ,	
		Pompano Beach, FL 33069
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense  Teleconference service
		Teleconierence service
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

## SCHEDULE F1

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

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

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

	Credit Card Payment	The Instruction Guide explains how to comple	ete this form.
1		2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 41/45 Rpt:	Hunter, Todd A. (The Honorable)	00020493
4	Date	5 Payee name	
Ļ	04/11/2025	Streamlined Communications	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$17.76	3500 Gateway Dr. Ste. 106	
		Pompano Beach, FL 33069	
8	PURPOSE		Description
ľ	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Check if Austin, TX, officeholder living expense
			Telephone conference call expense
Ļ	2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		25
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
⊨	Pote	_	
	Date 02/28/2025	Payee name TABPHE	
L			
	Amount (\$)	Payee address; City; State; Zip Code	
	\$2,000.00	1450 Cambridge Dr.	
		Corpus Chriti TV 7041E	
L	DUDDOOF	Corpus Chriti, TX 78415	
	PURPOSE OF	2 (	Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Event Expense	Check if Austin, TX, officeholder living expense
			Event sponsorship - Check replacement
L			
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
L	·		
	Date	Payee name	
	01/08/2025	Texas A&M University-Corpus Christi	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$2,275.00	6300 Ocean Drive	
		Corpus Christi TV 70412	
		Corpus Christi, TX 78412	
	PURPOSE OF	, ,	Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Event Expense	Check if Austin, TX, officeholder living expense
			Event sponsorship
L			
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	experience to beliefit 6/01	•	

### SCHEDULE F1

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	, -	2 FILER NAME  3 Filer ID (Ethics Commission Filers)
	Sch: 42/45 Rpt:	Hunter, Todd A. (The Honorable) 00020493
4	Date	5 Payee name
	01/17/2025	Texas Conservative Coalition
6	Amount (\$) \$2,000.00	7 Payee address; City; State; Zip Code P.O. Box 2659
		Austin, TX 78768
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Membership dues  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Membership dues
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/12/2025	Texas Surf Museum
	Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 309 A N. Water St.
		Corpus Christi, TX 78401
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Event Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Event sponsorship
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/07/2025	Toucan Graphics
	Amount (\$) \$31.39	Payee address; City; State; Zip Code 1817 Padre Blvd, # 1
		South Padre Island, TX 78597
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Business cards expense
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

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

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

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

	Candidate/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: 43/45 Rpt:	Hunter, Todd A. (The Honorable) 00020493	
4	Date	5 Payee name	
	01/03/2025	United Corpus Christi Chamber of Commerce	
6	Amount (\$) \$4,600.00	7 Payee address; City; State; Zip Code 602 N Staples St #150	
		Corpus Christi, TX 78401	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Event Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Event sponsorship	
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held H	
	Date	Payee name	
	01/24/2025	United Corpus Christi Chamber of Commerce	
	Amount (\$) \$20.00	Payee address; City; State; Zip Code 602 N Staples St #150	
		Corpus Christi, TX 78401	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Meeting expense	
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held H	
	Date	Payee name	_
	02/28/2025	United Corpus Christi Chamber of Commerce	
	Amount (\$) \$500.00	Payee address; City; State; Zip Code 602 N Staples St #150	
		Corpus Christi, TX 78401	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Membership dues  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Membership dues	
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held	

### SCHEDULE F1

**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

	Credit Card Payment	The Instruction Guide explains how to complete this fo	orm.		
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
	Sch: 44/45 Rpt:	Hunter, Todd A. (The Honorable)	00020493		
4	Date	5 Payee name	•		
	04/11/2025	United State Treasury			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$366.00	Internal Revenue Service			
		PO Box 802501			
		Cincinnati, OH 45280-2501			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descrip	tion		
	OF EXPENDITURE	1120 POL tax payment	k if travel outside of Texas. Complete Schedule T.		
			k if Austin, TX, officeholder living expense POL tax payment		
		1120 F	OL tax payment		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held		
ľ	expenditure to benefit C/OI		Cindo ficia		
_	Date	Payee name			
	03/14/2025	Walmart			
_	Amount (\$)	Payee address; City; State; Zip Code			
	\$43.97	1250 Flour Bluff Drive			
	*				
		Corpus Christi, TX 78418			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descrip	tion		
	OF EXPENDITURE	onice overnead/rental Expense	k if travel outside of Texas. Complete Schedule T.		
			k if Austin, TX, officeholder living expense Supplies		
			- app		
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held		
	expenditure to benefit C/OI	1			
	Date	Payee name			
	03/07/2025	Wildflowers Emporium			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$81.19	309 N Water St Ste C			
		Corpus Christi, TX 78401			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descrip	tion		
	OF EXPENDITURE	Office Overficad/Nertial Expense	k if travel outside of Texas. Complete Schedule T.		
		│	k if Austin, TX, officeholder living expense		
		Зарри			
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held		
	expenditure to benefit C/O	9	Sinde field		
I					

### SCHEDULE F1

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

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

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

_		The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 45/45 Rpt:	Hunter, Todd A. (The Honorable)	00020493
4	Date	5 Payee name	
	06/27/2025	WinRed Technical Services LLC	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$19.70	4250 Fairfax Dr, Suite 600	
		Arlington, VA 22203	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	1 recessing rec	utside of Texas. Complete Schedule T. TX, officeholder living expense
			e for online contributions
9		Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		
	Date	Payee name	
	02/28/2025	YWCA	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,500.00	4601 Corona	
		Corpus Christi, TX 78411	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Event Expense	utside of Texas. Complete Schedule T. TX, officeholder living expense
		Event sponso	
			·
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		
Γ			

#### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Instruction Guide explains how to complete this form.									
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethics Commission Filers)				
	Sch: 1/26 Rpt: 61/120	Hunter, Todd A. (Th	ne Honorable)			00020493				
4	CREDIT CARD	Name of final	ncial institution		OF UNITEMIZED					
	ISSUER	America	n Express	EXPENDITURES CHARGED TO A CREDIT CARD		<b> \$</b>				
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	Paid				
		\$420.22	01/04/2025							
7	PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code		
		HEB #6		4320 South Alameda						
			Corpus Christi, TX 78412							
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descript	ion					
	X Political	(See Categories listed at the top of this schedule) Supplies Supplies								
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense			
9	9 Complete ONLY if direct Candidate/Officeholder name Offi			e sought		Office held				
е	xpenditure to benefit C/OH									
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (	Credit Card Issuer	Paid				
		\$717.53	01/16/2025							
	PAYEE (a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code			
				303 West	15th					
		Double Tree Suites								
				Austin, TX						
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description  Hotel Expense						
		Hotel Expense	or this soriedate)	Hotel Expe	ense					
	X Political									
	Non-Political		of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense			
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held				
e	xpenditure to benefit C/OH	(-) A	(h) D-tt Oh	(-) D -+- (-) (	2 dia 0d l	. D. i.i				
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (	Credit Card Issuer	' Paid				
	PAYEE	(a) Dayoo nama		(b) Payee a	ddrocc:	City	Stata	Zip Code		
	TAILL	(a) Payee name		(b) Payee a	uuress,	City,	State,	Zip Code		
$\vdash$	PURPOSE OF	(a) Category		(b) Descript	ion					
	EXPENDITURE	(See Categories listed at the top	of this schedule)							
	Political									
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	<u> </u>						
$\vdash$	Complete ONLY if direct	Candidate/Officeholder	·	e sought		Office held				
е	xpenditure to benefit C/OH			-						
H										

#### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Insti	ruction Guide explains how	to complete this form.	· · · · · · · · · · · · · · · · · · ·		,	
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethic	s Commiss	sion Filers)	
Sch: 2/26 Rpt: 62/120	Hunter, Todd A. (Th	ne Honorable)		00020493			
4 CREDIT CARD ISSUER		ncial institution Bank	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid			
	\$209.90	01/04/2025					
7 PAYEE	(a) Payee name School Store		(b) Payee address; 180 Freedom Ave	City,	State,	Zip Code	
			Murfreesboro, TN 37129				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description				
<u></u>	Event Expense	of this schedule)	Event sponsorship				
X Political	·						
Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.		, officeholder living expe	ense		
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held			
expenditure to benefit C/OH	() (	T (1) = 1 ( 1)	1() = : () = !! = !!				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid			
	\$60.86	01/04/2025					
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
			750 Everhart				
			Corpus Christi, TX 78411				
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE  X Political	(See Categories listed at the top  Event Expense	of this schedule)	Event sponsorship				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expe	ense		
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held			
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid			
	\$450.00	01/04/2025					
PAYEE	(a) Payee name	l	(b) Payee address;	City,	State,	Zip Code	
			PO Box 5643	•		·	
	Legislative Solution	S					
			Austin, TX 78763-5643				
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top  Advertising Expense	of this schedule)	Advertising expense				
X Political	/ lavertising Expense						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expe	ense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held			
	•						

#### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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/Officeriolider/Folitica	· ·	ruction Guide explains how	-	THER (enter a category i	ioi iisteu ai	Jove)	
1 Total pages Schedule F4:		· · · · · · · · · · · · · · · · · · ·	·	3 Filer ID (Ethics Commission Filers)			
Sch: 3/26 Rpt: 63/120	Hunter, Todd A. (Th	ne Honorable)		00020493		,	
4 CREDIT CARD ISSUER	Name of final	ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid			
	\$197.00	01/04/2025					
7 PAYEE	(a) Payee name Storage King USA		(b) Payee address; 8041 SPID	City,	State,	Zip Code	
			Corpus Christi, TX 78412				
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Reni		(b) Description Storage expense				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	officeholder living expen	se		
9 Complete ONLY if direct Candidate/Officeholder name Office sought			Office held				
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid			
	\$59.39	01/04/2025					
PAYEE (a) Payee name			(b) Payee address;	City,	State,	Zip Code	
	Tiff's Treats		1806 Nueces				
			Austin, TX 78701				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description				
X Political	Food/Beverage Expe		Meeting expense				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	officeholder living expen	se		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held			
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid			
	\$38.93	01/04/2025					
PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code	
	RunSignUp.com		300 Mill St,, Ste 200				
			Moorestown, NJ 08057				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Event sponsorship				
X Political	Event Expense						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	officeholder living expen	se		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held			
	<u> </u>						

### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Instruction Guide explains how to complete this form.									
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics	s Commiss	sion Filers)				
Sch: 4/26 Rpt: 64/120	Hunter, Todd A. (Th	ne Honorable)		00020493						
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$						
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid						
	\$350.00	01/04/2025								
7 PAYEE	(a) Payee name  Port Aransas Cham	nber of	(b) Payee address; 403 W. Cotter	City,	State,	Zip Code				
			Port Aransas, TX 78373							
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodule)	(b) Description							
	Event Expense	of this scriedule)	Event sponsorship							
X Political										
Non-Political	(*)	of Texas. Complete Schedule T.		officeholder living expe	ense					
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held						
expenditure to benefit C/OH		T (1) = 1 ( 1)	T() = . () = . !! = . !!							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid						
	\$225.00	01/04/2025								
PAYEE	PAYEE (a) Payee name		(b) Payee address;	City,	State,	Zip Code				
			1605 US Highway 181, ##	A						
			Portland, TX 78374							
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Event sponsorship							
X Political	Event Expense									
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expe	ense					
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held						
expenditure to benefit C/OH		-								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid						
	\$199.97	01/04/2025								
PAYEE	(a) Payee name	ı	(b) Payee address;	City,	State,	Zip Code				
	Oction I Desire		4709 S. Alameda							
	Cookies by Design									
			Corpus Christi, TX 78412							
PURPOSE OF	` '		(b) Description							
l <u> </u>	EXPENDITURE (See Categories listed at the top of this schedule) Food/Beverage Expense		Gift to constituents							
I <u>=</u>	X Political									
Non-Political	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	of Texas. Complete Schedule T.		officeholder living expe	ense					
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held						
expenditure to benefit C/OH	expenditure to benefit C/OH									

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

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

Candidate/Officeholder/Politica			alaries/Wages/Co		THER (enter a categor	y not listed at	oove)		
	The Instruction Guide explains how to complete this form.								
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	cs Commiss	sion Filers)		
Sch: 5/26 Rpt: 65/120	Hunter, Todd A. (Th	ne Honorable)			00020493				
4 CREDIT CARD	Name of finar	ncial institution		OF UNITEMIZED	_				
ISSUER	see pi	revious		DITURES SED TO A CREDIT	\$				
			CARD	JED 10 / GILEDIT					
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	Paid				
	\$33.05	01/04/2025							
7 PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code		
	Signmeup, Inc		P.O. Box	297					
	Signifieup, fric								
				PA 19040					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip						
l <u> </u>	Event Expense		Event sp	onsorship					
X Political									
Non-Political (c) Check if travel outside of Texas. Complete Schedule T				Check if Austin, TX,	officeholder living exp	ense			
9 Complete ONLY if direct	Candidate/Officeholder	name Offi	ce sought		Office held				
expenditure to benefit C/OH		(1)	1/25//						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid				
	\$22.72	01/04/2025							
DAVEE									
PAYEE	(a) Payee name		(b) Payee		City,	State,	Zip Code		
	AthleteGuild		103 Gatti	uso Rd, Unit 25					
			Now Pro	unfolo TV 70122					
PURPOSE OF	(a) Category		(b) Descrip	unfels, TX 78132					
EXPENDITURE	(See Categories listed at the top	of this schedule)	Event sponsorship						
X Political	Event Expense		'	·					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin TX	officeholder living exp	nense			
Complete ONLY if direct	Candidate/Officeholder		ce sought	Oncok ii Adotini, 17k,	Office held				
expenditure to benefit C/OH			J						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid				
	\$25.00	01/04/2025							
	Ψ20.00	01/04/2020							
PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code		
			300 Mill 9	St,, Ste 200					
	RunSignUp.com								
			Mooresto	own, NJ 08057					
PURPOSE OF	(a) Category		(b) Descrip			<del></del>			
EXPENDITURE	(See Categories listed at the top <b>Event Expense</b>	ui uiis schedulė)	Event sp	onsorship					
X Political									
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense			
Complete ONLY if direct	Candidate/Officeholder	name Offi	ce sought		Office held				
expenditure to benefit C/OH									

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

rsement Solicitation/Fundraising Expense
xpense Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (perform a perform net listed charge)

Candidate/Officeholder/Politica				OTHER (enter a categor	y not listed at	bove)
		ruction Guide explains how	to complete this form.			
1 Total pages Schedule F4:				3 Filer ID (Ethic	s Commiss	sion Filers)
Sch: 6/26 Rpt: 66/120	Hunter, Todd A. (Th	ne Honorable)		00020493		
4 CREDIT CARD	Name of finar	ncial institution	5 TOTAL OF UNITEMIZED	I .		
ISSUER	see pi	revious	EXPENDITURES CHARGED TO A CREDI	<sub>-</sub>  \$		
	·		CARD	'		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid		
	\$36.14	01/24/2025				
	φ30.14	01/24/2025				
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
17.1.22	(a) Fayee name			City,	State,	Zip Code
	V Fit Productions		750 Everhart			
	( ) 0 :		Corpus Christi, TX 78412	L		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description			
l <u> </u>	Event Expense	or this scriedule)	Event sponsorship			
X Political	'					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	K, officeholder living exp	ense	
9 Complete ONLY if direct	9 Complete ONLY if direct Candidate/Officeholder name Office			Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid		
	\$302.27	01/24/2025				
	Ψ302.21	01/24/2023				
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	(d) Payee name		6 Sylvan Way	City,	State,	Zip Couc
	Avis Rental Car		o Sylvan vvay			
			Doroinnony NI 070E4			
PURPOSE OF	(a) Category		Parsippany, NJ 07054 (b) Description			
EXPENDITURE	(See Categories listed at the top	of this schedule)	Rental Car expense			
	Transportation Equipr	ment And Related	Rental Cal expense			
X Political	Expense					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	K, officeholder living exp	ense	
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid		
	\$41.56	01/24/2025				
PAYEE	(a) Payee name	l	(b) Payee address;	City,	State,	Zip Code
			PO Box 461753			·
	OnlineTexas Lobby	Guide				
			San Antonio, TX 78246			
PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE	(See Categories listed at the top		Publication expense			
X Political	Office Overhead/Rent	tal Expense				
I <b>=</b>	L					
Non-Political	· · · ·	of Texas. Complete Schedule T.		(, officeholder living exp	ense	
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held		
expenditure to benefit C/OH						

#### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Instruction Guide explains how to complete this form.								
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commis	sion Filers)	
	Sch: 7/26 Rpt: 67/120	Hunter, Todd A. (Th	ne Honorable)			00020493			
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$			
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid			
		\$16.80	01/10/2025						
7	PAYEE	(a) Payee name  Coffee Waves Flou	r Bluff		PID, Ste F	City,	State,	Zip Code	
L		( ) 2 :			Christi, TX 78412				
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip					
	X Political	Food/Beverage Expe		Meeting	expense				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	1	Check if Austin, TX,	officeholder living expense			
9				e sought		Office held			
е	expenditure to benefit C/OH		-	_					
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	r Paid			
		\$56.77	01/15/2025						
	PAYEE	(a) Payee name (b) Pa		(b) Payee	address;	City,	State,	Zip Code	
		EFile 1099		3300 Ga	teway				
				Pompano	Beach, FL 3306	69			
	PURPOSE OF	(a) Category		(b) Description					
	EXPENDITURE	(See Categories listed at the top Office Overhead/Ren		Filing fee	expense				
	X Political		<u>-</u> ,,poee						
L	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
  -	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held			
H	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	r Paid			
		\$70.37	01/18/2025						
Н	PAYEE	(a) Payee name	l	(b) Payee	address;	City,	State,	Zip Code	
				750 Ever	hart				
		V Fit Productions							
L					Christi, TX 78411				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip					
		Event Expense		Event sponsorship					
	X Political								
L	Non-Political	· · · · · · · · · · · · · · · · · · ·	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
<b> </b>	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held			
۲	spenditure to benefit C/OH								
í									

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Instruction Guide explains how to complete this form.									
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethio	s Commiss	sion Filers)				
Sch: 8/26 Rpt: 68/120	Hunter, Todd A. (Th	ne Honorable)		00020493						
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$						
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid						
	\$300.00	01/22/2025								
7 PAYEE	(a) Payee name United Corpus Chri	sti Chamber of	(b) Payee address; 602 N Staples St #150	City,	State,	Zip Code				
8 PURPOSE OF	(a) Category		Corpus Christi, TX 78401 (b) Description							
8 PURPOSE OF EXPENDITURE  X Political	(See Categories listed at the top Event Expense	of this schedule)	Event sponsorship							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living exp	ense					
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held						
expenditure to benefit C/OH										
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid						
	\$27.81	01/26/2025								
PAYEE	PAYEE (a) Payee name		(b) Payee address;	City,	State,	Zip Code				
			103 Gattuso Rd, Unit 25							
			New Braunfels, TX 78132	2						
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Event Expense	of this schedule)	(b) Description Event sponsorship							
X Political	Lvent Expense									
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living exp	ense					
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held						
expenditure to benefit C/OH										
PAYMENT	(a) Amount Charged \$27.81	(b) Date of Charge 01/27/2025	(c) Date(s) Credit Card Issue	r Paid						
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code				
	Athlete Cuild		103 Gattuso Rd, Unit 25							
	AthleteGuild									
			New Braunfels, TX 78132	2						
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description							
	Event Expense		Event sponsorship							
X Political			<u> </u>							
Non-Political	(*) <b>—</b>	of Texas. Complete Schedule T.	<u> </u>	officeholder living exp	ense					
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held						

### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

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)

Maria alaka barata arawa alawa daka ka sa

	The Inst	ruction Guide explains how	to complete this form.			
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
Sch: 9/26 Rpt: 69/120	Hunter, Todd A. (Th	ne Honorable)		00020493		
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid		
	\$48.34	01/27/2025				
7 PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code		
	Fellowship of Chris	tian Athletes	8701 Leeds Road			
			Kansas City, MO 64129			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description			
X Political	Event Expense	· · · · · · · · · · · · · · · · · · ·	Event sponsorship			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expense		
			e sought	Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid		
	\$199.99	01/31/2025				
PAYEE	(a) Payee name	•	City, State, Zip Code			
			14455 N. Hayden Rd. Su	ite 219		
			Scottsdale, AZ 85260			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top		(b) Description Technological expense			
X Political	Office Overhead/Rent	iai Expense				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expense		
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid		
	\$239.88	02/01/2025				
PAYEE	(a) Payee name	<u> </u>	(b) Payee address;	City, State, Zip Code		
			14455 N. Hayden Rd. Su	ite 219		
	GODaddy.com					
			Scottsdale, AZ 85260			
PURPOSE OF	(a) Category	of this schodule)	(b) Description			
EXPENDITURE 	(See Categories listed at the top Office Overhead/Rent	•	Domain renewal			
X Political						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held		
	·		·			

#### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

1 Total pages Schedule F4: Sch: 10/26 Rpt:  4 CREDIT CARD ISSUER  Name of financial institution see previous  See previous  1 Total OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD CHARG	ission Filers)			
Name of financial institution   See previous   Se				
SSUER  SEE PEVIOUS  EXPENDITURES CHARGED TO A CREDIT CARD CHARD  (a) Amount Charged \$30.43  (b) Date of Charge (c) Date(s) Credit Card Issuer Paid  (a) Payee name AthleteGuild  (a) Payee name AthleteGuild  (a) Category See Categories listed at the top of this schedule) Event Expense  (b) Payee address; City, State 103 Gattuso Rd, Unit 25  New Braunfels, TX 78132  (b) Description Event sponsorship  (c) Check if ravel outside of Texas. Complete Schedule T. Check if Austin. TX. officeholder living expense  (c) Check if favel outside of Texas. Complete Schedule T. Check if Austin. TX. officeholder living expense  (c) Complete ONLY if direct Candidate/Officeholder name Office sought  Office held  PAYMENT  (a) Amount Charged \$147.98  (b) Date of Charge (c) Date(s) Credit Card Issuer Paid  (b) Payee address; City, State 4709 S. Alameda  Corpus Christi, TX 78412  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense  (b) Poscription Gift for constituents				
\$30.43  O2/01/2025  (a) Payee name AthleteGuild AthleteGuild AthleteGuild  Over Beyenders; City, States 103 Gattuso Rd, Unit 25  New Braunfels, TX 78132  (b) Payee address; City, States 103 Gattuso Rd, Unit 25  New Braunfels, TX 78132  (b) Description Event sponsorship  Event sponsorship  Complete ONLY if direct expenditure to benefit C/OH  PAYMENT  (a) Amount Charged \$147.98  O2/09/2025  (b) Date of Charge Office sought Office hold  Copus Christi, TX, officeholder Paid  O2/09/2025  PAYEE  (a) Payee name Cookies by Design  Corpus Christi, TX 78412  PURPOSE OF EXPENDITURE  X Political  (b) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense				
7 PAYEE  (a) Payee name AthleteGuild  (b) Payee address; City, State 103 Gattuso Rd, Unit 25  New Braunfels, TX 78132  (b) Description Event sponsorship  (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense  9 Complete ONLY if direct expenditure to benefit C/OH PAYMENT  (a) Amount Charged \$147.98  (b) Date of Charge Office sought  Office sought  Office held  \$147.98  O2/09/2025  PAYEE  (a) Payee name Cookies by Design  Corpus Christi, TX 78412  (b) Description Event sponsorship  (c) Date(s) Credit Card Issuer Paid  Corpus Christi, TX 78412  (b) Description Corpus Christi, TX 78412  (b) Description Gift for constituents				
AthleteGuild  At				
8 PURPOSE OF EXPENDITURE    X   Political   Complete ONLY if direct expenditure to benefit C/OH	, Zip Code			
EXPENDITURE    X   Political   Event Expense   Event sponsorship				
Event Expense    X Political				
Non-Political  (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense  9 Complete ONLY if direct expenditure to benefit C/OH  PAYMENT  (a) Amount Charged \$147.98  (b) Date of Charge  O2/09/2025  (c) Date(s) Credit Card Issuer Paid  PAYEE  (a) Payee name  Cookies by Design  (b) Payee address; City, State 4709 S. Alameda  Corpus Christi, TX 78412  (a) Category  (b) Description  Corpus Christi, TX 78412  (b) Description  Gift/Awards/Memorials Expense  (b) Description  Gift for constituents				
9 Complete ONLY if direct expenditure to benefit C/OH  PAYMENT  (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid  \$147.98  02/09/2025  (b) Payee address; City, State 4709 S. Alameda  Cookies by Design  Corpus Christi, TX 78412  PURPOSE OF EXPENDITURE  X Political  (a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense  Office sought  Office sought  Office sought  Office held  (c) Date(s) Credit Card Issuer Paid  (b) Payee address; City, State 4709 S. Alameda  Corpus Christi, TX 78412  (b) Description  Gift for constituents				
expenditure to benefit C/OH  PAYMENT  (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid  \$147.98  02/09/2025  (b) Payee address; City, State 4709 S. Alameda  Cookies by Design  Corpus Christi, TX 78412  PURPOSE OF EXPENDITURE  X Political  (a) Category (See Categories listed at the top of this schedule) Gift for constituents				
PAYMENT  (a) Amount Charged \$147.98  (b) Date of Charge (c) Date(s) Credit Card Issuer Paid  PAYEE  (a) Payee name (b) Payee address; City, State 4709 S. Alameda  Corpus Christi, TX 78412  PURPOSE OF EXPENDITURE  X Political  (a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense  (b) Payee address; City, State 4709 S. Alameda  Corpus Christi, TX 78412  (b) Description Gift for constituents				
PAYEE  (a) Payee name  Cookies by Design  (b) Payee address; City, State 4709 S. Alameda  Corpus Christi, TX 78412  PURPOSE OF EXPENDITURE  See Categories listed at the top of this schedule)  Gift/Awards/Memorials Expense  (b) Payee address; City, State 4709 S. Alameda  (b) Description  Gift for constituents				
Cookies by Design  Corpus Christi, TX 78412  PURPOSE OF EXPENDITURE  X Political  (a) Category (See Categories listed at the top of this schedule)  Gift/Awards/Memorials Expense  (b) Description  Gift for constituents				
Cookies by Design  Corpus Christi, TX 78412  PURPOSE OF EXPENDITURE  (See Categories listed at the top of this schedule)  Gift/Awards/Memorials Expense  Corpus Christi, TX 78412  (b) Description  Gift for constituents	, Zip Code			
PURPOSE OF EXPENDITURE    X   Political   (a) Category (See Categories listed at the top of this schedule) (Sift for constituents) (b) Description (b) Description (c) Gift for constituents				
PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense  (b) Description  Gift for constituents				
X Political Gift/Awards/Memorials Expense Gift for constituents				
Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete ONLY if direct				
expenditure to benefit C/OH				
PAYMENT (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid \$1,231.40 02/14/2025				
PAYEE (a) Payee name (b) Payee address; City, State	, Zip Code			
GODaddy.com 14455 N. Hayden Rd. Suite 219				
Scottsdale, AZ 85260				
PURPOSE OF (a) Category (b) Description  EXPENDITURE (See Categories listed at the top of this schedule)  Domain renowals				
Office Overhead/Rental Expense				
X Political				
Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete ONLY if direct candidate/Officeholder name office sought office held expenditure to benefit C/OH				

#### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Inst	ruction Guide explains how	to complete this form			,	,	
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Eth	3 Filer ID (Ethics Commission Filers)		
Sch: 11/26 Rpt:	Hunter, Todd A. (Th	ne Honorable)			00020493			
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNI EXPENDITURE CHARGED TO CARD	S	\$			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit (	Card Issuer	Paid			
	\$226.24	01/04/2025						
7 PAYEE	(a) Payee name  Capitol Gift Shop		(b) Payee address 1400 N. Congres	ss Ave	City,	State,	Zip Code	
			Austin, TX 7870	1				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description					
<u> </u>	Gift/Awards/Memorial		Gift for constitue	nts				
X Political								
Non-Political	<u> </u>	of Texas. Complete Schedule T.		if Austin, TX,	officeholder living ex	pense		
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held			
expenditure to benefit C/OH		T	1					
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit (	Card Issuer	Paid			
	\$30.43	01/04/2025						
PAYEE (a) Payee name		(b) Payee address		City,	State,	Zip Code		
			750 Everhart					
			Corpus Christi, 7	TX 78411				
PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE    X   Political	(See Categories listed at the top Event Expense	of this schedule)	Event sponsorsh	nip				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		r if Austin TX	officeholder living ex	nense		
Complete ONLY if direct	Candidate/Officeholder	<u> </u>	e sought	(117400111, 174,	Office held	фензе		
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit (	Card Issuer	Paid			
	\$28.67	01/04/2025						
PAYEE	(a) Payee name	<u>I</u>	(b) Payee address		City,	State,	Zip Code	
			750 Everhart		•		·	
	V Fit Productions							
			Corpus Christi, 7	ΓX 78411				
PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE	(See Categories listed at the top <b>Event Expense</b>	of this schedule)	Event sponsorsh	nip				
X Political	Lvont Expense							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check	if Austin, TX,	officeholder living ex	pense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought		Office held			

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Instruction Guide explains how to complete this form.									
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Etl	nics Commiss	sion Filers)			
	Sch: 12/26 Rpt:	Hunter, Todd A. (Th	ne Honorable)		00020493					
4	CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEM EXPENDITURES CHARGED TO A CI CARD	<b> \$</b>					
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	l Issuer Paid					
		\$250.00	01/04/2025							
7	PAYEE	(a) Payee name  Art Museum of Sou	th Texas	(b) Payee address; 1902 N Shoreline	City,	State,	Zip Code			
Ļ		( ) 0 :		Corpus Christi, TX 7	78401					
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Event Expense	of this schedule)	(b) Description Event sponsorship						
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Au	ıstin, TX, officeholder living e	xpense				
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held					
е	expenditure to benefit C/OH									
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	l Issuer Paid					
		\$134.30	01/04/2025							
	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code			
				Constant Contact						
				Waltham, ME 02451	1					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description  Advertising expense	9					
	X Political	Advertising Expense								
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Au	ıstin, TX, officeholder living e	xpense				
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held					
е	expenditure to benefit C/OH									
	PAYMENT	(a) Amount Charged \$77.58	(b) Date of Charge 01/04/2025	(c) Date(s) Credit Card	l Issuer Paid					
Г	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code			
l		Dun Cianl In com		300 Mill St,, Ste 200	)					
		RunSignUp.com								
ᆫ				Moorestown, NJ 080	057					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description						
	X Political	Event Expense	,	Event sponsorship						
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Au	ustin, TX, officeholder living e	xpense				
<u>_</u>	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held					
$ldsymbol{lev}}}}}}$			penditure to benefit C/OH							

#### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

		The Inst	ruction Guide explains how	to complete th	is form.			
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)
	Sch: 13/26 Rpt:	Hunter, Todd A. (Th	ne Honorable)			00020493		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEND	F UNITEMIZED ITURES D TO A CREDIT	\$		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	r Paid		
		\$174.88	01/04/2025					
7	PAYEE	(a) Payee name		(b) Payee ad	ddress;	City,	State,	Zip Code
		Cookies by Design		4709 S. Al	ameda			
					risti, TX 78412			
8	PURPOSE OF	(a) Category	<b>7</b> 11. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(b) Descripti				
	EXPENDITURE	(See Categories listed at the top Gift/Awards/Memorial		Gifts for co	nstituents			
	X Political	one, wards, women at	o Exponed					
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
Ŀ	expenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	r Paid		
		\$795.97 01/04/2025						
r	PAYEE (a) Payee name		(b) Payee ad	ddress;	City,	State,	Zip Code	
		Avis Rental Car		6 Sylvan W	/ay			
				Parsippany	y, NJ 07054			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	•	(b) Descripti Rental Car	on			
	X Political	Transportation Equiportation Expense			•			
L	Non-Political	· · · —	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
Ę	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	r Paid		
		\$43.75	01/04/2025					
	PAYEE	(a) Payee name	•	(b) Payee ad	ddress;	City,	State,	Zip Code
		Add at a Coulled		103 Gattus	so Rd, Unit 25			
		AthleteGuild						
L				New Braur	nfels, TX 78132			
	PURPOSE OF	(a) Category	of this schodule)	(b) Descripti				
	EXPENDITURE (See Categories listed at the top of this schedule)  Event Expense		of this scriedule)	Event spor	nsorship			
	X Political	olitical						
L	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
E	expenditure to benefit C/OH							

#### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

Printing Expense Salaries/Wages/Contract Labor

	Candidate/Officeriolder/Folitica	· ·	ruction Guide explains how	to complete th		TTIEN (enter a catego	ory not listed a	bove)
1	Total pages Schedule F4:		<u> </u>	•		3 Filer ID (Eth	ics Commiss	sion Filers)
	Sch: 14/26 Rpt:	Hunter, Todd A. (Th	ne Honorable)			00020493		,
4	CREDIT CARD ISSUER	Name of final	ncial institution revious	EXPEND	OF UNITEMIZED DITURES ED TO A CREDIT	\$		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
		\$26.16	01/04/2025					
7	PAYEE	(a) Payee name  GODaddy.com		(b) Payee address; City, State 14455 N. Hayden Rd. Suite 219  Scottsdale, AZ 85260			State,	Zip Code
Ļ	DUDDOSE OF	(a) Catagony		(b) Descript				
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Reni		hedule) Email expense				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	. Г	Check if Austin, TX,	officeholder living ex	pense	
9				e sought		Office held		
е	expenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged \$389.70	(b) Date of Charge 01/04/2025	(c) Date(s)	Credit Card Issuei	r Paid		
	PAYEE	(a) Payee name	L	(b) Payee a	ıddress;	City,	State,	Zip Code
	Quorum Report			P.O. Box	8			
L				Austin, TX	78767			
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Subscription expense		(b) Description Subscription expense				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Г	Check if Austin, TX.	officeholder living ex	pense	
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	<u></u>	Office held	<u> </u>	
	PAYMENT	(a) Amount Charged \$443.85	(b) Date of Charge 01/04/2025	(c) Date(s)	Credit Card Issuei	r Paid		
	PAYEE (a) Payee name  Avis Rental Car		(b) Payee a 6 Sylvan V	•	City,	State,	Zip Code	
	PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule)  Transportation Equipment And Related Expense		(b) Descript Rental Ca	r expense				
dash	Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living ex	pense	
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
l								

#### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Instruction Guide explains how to complete this form.									
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethi	cs Commiss	sion Filers)				
Sch: 15/26 Rpt:	Hunter, Todd A. (Th	ne Honorable)		00020493						
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDI CARD	\$						
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	er Paid						
	\$359.93	01/04/2025								
7 PAYEE	(a) Payee name  Cookies by Design		(b) Payee address; 4709 S. Alameda	City,	State,	Zip Code				
			Corpus Christi, TX 7841	2						
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description							
l <u> </u>	Food/Beverage Expe		Gifts for constituents							
X Political										
Non-Political	(1)	of Texas. Complete Schedule T.		K, officeholder living exp	ense					
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held						
expenditure to benefit C/OH	(-) A	(h) Data at Ohama	(-) D-+-(-) Out dit O- ad I	- Deid						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	er Pald						
\$55.00 01/04/202		01/04/2025								
PAYEE (a) Payee name			(b) Payee address;	City,	State,	Zip Code				
	EventDog.com		3933 Promontory Pt							
			Austin, TX 78744							
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Event sponsorship							
X Political	Event Expense									
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	<u> </u>	K, officeholder living exp	ense					
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held						
expenditure to benefit C/OH		I	1							
PAYMENT	(a) Amount Charged \$197.00	(b) Date of Charge 01/04/2025	(c) Date(s) Credit Card Issu	er Paid						
PAYEE	(a) Payee name	ı	(b) Payee address;	City,	State,	Zip Code				
	01		8041 SPID							
	Storage King USA									
			Corpus Christi, TX 7841	2						
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description							
<u></u>	Office Overhead/Ren	*	Storage Expense							
X Political										
Non-Political					oense					
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held						
expenditure to benefit C/OH										

#### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

		The Insti	ruction Guide explains how	to complete this form.				
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethi	cs Commiss	sion Filers)	
	Sch: 16/26 Rpt:	Hunter, Todd A. (Th	ne Honorable)		00020493			
4	CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZE EXPENDITURES CHARGED TO A CRED CARD	\$			
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	uer Paid			
		\$36.14	01/24/2025					
7	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
		V Fit Productions		750 Everhart				
		( ) 2		Corpus Christi, TX 7841	.1			
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description				
	X Political	(See Categories listed at the top of this schedule)  Event Expense  Event sponsorship						
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, 1	X, officeholder living exp	ense		
9	Complete ONLY if direct Candidate/Officeholder name Off			e sought	Office held			
е	xpenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	ıer Paid			
		\$67.15	01/24/2025					
PAYEE (a) Payee name		(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
		Constant Contact		Constant Contact				
				Waltham, ME 02451				
	PURPOSE OF	(a) Category	(II)	(b) Description				
	EXPENDITURE  X Political	(See Categories listed at the top Advertising Expense	of this schedule)	Advertising expense				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	T. Check if Austin, TX, officeholder living expense				
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held			
е	xpenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	ıer Paid			
		\$58.25	01/24/2025					
	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
		Dortland Chambar	of Commoros	1605 US Highway 181,	# <b>A</b>			
		Portland Chamber of	or Commerce					
				Portland, TX 78374				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description				
	X Political	Event Expense	o. a concad.c,	Event sponsorship				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	e T. Check if Austin, TX, officeholder living expense				
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held			
е	expenditure to benefit C/OH							

#### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

The Instr	ruction Guide explains how	to complete	this form.			
2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)
	ne Honorable)			00020493		
		EXPEN	IDITURES	\$		
(a) Amount Charged	(b) Date of Charge	(c) Date(s)	) Credit Card Issuer	r Paid		
\$719.70	01/15/2025					
(a) Payee name  Double Tree Suites		303 Wes	st 15th	City,	State,	Zip Code
(a) Category						
(See Categories listed at the top	of this schedule)	1 ' '	•			
Hotel expense			301.55			
(c) Chock if travel outside	of Toyas, Complete Schedule T		Chock if Austin TX	officeholder living ev	20200	
<u> </u>	<u> </u>	e sought	CHECK II Austili, 17,	Office held	Jelise	
		0 000		· · · · · · · · · · · · · · · · · · ·		
(a) Amount Charged	(b) Date of Charge	(c) Date(s)	) Credit Card Issue	r Paid		
\$693.10	01/15/2025					
PAYEE (a) Payee name		(b) Payee	address;	City,	State,	Zip Code
Double Tree Suites	i	303 Wes	t 15th			
		Austin, T	X 78701			
	of this schedule)	1 ` '	•			
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	<u> </u>		Check if Austin, TX,		oense	
				Office held		
(a) Amount Charged \$525.37	(b) Date of Charge 01/15/2025	(c) Date(s)	Credit Card Issuer	r Paid		
(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
Double Tree Suites	;	303 Wes	t 15th			
(a) Category (See Categories listed at the top)	of this schedule)	1 ` '	•			
Hotel expense	Of this scriedaic,	Hotel exp	pense			
<u> </u>						
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	<u> </u>		Check if Austin, TX,		oense	
complete ONLY if direct candidate/Officeholder name Only enditure to benefit C/OH				Office held		
	2 FILER NAME Hunter, Todd A. (The Name of final see pitch of the Name of	Pluster, Todd A. (The Honorable)  Name of financial institution see previous  (a) Amount Charged \$719.70  (b) Date of Charge \$719.70  O1/15/2025  (a) Payee name Double Tree Suites  (a) Category (See Categories listed at the top of this schedule) Hotel expense  (c) Check if travel outside of Texas. Complete Schedule T. Candidate/Officeholder name  Office  (a) Amount Charged \$693.10  O1/15/2025  (a) Payee name Double Tree Suites  (a) Category (See Categories listed at the top of this schedule) Hotel expense  (c) Check if travel outside of Texas. Complete Schedule T. Candidate/Officeholder name  Office  (a) Category (See Categories listed at the top of this schedule) Hotel expense  (c) Check if travel outside of Texas. Complete Schedule T. Candidate/Officeholder name  Office  (a) Amount Charged \$525.37  O1/15/2025  (a) Payee name Double Tree Suites  (a) Category (See Categories listed at the top of this schedule) Hotel expense  (c) Check if travel outside of Texas. Complete Schedule T.	Plunter, Todd A. (The Honorable)  Name of financial institution see previous  (a) Amount Charged (b) Date of Charge (c) Date(s) \$719.70 (0) Payee aname Double Tree Suites  (a) Category (See Categories listed at the top of this schedule) Hotel expense  (b) Payee name Office sought  (a) Amount Charged (b) Date of Charge (c) Date(s) Posseright (see Categories listed at the top of this schedule) Hotel expense  (c) Check if travel outside of Texas. Complete Schedule T.  Candidate/Officeholder name Office sought  (a) Amount Charged (b) Date of Charge (c) Date(s) Payee 303 Wes 303 W	Name of financial institution see previous    Name of financial institution see previous	Piller NAME Hunter, Todd A. (The Honorable)  Name of financial institution see previous    Samount Charged	### Piller NAME Hunter, Todd A. (The Honorable)    Name of financial institution   See previous   STOTAL OF UNITEMIZED   EXPENDITURES CHARGED TO A CREDIT   SEED TO A

#### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Inst	ruction Guide explains how	to complete this form.				
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
Sch: 18/26 Rpt:	Hunter, Todd A. (Th	ne Honorable)		00020493			
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZE EXPENDITURES CHARGED TO A CREI CARD	\$			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	suer Paid			
	\$38.49	01/17/2025					
7 PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code			
	V Fit Productions		750 Everhart				
			Corpus Christi, TX 784	11			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description				
X Political	Event Expense	,	Event sponsorship				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense			
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held			
expenditure to benefit C/OH		T	Ī				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	suer Paid			
	\$41.84	01/17/2025					
PAYEE	(a) Payee name	•	(b) Payee address;	City, State, Zip Code			
	V Fit Productions		750 Everhart				
			Corpus Christi, TX 784	11			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodulo)	(b) Description				
l <u> </u>	Event Expense	or tris scriedule)	Event sponsorship				
X Political							
Non-Political	+·· —	of Texas. Complete Schedule T.		TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held			
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	suer Paid			
	\$60.86	01/18/2025					
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code			
	V Fit Productions		750 Everhart				
	V Fit Productions		Corpus Christi, TX 784	11			
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top <b>Event Expense</b>	of this schedule)	Event sponsorship				
X Political	Lvent Expense						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense			
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held			
expenditure to benefit C/OH							

#### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Instr	ruction Guide explains how	to complete this form.				
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethic	s Commiss	sion Filers)	
Sch: 19/26 Rpt:	Hunter, Todd A. (Th	ne Honorable)		00020493			
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid			
	\$197.00	01/31/2025					
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
	Storage King USA		8041 SPID				
			Corpus Christi, TX 78412				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description				
X Political	Office Overhead/Rent		Storage expense				
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expe	ense		
9 Complete ONLY if direct				Office held			
expenditure to benefit C/OH		-					
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid			
	\$11.74	\$11.74 01/27/2025					
PAYEE (a) Payee name		(b) Payee address;	City,	State,	Zip Code		
			300 Mill St,, Ste 200				
			Moorestown, NJ 08057				
PURPOSE OF	(a) Category	<b>7</b> 11. 1 1 1 1	(b) Description				
EXPENDITURE  X Political	(See Categories listed at the top Event Expense	of this schedule)	Event sponsorship				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	T. Check if Austin, TX, officeholder living expense				
Complete ONLY if direct	Candidate/Officeholder	name Office	fice sought Office held				
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid			
	\$1,000.00	01/30/2025					
PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code	
			P.O. Box 13305				
	Texas House Repu	blican Caucus					
			Austin, TX 78711				
PURPOSE OF	(a) Category	of this cohodule)	(b) Description Political contribution				
EXPENDITURE	EXPENDITURE (See Categories listed at the top of this schedule)  Contributions/Donations Made By						
X Political	Candidate/Officeholde						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	e T. Check if Austin, TX, officeholder living expense				
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held			
expenditure to benefit C/OH							

#### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Insti	ruction Guide explains how	to complete tl	his form.	(9-	.,	,	
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)	
Sch: 20/26 Rpt:	Hunter, Todd A. (Th	ne Honorable)			00020493			
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	OF UNITEMIZED DITURES ED TO A CREDIT	\$			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid			
	\$27.81	02/01/2025						
7 PAYEE	(a) Payee name  V Fit Productions		(b) Payee a		City,	State,	Zip Code	
			Corpus Christi, TX 78411					
8 PURPOSE OF	(a) Category		(b) Descript	tion				
EXPENDITURE	(See Categories listed at the top <b>Event Expense</b>	of this schedule)	Event sponsorship					
X Political	Lveni Expense							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	·	Check if Austin, TX,	officeholder living exp	oense		
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held			
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid			
	\$67.15	02/10/2025						
PAYEE (a) Payee name		L	(b) Payee a	address;	City,	State,	Zip Code	
	Constant Contact		Constant	Contact				
			Waltham,	ME 02451				
PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE  X Political	(See Categories listed at the top Advertising Expense	of this schedule)	Advertisin	g expense				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	·	Check if Austin, TX,	officeholder living exp	oense		
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held			
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid			
	\$38.79	02/11/2025						
PAYEE	(a) Payee name	l	(b) Payee a	address;	City,	State,	Zip Code	
			300 Mill S	t,, Ste 200				
	RunSignUp.com							
			Mooresto	wn, NJ 08057				
PURPOSE OF	(a) Category	(4)	(b) Descript					
EXPENDITURE	(See Categories listed at the top <b>Event Expense</b>	of this schedule)	Event spo	nsorship				
X Political								
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	pense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held			
· -								

#### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Insti	ruction Guide explains how	to complete this	form.	(9-	.,	,		
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Eth	ics Commiss	sion Filers)		
Sch: 21/26 Rpt:	Hunter, Todd A. (Th	ne Honorable)			00020493				
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF EXPENDITI CHARGED CARD		\$				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Cre	dit Card Issuer	r Paid				
	\$38.79	02/10/2025							
7 PAYEE	(a) Payee name Signmeup, Inc		(b) Payee addi		City,	State,	Zip Code		
			Hatboro, PA 19040						
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodulo)	(b) Description						
<u></u>	Event Expense	of this schedule)	Event sponsorship						
X Political	·								
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living ex	oense			
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held				
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Cre	edit Card Issuer	r Paid				
	\$597.38	02/11/2025							
PAYEE	(a) Payee name		(b) Payee add	ess;	City,	State,	Zip Code		
	Hyatt Centric Cong	ress Ave	721 Congres	s Ave					
			Austin, TX 78	3701					
PURPOSE OF	(a) Category		(b) Description						
EXPENDITURE  X Political	(See Categories listed at the top  Hotel expense	of this schedule)	Hotel expens	Se .					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX.	officeholder living ex	pense			
Complete ONLY if direct	Candidate/Officeholder		e sought		Office held				
expenditure to benefit C/OH			_						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Cre	dit Card Issuer	r Paid				
	\$70.12	02/16/2025							
PAYEE	(a) Payee name	l	(b) Payee add	ress;	City,	State,	Zip Code		
			3933 Promoi	ntory Pt					
	EventDog.com								
			Austin, TX 78	3744					
PURPOSE OF	(a) Category		(b) Description						
EXPENDITURE	(See Categories listed at the top <b>Event Expense</b>	of this schedule)	Event spons	orship					
X Political									
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living ex	oense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought		Office held				

#### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Instruction Guide explains how to complete this form.										
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethio	cs Commiss	sion Filers)					
Sch: 22/26 Rpt:	Hunter, Todd A. (Th	ne Honorable)		00020493							
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$							
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid							
	\$197.00	02/28/2025									
7 PAYEE	(a) Payee name Storage King USA		(b) Payee address; 8041 SPID	City,	State,	Zip Code					
			Corpus Christi, TX 78412								
8 PURPOSE OF	(a) Category	of this color duty.	(b) Description								
EXPENDITURE	(See Categories listed at the top Office Overhead/Rent		Storage expense								
X Political											
Non-Political	(1)	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living exp	ense						
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held							
expenditure to benefit C/OH											
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid							
	\$650.00	02/27/2025									
PAYEE (a) Payee name		(b) Payee address;	City,	State,	Zip Code						
	Nueces County Rep	publican Party	PO Box 18016								
			Corpus Christi, TX 78480	-8016							
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top		(b) Description Political Contribution								
X Political	Contributions/Donatio Candidate/Officeholde										
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living exp	ense						
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held							
expenditure to benefit C/OH											
PAYMENT	(a) Amount Charged \$250.00	(b) Date of Charge 03/14/2025	(c) Date(s) Credit Card Issue	r Paid							
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code					
			3205 S. Staples								
	KEDT Food & Wine	e Classic									
			Corpus Christi, TX 78411								
PURPOSE OF	(a) Category (See Categories listed at the top	of this cohodulo)	(b) Description								
EXPENDITURE	Event Expense	or ans scriedule)	Event Sponsorship								
X Political	<u> </u>										
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	<u> </u>	, officeholder living exp	ense						
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held							
expenditure to benefit C/OH											

#### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Inst	ruction Guide explains how	to complete th	is form.			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethio	cs Commis	sion Filers)
Sch: 23/26 Rpt:	Hunter, Todd A. (Th	ne Honorable)			00020493		
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	F UNITEMIZED ITURES ED TO A CREDIT	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (	Credit Card Issuer	r Paid		
	\$67.15	03/17/2025					
7 PAYEE	(a) Payee name	•	(b) Payee a	ddress;	City,	State,	Zip Code
	Constant Contact		Constant (				
			Waltham,				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descripti				
X Political	Advertising Expense	or the contours,	Advertisino	g expense			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (	Credit Card Issue	r Paid		
	\$30.43	03/20/2025					
PAYEE (a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code	
	V Fit Productions		750 Everh	art			
	V Fit Productions		Cornus Ch	risti, TX 78411			
PURPOSE OF	(a) Category		(b) Descripti				
EXPENDITURE	(See Categories listed at the top	of this schedule)	Event sponsorship				
X Political	Event Expense		·				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct	Candidate/Officeholder	name Office	ffice sought Office held				
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (	Credit Card Issuer	r Paid		
	\$28.06	03/16/2025					
PAYEE	(a) Payee name	l .	(b) Payee a	ddress;	City,	State,	Zip Code
			103 Gattus	so Rd, Unit 25			
	AthleteGuild						
			New Braur	nfels, TX 78132			
PURPOSE OF	(a) Category		(b) Descripti	on			
EXPENDITURE	(See Categories listed at the top  Event Expense	of this schedule)	Event spor	nsorship			
X Political							
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held		
expenditure to benefit C/OH							

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

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

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

Candidate/Officeriolder/Folitica		ruction Guide explains how	•	THER (enter a category	not listeu ai	oove)
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics	s Commiss	sion Filers)
Sch: 24/26 Rpt:	Hunter, Todd A. (Th	ne Honorable)		00020493		
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid		
	\$30.43	03/17/2025				
7 PAYEE	(a) Payee name  V Fit Productions		(b) Payee address; 750 Everhart	City,	State,	Zip Code
			Corpus Christi, TX 78411	L		
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Event Expense	of this schedule)	(b) Description Event sponsorship			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	K, officeholder living expe	nse	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held		
PAYMENT	(a) Amount Charged \$197.00	(b) Date of Charge 03/26/2025	(c) Date(s) Credit Card Issue	er Paid		
PAYEE	(a) Payee name Storage King USA		(b) Payee address; 8041 SPID	City,	State,	Zip Code
			Corpus Christi, TX 78412	2		
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Storage expense			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	K, officeholder living expe	nse	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held		
PAYMENT	(a) Amount Charged \$44.15	(b) Date of Charge 03/25/2025	(c) Date(s) Credit Card Issue	er Paid		
PAYEE	PAYEE (a) Payee name itsyourrace.com		(b) Payee address; 11671 Lilburn Park Rd St. Louis, MO 63146	City,	State,	Zip Code
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Event Expense	of this schedule)	(b) Description Event sponsorship			
Non-Political	(C) Check if travel outside of	of Texas. Complete Schedule T.	Check if Austin, T	C, officeholder living expe	nse	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held		

#### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Insti	ruction Guide explains how	to complete this form.			,		
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics	Commiss	sion Filers)		
Sch: 25/26 Rpt:	Hunter, Todd A. (Th	ne Honorable)		00020493				
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid				
	\$22.75	03/26/2025						
7 PAYEE	(a) Payee name  AthleteGuild		(b) Payee address; City, State, Zip Cod 103 Gattuso Rd, Unit 25					
			New Braunfels, TX 78132	2				
8 PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE	(See Categories listed at the top <b>Event Expense</b>	of this schedule)	Event sponsorship					
X Political	Event Expense							
Non-Political	(c) Check if travel outside	Check if Austin, TX	, officeholder living expen	se				
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held				
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid				
	\$30.43	03/30/2025						
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
	V Fit Productions		750 Everhart					
			Corpus Christi, TX 78411	_				
PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE  X Political	(See Categories listed at the top  Event Expense	of this schedule)	Event sponsorship					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expen	se			
Complete ONLY if direct	Candidate/Officeholder		e sought	Office held				
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid				
	\$33.24	03/11/2025						
PAYEE	(a) Payee name	I	(b) Payee address;	City,	State,	Zip Code		
			750 Everhart	•		•		
	V Fit Productions							
			Corpus Christi, TX 78411	-				
PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE	(See Categories listed at the top <b>Event Expense</b>	of this schedule)	Event sponsorship					
X Political								
Non-Political	(c) Check if travel outside	Check if Austin, TX	, officeholder living expen	se				
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held				

#### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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/Officeriolder/Folitica	· ·	ruction Guide explains how	to complete this form		TIEN (enter a catego	ny not listeu a	bove)	
1	Total pages Schedule F4:		·	· · · · · · · · · · · · · · · · · · ·		3 Filer ID (Eth	ics Commis	sion Filers)	
	Sch: 26/26 Rpt:	Hunter, Todd A. (Th	ne Honorable)			00020493			
4	CREDIT CARD ISSUER	Name of final	ncial institution revious	5 TOTAL OF UNI EXPENDITURE CHARGED TO CARD	ES	\$			
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit	Card Issuer	Paid			
		\$44.63	03/15/2025						
7	PAYEE	(a) Payee name Signmeup, Inc		(b) Payee address P.O. Box 297		City,	State,	Zip Code	
Ļ	DUDDOOF OF	(a) Category		(b) Description	J4U				
8	PURPOSE OF EXPENDITURE  X Political	EXPENDITURE (See Categories listed at the top of this schedule) Event sponsorship  Event Expense							
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Chec	k if Austin, TX,	officeholder living ex	pense		
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held			
е	expenditure to benefit C/OH								
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit	Card Issuer	· Paid			
		\$230.64	03/15/2025						
	PAYEE	(a) Payee name		(b) Payee address	S;	City,	State,	Zip Code	
		K Space Contempo	623 N Chaparra	ıl St					
				Corpus Christi,	TX 78401				
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Event Expense	of this schedule)	(b) Description Event sponsors	hip				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Choc	k if Auetin TV	officeholder living ex	nonco		
┝	Complete ONLY if direct	Candidate/Officeholder	•	e sought	K II Austill, 1A,	Office held	perise		
e	expenditure to benefit C/OH								
H	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit	Card Issuer	Paid			
		\$46.91	03/30/2025						
Г	PAYEE	(a) Payee name	ı	(b) Payee address	3;	City,	State,	Zip Code	
l		V/ Eit Dradustions		750 Everhart					
		V Fit Productions		Corpus Christi,	TX 78411				
$\vdash$	PURPOSE OF	(a) Category		(b) Description	17/10411				
<b>EXPENDITURE</b> (See Categories listed at the top of this schedule)			of this schedule)	Event sponsors	hip				
	X Political	X Political Event Expense			-				
Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if						officeholder living ex	pense		
e	Complete ONLY if direct Candidate/Officeholder name Office sought Office held conditure to benefit C/OH								
H		<u> </u>							

#### SCHEDULE G

Solicitation/Fundraising Expense

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

Loan Repayment/Reimbursement

Accounting reariking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Ex Printing E		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	omplete this form.		
1	Total pages Schedule G:	2 FILER NAME	<u> </u>			3	Filer ID (Ethics Commission Filers)
	Sch: 1/32 Rpt: 87/120	Hunter, Too	dd A. (The Honorable)				00020493
4	Date	5 Payee name					
	06/10/2025	Aloft Austin					
6	Amount (\$)	<b>7</b> Payee addre	ss; City; State	; Zip Co	ode		
	\$28.73	621 Congre	ess Ave				
	Reimbursement from political contributions intended	Austin, TX	78701				
8	PURPOSE		ee Categories listed at the top of this sch	nedule)	(b) Description	☐ Ch	neck if travel outside of Texas. Complete Schedule T.
	OF	1	rage Expense	icuuic)		=	eck if Austin, TX, officeholder living expense
	EXPENDITURE	1 000,2010.	ago Expondo		Meeting expense	<del>-</del>	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	L Candidate/Office	holder name		Office sought		Office held
	Date	Payee name					
	04/28/2025	l ´	Cancer Society				
	Amount (\$)	Payee addre	ss; City; State	; Zip Co	ode		
	\$310.88	PO Box 78:		·			
	Reimbursement from						
	X political contributions intended	San Antoni	o, TX 78278				
	PURPOSE	Category (s	ee Categories listed at the top of this sch	nedule)	Description	Ch	neck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Event Expe	ense		[	Ch	eck if Austin, TX, officeholder living expense
	EXI ENDITORE				Event sponsorsh	nip	
	Complete ONLY if direct	Candidate/Office	holder name		Office sought		Office held
	expenditure to benefit C/OH						
H	Date	Deves ::-:					
	Date 06/18/2025	Payee name American F	leart Association				
_				. 7in 0	ada		
	Amount (\$) \$1,000.00	Payee addre 8415 Wurzl	, , , , , , , , , , , , , , , , , , , ,	; Zip Co	oue		
		0413 MAIS	Jacii Ru.				
	X Reimbursement from political contributions intended	San Antoni	o, TX 78229				
	PURPOSE	Category (s	ee Categories listed at the top of this sch	nedule)	Description	_	eck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Event Expe	ense		L	_	eck if Austin, TX, officeholder living expense
					Event sponsorsh	np	
	Complete ONLY if direct	Candidate/Office	holder name		Office sought		Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Office	noidei name		Office Sought		Office field

#### SCHEDULE G

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Co			Event Expense Loan Repayment/Reimbursementers Office Overhead/Rental Expense Food/Beverage Expense Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Laborate The Instruction Guide explains how to complete this form.		erhead/Rental Expense xpense expense Nages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
Ļ	<del>-</del>	l a	· .	10 00		_	E'' 15 (Ett. 5		
1	Total pages Schedule G: Sch: 2/32 Rpt: 88/120	2	FILER NAME Hunter, Todd A. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00020493		
4	Date	5	Payee name						
	06/04/2025		Arnold, Harrell						
6	Amount (\$)	7		Zip Co	ode				
	\$195.00		PO Box 3885						
	Reimbursement from political contributions intended		Corpus Christi, TX 78463						
8	PURPOSE	(a)	Category (See Categories listed at the top of this sched	dule)	(b) Description	С	Check if travel outside of Texas. Complete Schedule T.		
	OF EXPENDITURE		Office Overhead/Rental Expense			_	Check if Austin, TX, officeholder living expense		
	<b></b>				Preparation of tax	x re	eturn		
L									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Car	ndidate/Officeholder name		Office sought		Office held		
	Date		Payee name						
	06/05/2025		Art Museum of South Texas						
	Amount (\$)	Payee address; City; State; Zip Code							
	\$2,300.00		1902 N Shoreline						
	X Reimbursement from political contributions intended		Corpus Christi, TX 78401						
	PURPOSE		Category (See Categories listed at the top of this sched	dule)	Description	С	Check if travel outside of Texas. Complete Schedule T.		
	OF EXPENDITURE		Event Expense		[	С	Check if Austin, TX, officeholder living expense		
					Event sponsorshi	ip			
L		L							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Car	ndidate/Officeholder name		Office sought		Office held		
F	Date	Ī	Payee name						
	04/28/2025	1	AthleteGuild						
	Amount (\$)		Payee address; City; State;	Zip Co	ode				
	\$22.75		103 Gattuso Rd, Unit 25						
	Reimbursement from								
	X political contributions intended		New Braunfels, TX 78132						
	PURPOSE	_	Category (See Categories listed at the top of this sched	dule)	Description	=	Check if travel outside of Texas. Complete Schedule T.		
	OF EXPENDITURE		Event Expense			_	Check if Austin, TX, officeholder living expense		
					Event sponsorshi	ıp			
	Complete ONLY if direct	<u> </u>	adidata/Officeholder news		Office sought		Office held		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	car	ndidate/Officeholder name		Office sought		Office held		

## SCHEDULE G

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

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee Legal Services Sala		ages/Contract Labor		Travel Out of District OTHER (enter a category not listed above)			
	<u> </u>		The Instruction Guide explains how	to coi	mplete this form.					
1	Total pages Schedule G: Sch: 3/32 Rpt: 89/120	2	FILER NAME Hunter, Todd A. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00020493			
4	Date	5	Payee name							
	04/28/2025	ľ	AthleteGuild							
6	Amount (\$) \$28.06	7	Payee address; City; State; Zip 103 Gattuso Rd, Unit 25	р Со	de					
			100 Gallaso Ita, Gill 20							
	X Reimbursement from political contributions intended		New Braunfels, TX 78132							
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	)	(b) Description	Cr	neck if travel outside of Texas. Complete Schedule T.			
	OF EXPENDITURE		Event Expense			Ch	neck if Austin, TX, officeholder living expense			
	2/11/2/10/12				Event sponsorship	р				
9	Complete ONLY if direct expenditure to benefit C/OH	Car	ndidate/Officeholder name		Office sought		Office held			
	Date		Payee name							
	01/30/2025		Bella La Brew Coffee Bar							
	Amount (\$)		Payee address; City; State; Zip	р Со	de					
	\$13.42		2818 Hwy 35N							
	Reimbursement from									
	X political contributions intended		Rockport, TX 78382							
	PURPOSE		Category (See Categories listed at the top of this schedule)	)	Description		neck if travel outside of Texas. Complete Schedule T.			
	OF EXPENDITURE		Food/Beverage Expense			Check if Austin, TX, officeholder living expense				
					Meeting expemse	!				
	Complete <u>ONLY</u> if direct expenditure to benefit	Car	ndidate/Officeholder name		Office sought		Office held			
	C/OH									
	Date	Г	Davido namo							
	05/31/2025		Payee name Black Baldy Investments, LLC							
		┡								
	Amount (\$)		Payee address; City; State; Zip	р Со	de					
	\$1,050.00		4161 Hwy 35 N, Unit 1							
	Reimbursement from political contributions intended		Rockport, TX 78382							
	PURPOSE	Т	Category (See Categories listed at the top of this schedule)	)	Description	Cr	neck if travel outside of Texas. Complete Schedule T.			
	OF EXPENDITURE		Office Overhead/Rental Expense			Cr	neck if Austin, TX, officeholder living expense			
	EXPENDITURE		·		Rockport rental ex	кре	ense			
	Complete ONLY if direct	Car	ndidate/Officeholder name		Office sought		Office held			
	expenditure to benefit				-					
	C/OH									

#### SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Advertising Expense Event Expense

Solicitation/Fundraising Expense

Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political C Credit Card Payment		Food/Beverage Expense Poll y - Gift/Awards/Memorials Expense Prin	Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense mmittee Legal Services Salaries/Wages/Contract Labor						
	Credit Card Payment	The Instruction Guide explains how	to complete this form.						
1	Total pages Schedule G:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)					
	Sch: 4/32 Rpt: 90/120	Hunter, Todd A. (The Honorable)		00020493					
4	Date	5 Payee name							
	06/05/2025	Bryant Printing Company, Inc.							
6	Amount (\$)	7 Payee address; City; State; Zip	Code						
	\$1,434.31	4009 Sherwood Dr							
	Reimbursement from								
	X political contributions intended	Rowlett, TX 75088	Rowlett, TX 75088						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.					
	OF EXPENDITURE	Printing expense		Check if Austin, TX, officeholder living expense					
	-		Printing expense						
9	Complete ONLY if direct expenditure to benefit	Candidate/Officeholder name	Office sought	Office held					
	C/OH								
H	Data								
	Date	Payee name CC Patch Ritz Theatre							
	05/05/2025								
	Amount (\$)	Payee address; City; State; Zip	o Code						
	\$500.82	PO Box 187							
	Reimbursement from political contributions								
	intended	Corpus Christi, TX 78403							
	PURPOSE OF	Category (See Categories listed at the top of this schedule)	Description	Check if travel outside of Texas. Complete Schedule T.					
	EXPENDITURE	Event Expense	<u> </u>	Check if Austin, TX, officeholder living expense					
			Event sponsorsh	ıp					
	Complete ONLY if direct expenditure to benefit	Candidate/Officeholder name	Office sought	Office held					
	C/OH								
	Date	Payee name							
	06/10/2025	COA Parking Meters							
$\vdash$	Amount (\$)	Payee address; City; State; Zip	Code						
	\$23.75	l ' ' ' '							
	Reimbursement from								
	x political contributions intended	Austin, TX 78757							
	PURPOSE	Category (See Categories listed at the top of this schedule)	Description	Check if travel outside of Texas. Complete Schedule T.					
	OF EXPENDITURE	Parking expense		Check if Austin, TX, officeholder living expense					
			Parking expense						
	Complete ONLY if direct expenditure to benefit	Candidate/Officeholder name	Office sought	Office held					
	C/OH								

#### SCHEDULE **G**

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

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense			Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule G:	2 FILER NA	ME			3	Filer ID (Ethics Commission Filers)
	Sch: 5/32 Rpt: 91/120	Hunter, T	odd A. (The Honorable)				00020493
4	Date	5 Payee nar	ne			•	
	04/28/2025	Catalyst /	Advisors Group				
6	Amount (\$)	<b>7</b> Payee add	lress; City; State	e; Zip Co	ode		
	\$8,000.00	1108 Lav	aca St. 110-506				
	Reimbursement from political contributions intended	Austin, T	X 78701				
8	PURPOSE	(a) Category	(See Categories listed at the top of this sc	hedule)	(b) Description	Ch	neck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Consultin	g Expense			Ch	eck if Austin, TX, officeholder living expense
	EXI ENDITORE				Consulting exper	ıse	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Offi	ceholder name		Office sought		Office held
	Date	Payee nar	ne				
	06/16/2025	Children's	s Coalition of Aransas Count	y			
	Amount (\$)	Payee add	Iress; City; State	e; Zip Co	ode		
	\$600.00	401-B W.	Market St				
	Reimbursement from political contributions intended	Rockport	, TX 78382				
	PURPOSE	Category	(See Categories listed at the top of this sc	hedule)	Description	_	eck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Event Ex	pense		Event sponsorsh	_	eck if Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OH	L Candidate/Offi	ceholder name		Office sought		Office held
	Date 01/10/2025	Payee nar Coffee W	ne laves Flour Bluff				
	Amount (\$)	Payee add		e; Zip Co	ode		
	\$16.80	10309 SF	PID, Ste F				
	Reimbursement from political contributions intended	Corpus C	hristi, TX 78412				
	PURPOSE OF		(See Categories listed at the top of this sc	hedule)	Description	=	neck if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Food/Bev	verage Expense		L	_	eck if Austin, TX, officeholder living expense
					Meeting expense	;	
	Complete ONLY if direct expenditure to benefit C/OH	L Candidate/Offi	ceholder 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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	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.	Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule G: Sch: 6/32 Rpt: 92/120	2 FILER NAME Hunter, Todd A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00020493
4	Date	5 Payee name	<u> </u>
	01/31/2025	Coffee Waves Flour Bluff	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
Ī	\$14.61	10309 SPID, Ste F	
	Reimbursement from political contributions intended	Corpus Christi, TX 78412	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Food/Beverage Expense	Check if Austin, TX, officeholder living expense
	LXI LIADITORE	Meeting expens	e
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	andidate/Officeholder name Office sought	Office held
	Date	Payee name	
	02/21/2025	Coffee Waves Flour Bluff	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$10.82	10309 SPID, Ste F	
	Reimbursement from		
	X political contributions intended	Corpus Christi, TX 78412	
	PURPOSE	Category (See Categories listed at the top of this schedule)  Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Food/Beverage Expense	Check if Austin, TX, officeholder living expense
		Meeting expens	e
	expenditure to benefit	andidate/Officeholder name Office sought	Office held
	C/OH		
	Date	Payee name	
	02/28/2025	Coffee Waves Flour Bluff	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$20.82	10309 SPID, Ste F	
	Reimbursement from political contributions intended	Corpus Christi, TX 78412	
	PURPOSE	Category (See Categories listed at the top of this schedule)  Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Food/Beverage Expense	Check if Austin, TX, officeholder living expense
		Meeting expens	e
	Complete ONLY if direct expenditure to benefit C/OH	andidate/Officeholder name Office sought	Office held

#### SCHEDULE **G**

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

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Co	•	Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense		Solicitation/Fundratising 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: 7/32 Rpt: 93/120		Hunter, Todd A. (The Honorable)			00020493		
4	Date	5	Payee name					
	03/07/2025		Coffee Waves Flour Bluff					
6	Amount (\$)	7	Payee address; City; State;	Zip Co	ode			
	\$17.04		10309 SPID, Ste F					
	Reimbursement from		,					
	X political contributions intended		Corpus Christi, TX 78412					
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.		
	EXPENDITURE		Food/Beverage Expense		L	Check if Austin, TX, officeholder living expense		
					Meeting expense	•		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Cai	ndidate/Officeholder name		Office sought	Office held		
	Date		Payee name					
	03/21/2025		Coffee Waves Flour Bluff					
	Amount (\$)		Payee address; City; State;	Zip Co	ode			
	\$13.79		10309 SPID, Ste F					
	Reimbursement from							
	X political contributions intended		Corpus Christi, TX 78412					
	PURPOSE		Category (See Categories listed at the top of this sche	edule)	Description	Check if travel outside of Texas. Complete Schedule T.		
	OF EXPENDITURE		Food/Beverage Expense		L	Check if Austin, TX, officeholder living expense		
					Meeting expense			
	Complete ONLY if direct expenditure to benefit C/OH	Cai	ndidate/Officeholder name		Office sought	Office held		
	Date	Π	Payee name					
	06/06/2025		Coffee Waves Flour Bluff					
	Amount (\$)	Н	Payee address; City; State;	Zip Co	ode			
	\$17.74		10309 SPID, Ste F					
	Reimbursement from		,					
	political contributions intended		Corpus Christi, TX 78412					
	PURPOSE		Category (See Categories listed at the top of this sche	edule)	Description	Check if travel outside of Texas. Complete Schedule T.		
	OF EXPENDITURE		Food/Beverage Expense		L	Check if Austin, TX, officeholder living expense		
	<del></del>				Meeting expense	•		
	Complete ONLY if direct expenditure to benefit C/OH	Cai	ndidate/Officeholder name		Office sought	Office held		

#### SCHEDULE **G**

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

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		-	Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense			Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule G:	2 FIL	ER NAME			3	Filer ID (Ethics Commission Filers)	
	Sch: 8/32 Rpt: 94/120		nter, Todd A. (The Honorable)				00020493	
4	Date	<b>5</b> Pa	vee name					
	04/28/2025	Co	nstant Contact					
6	Amount (\$)	<b>7</b> Pa	vee address; City; Sta	te; Zip Co	ode			
	\$67.15	Co	nstant Contact					
	Reimbursement from political contributions intended	Wa	Waltham, ME 02451					
8	PURPOSE	<b>(a)</b> Ca	egory (See Categories listed at the top of this s	schedule)	(b) Description	Ch	neck if travel outside of Texas. Complete Schedule T.	
	OF EXPENDITURE	Ad	vertising Expense			Cł	neck if Austin, TX, officeholder living expense	
	EXI ENDITORE				Advertising expe	nse		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candid	ate/Officeholder name		Office sought		Office held	
	Date	Pa	vee name					
	06/03/2025	Co	rpus Christi Hooks Baseball Club					
	Amount (\$)	Pa	vee address; City; Sta	te; Zip Co	ode			
	\$3,500.00	73	4 E. Port Avenue					
	Reimbursement from political contributions intended	Co	rpus Christi, TX 78401					
	PURPOSE	Ca	egory (See Categories listed at the top of this	schedule)	Description	Cł	neck if travel outside of Texas. Complete Schedule T.	
	OF EXPENDITURE	Ev	ent Expense		Event sponsorsh	_	neck if Austin, TX, officeholder living expense	
	Complete ONLY if direct expenditure to benefit	<u>C</u> andid	ate/Officeholder name		Office sought		Office held	
	C/OH							
Г	Date	Pa	/ee name					
	05/13/2025	Co	rpus Christi Hooks Baseball Club					
	Amount (\$)	Pa	vee address; City; Sta	te; Zip Co	ode			
	\$375.00	73	4 E. Port Avenue					
	Reimbursement from political contributions intended	Co	rpus Christi, TX 78401					
	PURPOSE	Ca	egory (See Categories listed at the top of this s	schedule)	Description	Cł	neck if travel outside of Texas. Complete Schedule T.	
	OF EXPENDITURE	Ev	ent Expense			Cł	neck if Austin, TX, officeholder living expense	
	<b></b>				Event sponsorsh	ip		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candid	ate/Officeholder name		Office sought		Office held	

#### SCHEDULE **G**

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

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		•	Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense		Solicitation/Fundratising 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: 9/32 Rpt: 95/120		Hunter, Todd A. (The Honorable)			00020493		
4	Date	5	Payee name					
	06/06/2025		Corpus Christi Road Runners					
6	Amount (\$)	7	Payee address; City; State;	Zip Co	ode			
	\$1,000.00		P.O. Box 8750					
	Reimbursement from							
	political contributions intended		Corpus Christi, TX 78468					
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	dule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.		
	OF EXPENDITURE		Event Expense		L	Check if Austin, TX, officeholder living expense		
					Event sponsorsh	ip		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Cai	ndidate/Officeholder name		Office sought	Office held		
	Date		Payee name					
	06/27/2025		Corpus Christi Road Runners					
	Amount (\$)		Payee address; City; State;	Zip Co	ode			
	\$1,000.00		P.O. Box 8750					
	Reimbursement from							
	X political contributions intended		Corpus Christi, TX 78468					
	PURPOSE OF		Category (See Categories listed at the top of this sche	dule)	Description	Check if travel outside of Texas. Complete Schedule T.		
	EXPENDITURE		Event Expense		L	Check if Austin, TX, officeholder living expense		
					Event Sponsorsh	шр		
	Complete ONLY if direct expenditure to benefit C/OH	Cai	ndidate/Officeholder name		Office sought	Office held		
	Date		Payee name					
	06/20/2025		Cort Austin Rental					
	Amount (\$)	⊢	Payee address; City; State;	Zip Co	nde			
	\$900.00		9821A IH-35 North	Zip Ct	ode			
			30217 (111 00 140141					
	X Reimbursement from political contributions intended		Austin, TX 78753					
	PURPOSE		Category (See Categories listed at the top of this sche	dule)	Description	Check if travel outside of Texas. Complete Schedule T.		
	OF EXPENDITURE		Furniture rental		L	Check if Austin, TX, officeholder living expense		
					Furniture rental			
	Complete ONLY if direct expenditure to benefit C/OH	Cai	ndidate/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

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Ex Printing E Salaries/	Expense Wages/Contract Labor	Travel in District Travel Out of District OTHER (enter a category not listed above)			
			The Instruction Guide explains	how to co	omplete this form.				
1	Total pages Schedule G:	2 FILER NAI	ME			3	Filer ID (E	Ethics Commission Filers)	
	Sch: 10/32 Rpt: 96/120	Hunter, T	odd A. (The Honorable)				00020493		
4	Date	5 Payee nan	ne.			1			
	06/11/2025	1	oadcasting						
6	Amount (\$)	7 Payee add	lress; City; State	; Zip Co	ode				
	\$1,500.00	PO Box 2	70547						
	Reimbursement from								
	political contributions intended	Corpus C	hristi, TX 78427						
8	PURPOSE	(a) Category	(See Categories listed at the top of this sch	nedule)	(b) Description	Ch	eck if travel outs	ide of Texas. Complete Schedule T.	
	OF	Advertisir	ng Expense			Ch	eck if Austin, TX	, officeholder living expense	
	EXPENDITURE				Advertising expe	nse			
9	Complete ONLY if direct	L Candidate/Office	ceholder name		Office sought		(	Office held	
	expenditure to benefit				· ·				
	C/OH								
	Date	Payee nan	ne						
	06/04/2025	Education	n is Our Freedom						
	Amount (\$)	Payee add	lress; City; State	; Zip Co	ode				
\$1,000.00 PO Box 10307									
	·								
	Reimbursement from political contributions								
	intended	Corpus C	hristi, TX 78760-0307						
	PURPOSE OF	Category	(See Categories listed at the top of this sch	nedule)	Description			ide of Texas. Complete Schedule T.	
	EXPENDITURE	Event Exp	oense			_	eck if Austin, TX	, officeholder living expense	
					Event sponsorsh	nip			
	Complete ONLY if direct	Candidate/Office	ceholder name		Office sought		(	Office held	
	expenditure to benefit C/OH								
		1							
	Date	Payee nan							
	04/28/2025	EnMotive							
	Amount (\$)	Payee add	ress; City; State	; Zip Co	ode				
	\$61.20	951 Corp	orate Grove Dr						
	Reimbursement from								
	X political contributions intended	Buffalo G	rove, IL 60089						
	PURPOSE	Category	(See Categories listed at the top of this sch	nedule)	Description	Ch	eck if travel outs	ide of Texas. Complete Schedule T.	
	OF EXPENDITURE	Event Exp	oense			Ch	eck if Austin, TX	, officeholder living expense	
	LXI LINDITORL				Event sponsorsh	nip			
		Candidate/Offic	ceholder name		Office sought		(	Office held	
	expenditure to benefit				-				
	C/OH								

#### SCHEDULE G

#### **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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Sala	nting Expense aries/Wages/Contract Labor	Travel Out of District OTHER (enter a category not listed above)				
		The Instruction Guide explains how	to complete this form.					
1	Total pages Schedule G:	2 FILER NAME	3	Filer ID (Ethics Commission Filers)				
,	Sch: 11/32 Rpt: 97/120	Hunter, Todd A. (The Honorable)		00020493				
4	Date	5 Payee name						
(	02/12/2025	Flash Parking						
6	Amount (\$)	7 Payee address; City; State; Zi	p Code					
	\$12.99	910 Brazos						
	Reimbursement from							
L	X political contributions intended	Austin, TX 78701						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule		Check if travel outside of Texas. Complete Schedule T.				
	OF EXPENDITURE	Parking expense	□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□	Check if Austin, TX, officeholder living expense				
			Parking expense					
9 (	Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held				
(	expenditure to benefit		ŭ					
(	C/OH							
ı	Date	Payee name						
(	04/28/2025	GODaddy.com						
,	Amount (\$)	Payee address; City; State; Zi	p Code					
	\$51.04	14455 N. Hayden Rd. Suite 219						
	Reimbursement from							
Ĺ	x political contributions intended	Scottsdale, AZ 85260						
	PURPOSE	Category (See Categories listed at the top of this schedule		Check if travel outside of Texas. Complete Schedule T.				
	OF EXPENDITURE	Office Overhead/Rental Expense	□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□	Check if Austin, TX, officeholder living expense				
			Email renewal					
		Candidate/Officeholder name	Office sought	Office held				
	expenditure to benefit C/OH							
	Date	Payer name						
	04/28/2025	Payee name GODaddy.com						
		-						
,	Amount (\$)	Payee address; City; State; Zi	o Code					
	\$651.24	14455 N. Hayden Rd. Suite 219						
Г	X political contributions							
L	intended	Scottsdale, AZ 85260						
	PURPOSE	Category (See Categories listed at the top of this schedule		Check if travel outside of Texas. Complete Schedule T.				
	OF EXPENDITURE	Technology expense		Check if Austin, TX, officeholder living expense				
			Technology expens	se				
	Complete <u>ONLY</u> if direct expenditure to benefit	Candidate/Officeholder name	Office sought	Office held				
	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 Credit Card Payment	Committee Legal Services	rds/Memorials Expense Printing Expense Travel Out of District of The Report of District OTHER (enter a category not listed to the Company of the Report of District OTHER (enter a category not listed to the Company of The Report of District OTHER (enter a category not listed to the Company of The Report of District OTHER (enter a category not listed to the Company of The Report of District OTHER (enter a category not listed to the Company of The Report of District OTHER (enter a category not listed to the Company of The Report of District OTHER (enter a category not listed to the Company of The Report of District OTHER (enter a category not listed to the Company of The Report of District OTHER (enter a category not listed to the Company of The Report of District OTHER (enter a category not listed to the Company of The Report of District OTHER (enter a category not listed to the Company of The Company of District OTHER (enter a category not listed to the Company of District OTHER (enter a category not listed to the Company of District OTHER (enter a category not listed to the Company of District OTHER (enter a category not listed to the Company of District OTHER (enter a category not listed to the Company of District OTHER (enter a category not listed to the Company of District OTHER (enter a category not listed to the Company of District OTHER (enter a category not listed to the Company of District OTHER (enter a category not listed to the Company of District OTHER (enter a category not listed to the Company of District OTHER (enter a category not listed to the Company of District OTHER (enter a category not listed to the Company of District OTHER (enter a category not listed to the Company of District OTHER (enter a category not listed to the Company of District OTHER (enter a category not listed to the Company of District OTHER (enter a category not listed to the Company of District OTHER (enter a category not listed to the Company of District OTHER (enter a category not listed to the Company of District OTHER							
L		The Instruction Guide	explains how to com	plete this form.						
1	1 0	2 FILER NAME			3 Filer ID (Ethics Commission Filers)					
	Sch: 12/32 Rpt: 98/120	Hunter, Todd A. (The Honorab	le)		00020493					
4	Date 04/28/2025	5 Payee name Granado Angie Flores	Payee name Granado, Angie Flores							
		· •	State; Zip Code							
6	Amount (\$) \$6,500.00	<ul><li>7 Payee address; City;</li><li>418 Peoples St</li></ul>	State, ZIP CODE	=						
	Reimbursement from	# 505								
	y political contributions intended	Corpus Christi, TX 78401								
8	PURPOSE	(a) Category (See Categories listed at the top	o of this schedule)	) Description	Check if travel outside of Texas. Complete Schedule T.					
	OF EXPENDITURE	Salaries/Wages/Contract Labo			Check if Austin, TX, officeholder living expense					
			C	Contract Labor						
9	Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held						
	expenditure to benefit C/OH	oanduate/Oniceriolider Hattle		Omee sought	Office field					
	Date	Payee name								
	05/05/2025	Granado, Angie Flores								
	Amount (\$)	Payee address; City;	State; Zip Code	9						
\$6,500.00 418 Peoples St										
	Reimbursement from political contributions	# 505								
	X   political contributions intended   Corpus Christi, TX 78401									
	PURPOSE OF	Category (See Categories listed at the top	· 1	Description	Check if travel outside of Texas. Complete Schedule T.					
	EXPENDITURE	Salaries/Wages/Contract Labo		Contract Labor	Check if Austin, TX, officeholder living expense					
				Contract Labor						
		Candidate/Officeholder name		Office sought	t Office held					
	expenditure to benefit C/OH									
H	Date	Payoo namo								
	04/28/2025	Payee name Grassroots Consultants								
	Amount (\$)	Payee address; City;	State; Zip Code	<u> </u>						
	\$800.00	4710 Hakel								
	Reimbursement from									
	X political contributions intended	Corpus Christi, TX 78415								
	PURPOSE	Category (See Categories listed at the top	o of this schedule)	Description	Check if travel outside of Texas. Complete Schedule T.					
	OF EXPENDITURE	Consulting Expense			Check if Austin, TX, officeholder living expense					
				Consulting expen	lse					
		Candidate/Officeholder name		Office sought	Office held					
	expenditure to benefit C/OH									

## SCHEDULE G

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

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment				Food/Beverage Expensifit/Awards/Memorials Legal Services  The Instruction General Services	Expense		xpense Vages/Contract Labor		Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule G: Sch: 13/32 Rpt: 99/120	l	FILER NAMI Hunter, To	E dd A. (The Hono	rable)			3	Filer ID (Ethics Commission Filers) 00020493	
4	Date	5	Payee name	<u> </u>						
	05/31/2025			Consultants						
6	Amount (\$)	7	Payee addre	ess; City;	State:	; Zip Co	ode			
	\$1,000.00		4710 Hake	I						
	Reimbursement from political contributions intended		Corpus Ch	risti, TX 78415						
8	PURPOSE	(a)	Category (S	See Categories listed at t	he top of this sch	edule)	(b) Description	Cł	heck if travel outside of Texas. Complete Schedule T.	
	OF EXPENDITURE		Consulting	Expense			[	Cł	heck if Austin, TX, officeholder living expense	
	Consulting exp						Consulting expe	nse		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Car	ididate/Office	holder name			Office sought		Office held	
	Date		Payee name							
	06/13/2025		Grassroots	Consultants						
	Amount (\$)		Payee addre	ess; City;	State;	; Zip Co	ode			
	\$1,000.00		4710 Hake	I						
	Reimbursement from political contributions intended		Corpus Ch	risti, TX 78415						
	PURPOSE OF		Category (S	See Categories listed at t	he top of this sch	edule)	Description	=	theck if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE		Consulting			Check if Austin, TX, officeholder living expense  Consulting expense				
							Consulting expe	nse	•	
	Complete ONLY if direct expenditure to benefit C/OH	<u> </u> Car	ndidate/Office	holder name			Office sought		Office held	
	Date		Payee name	<u> </u>						
	06/03/2025		Habitat for							
	Amount (\$)		Payee addre		State	; Zip Co	ode			
	\$250.00		1901 Lipan	St						
	Reimbursement from political contributions intended		Corpus Ch	risti, TX 78408						
	PURPOSE		Category (S	See Categories listed at t	he top of this sch	edule)	Description	_	heck if travel outside of Texas. Complete Schedule T.	
	OF EXPENDITURE		Event Expe	ense			L	_	heck if Austin, TX, officeholder living expense	
							Event sponsorsh	ıιþ		
	Complete ONLY if direct expenditure to benefit C/OH	<u>l</u> Car	ndidate/Office	holder name			Office sought		Office held	

#### SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Advertising Expense Event Expense

Solicitation/Fundraising Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Food/Beverage Expense Pol y - Gift/Awards/Memorials Expense Prir al Committee Legal Services Sal	Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Polling Expense Printing Expense Salaries/Wages/Contract Labor								
	oroun ouru r aymom	The Instruction Guide explains how	to complete this form.								
1	Total pages Schedule G:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)							
	Sch: 14/32 Rpt:	Hunter, Todd A. (The Honorable)		00020493							
4	Date	5 Payee name									
	06/06/2025	Huerta, Isabella									
6	Amount (\$)	7 Payee address; City; State; Zi	n Code								
	\$800.00	446 Pennington Dr.									
	Reimbursement from	l									
	X political contributions intended	Cornus Christi TY 78412	Corpus Christi, TX 78412								
_			lass in E	70, 17, 1, 1, 17							
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule	(b) Description	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense							
	EXPENDITURE	Rental expense	L Dontal avnance	Check in Additing 17X, Sincerholder living expense							
			Rental expense								
_	Operation ONLY if allowed	Constitute (Office leading years	Office country	Office health							
9	Complete ONLY if direct expenditure to benefit	Candidate/Officeholder name	Office sought	Office held							
	C/OH										
	Date	Payee name									
	06/27/2025	Jason's Deli #616									
_	Amount (\$)	Payee address; City; State; Zi	n Code								
	\$71.13	1416 Airline	p Gode								
		1410 / 1111110									
	Reimbursement from political contributions	Corpus Christi TV 70412									
	intended	Corpus Christi, TX 78412		-							
	PURPOSE OF	Category (See Categories listed at the top of this schedule	) Description	Description Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense							
	EXPENDITURE	Food/Beverage Expense	L Mosting synapse	Meeting expense							
			wieeting expense	•							
_	Camplete ONLY if direct	Condidate/Officeholder name	Office cought	Office held							
	Complete ONLY if direct expenditure to benefit	Candidate/Officeholder name	Office sought	Office field							
	C/OH										
	Date	Payee name									
	06/10/2025	Nueces County Republican Party									
	Amount (\$)	Payee address; City; State; Zi	n Code								
	\$100.00	PO Box 18016	,								
	Reimbursement from										
	x political contributions intended	Corpus Christi, TX 78480-8016									
	PURPOSE	Category (See Categories listed at the top of this schedule	) Description	Check if travel outside of Texas. Complete Schedule T.							
	OF EXPENDITURE	Contributions/Donations Made By		Check if Austin, TX, officeholder living expense							
	<b></b>	Candidate/Officeholder/Political Committee	Political contribut	ion							
L											
		Candidate/Officeholder name	Office sought	Office held							
	expenditure to benefit C/OH										
$\vdash$											

#### SCHEDULE G

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

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Food/Beverage Expense Po y - Gift/Awards/Memorials Expense Pr	ffice Overhead/Rental Expense olling Expense inting Expense alaries/Wages/Contract Labor	Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
	Credit Card F dyment	The Instruction Guide explains hov	v to complete this form.					
1	Total pages Schedule G:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)				
	Sch: 15/32 Rpt:	Hunter, Todd A. (The Honorable)		00020493				
4	Date	5 Payee name		l				
	06/05/2025	Rockport Fulton Chamber of Commerce						
6	Amount (\$)	7 Payee address; City; State; Z	in Code					
	\$750.00	319 Broadway St						
	Reimbursement from							
	X political contributions intended	Rockport, TX 78382						
8			-) (b) Description F	Check if travel outside of Texas. Complete Schedule T.				
O	PURPOSE OF	(a) Category (See Categories listed at the top of this schedul	e) <b>(b)</b> Description	Check if Austin, TX, officeholder living expense				
	EXPENDITURE	Event Expense	Event sponsosrs					
			Event sponsosis	· · · ·				
9	Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held				
١	expenditure to benefit	Canadate/Onecholder name	Office 30dg/ft	Office field				
	C/OH							
	Date	Payee name						
	06/10/2025	Rockport Fulton Chamber of Commerce						
	Amount (\$)	Payee address; City; State; Z	ip Code					
	\$25.00	319 Broadway St						
	Reimbursement from							
	x political contributions intended	Rockport, TX 78382						
	PURPOSE	Category (See Categories listed at the top of this schedul	e) Description	Check if travel outside of Texas. Complete Schedule T.				
	OF	Food/Beverage Expense		Check if Austin, TX, officeholder living expense				
	EXPENDITURE	l com/2010/age 2/spoiled	Meeting expense					
		Candidate/Officeholder name	Office sought	Office held				
	expenditure to benefit C/OH							
		<u></u>						
	Date	Payee name						
	06/10/2025	Romeros, Christianna						
	Amount (\$)	Payee address; City; State; Z	ip Code					
	\$280.00	434 Louisiana						
	Reimbursement from political contributions							
	X political contributions intended	Corpus Christi, TX 78404						
	PURPOSE	Category (See Categories listed at the top of this schedul	e) Description	Check if travel outside of Texas. Complete Schedule T.				
	OF EXPENDITURE	Transportation Equipment And Related		Check if Austin, TX, officeholder living expense				
		Expense	Mileage traveling	g to Austin, Tx				
	Complete ONLY if direct expenditure to benefit	Candidate/Officeholder name	Office sought	Office held				
	C/OH							

## 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/Politics Credit Card Payment		mmittee	Gift/Awards/Memoria Legal Services  The Instruction (	ls Expense				Travel Out of District OTHER (enter a category not liste	ed above)
1	Total pages Schedule G:	2	FILER NAME	≣				3	Filer ID (Ethics Commi	ssion Filers)
	Sch: 16/32 Rpt:		Hunter, Too	ld A. (The Hon	orable)				00020493	
4	Date	5	Payee name							
	06/10/2025		Romeros, C	Christianna						
6	Amount (\$)	7	Payee addre	ss; City;	State;	Zip Co	ode			
	\$100.00		434 Louisia	na						
	Reimbursement from political contributions intended		Corpus Chr	isti, TX 78404						
8	PURPOSE	(a)	Category (s	ee Categories listed at	the top of this sche	edule)	(b) Description	Ch	neck if travel outside of Texas. Cor	mplete Schedule T.
	OF EXPENDITURE		Salaries/Wa	ages/Contract I	_abor			Ch	eck if Austin, TX, officeholder living	g expense
							Contract Labor e	expe	nse	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Car	ndidate/Office	holder name			Office sought		Office held	
	Date		Payee name							
	06/27/2025		Romeros, C	Christianna						
	Amount (\$)	T	Payee addre	ss; City;	State;	Zip Co	ode			
	\$100.00		434 Louisia	na						
	Reimbursement from									
	X political contributions intended		Corpus Chr	isti, TX 78404						
	PURPOSE	T	Category (S	ee Categories listed at	the top of this sche	edule)	Description	Ch	neck if travel outside of Texas. Cor	mplete Schedule T.
	OF EXPENDITURE		Salaries/Wa	ages/Contract I	_abor			Ch	eck if Austin, TX, officeholder living	g expense
	LAI LINDITORE						Contract Labor			
		Car	ndidate/Office	holder name			Office sought		Office held	
	expenditure to benefit C/OH									
L		_								
	Date		Payee name							
	05/27/2025		Romeros, C	Christianna						
	Amount (\$)		Payee addre	ss; City;	State;	Zip Co	ode			
	\$280.00		434 Louisia	na						
	Reimbursement from political contributions intended		Corpus Chr	isti, TX 78404						
	PURPOSE		Category (s	ee Categories listed at	the top of this sche	edule)	Description	Ch	eck if travel outside of Texas. Cor	nplete Schedule T.
	OF EXPENDITURE		Travel Out	of District				Ch	eck if Austin, TX, officeholder living	g expense
							Mileage to Austir	n, T	x and return	
	Complete ONLY if direct expenditure to benefit C/OH	Car	ndidate/Office	holder 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/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Office Over Polling Ex Printing E Salaries/V	xpense Vages/Contract Labor		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 NAM				3	Filer ID (Ethics Commission Filers)			
	Sch: 17/32 Rpt:		odd A. (The Honorable)			l	00020493			
4	Date	5 Payee nam	ne							
	06/12/2025	Rotary Cl	ub of Corpus Christi							
6	Amount (\$)	<b>7</b> Payee add	ress; City; State	e; Zip Co	ode					
	\$563.50	PO Box 2	60682							
	Reimbursement from political contributions intended	Corpus C	hristi, TX 78426							
8	PURPOSE	(a) Category	(See Categories listed at the top of this so	hedule)	(b) Description	Ch	neck if travel outside of Texas. Complete Schedule T.			
	OF EXPENDITURE	Members	hip dues			Ch	neck if Austin, TX, officeholder living expense			
	LAFENDITORE				Membership due	S				
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Offic	eholder name		Office sought		Office held			
	Date	Payee nam	ne							
	04/28/2025	Sims, Orla	ando							
	Amount (\$)	Payee add	ress; City; State	e; Zip Co	ode					
	\$1,000.00	5757 Woo	odridge, Apt 10d							
	Reimbursement from political contributions intended	Corpus C	hristi, TX 78414							
	PURPOSE	Category	(See Categories listed at the top of this so	chedule)	Description	Ch	neck if travel outside of Texas. Complete Schedule T.			
	OF EXPENDITURE	Consultin	g Expense		Check if Austin, TX, officeholder living expense					
					Consulting exper	Consulting expense				
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Offic	eholder name		Office sought		Office held			
	Date	Payee nam	ne							
	05/31/2025	Sims, Orla	ando							
	Amount (\$)	Payee add	ress; City; State	e; Zip Co	ode					
	\$1,000.00	5757 Woo	odridge, Apt 10d							
	Reimbursement from									
	X political contributions intended	Corpus C	hristi, TX 78414							
	PURPOSE	Category	(See Categories listed at the top of this so	chedule)	Description	=	neck if travel outside of Texas. Complete Schedule T.			
	OF EXPENDITURE	Consultin	g Expense		L	_	neck if Austin, TX, officeholder living expense			
					Consulting exper	ıse				
	0 1: 0	0			]		0.00			
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Offic	enoider 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/Politica Credit Card Payment		•	Fees Food/Beverage Expense Food/Beverage Exp			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: 18/32 Rpt:		Hunter, Todd A. (The Honorable)				00020493
4	Date	5	Payee name			•	
	04/28/2025		South Jetty				
6	Amount (\$)	7	Payee address; City; State;	Zip Co	ode		
	\$244.80		PO Box 1117				
	X Reimbursement from political contributions intended		Port Aransas, TX 78373				
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description	Ch	eck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Advertising Expense			Ch	eck if Austin, TX, officeholder living expense
	Advertising ex				Advertising expe	nse	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Car	ndidate/Officeholder name		Office sought		Office held
	Date		Payee name				
	06/04/2025		South Jetty				
	Amount (\$)		Payee address; City; State;	Zip Co	ode		
	\$244.80		PO Box 1117				
	X Reimbursement from political contributions intended		Port Aransas, TX 78373				
	PURPOSE		Category (See Categories listed at the top of this sche	edule)	Description	=	eck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Advertising Expense		L	_	eck if Austin, TX, officeholder living expense
					Advertising expe	nse	
		Ĺ					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Car	ndidate/Officeholder name		Office sought		Office held
	Date	Г	Payee name				
	05/26/2025		South Jetty				
	Amount (\$)	T	Payee address; City; State;	Zip Co	ode		
	\$47.00		PO Box 1117				
	Reimbursement from political contributions intended		Port Aransas, TX 78373				
	PURPOSE	$\vdash$	Category (See Categories listed at the top of this sche	edule)	Description	Ch	eck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Subscription expense			Ch	eck if Austin, TX, officeholder living expense
	LAFEINDITUKE				Subscription exp	ens	e
	Complete ONLY if direct expenditure to benefit C/OH	Car	ndidate/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 Committee Credit Card Payment			Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Legal Services 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: 19/32 Rpt:			(The Honorable)				0002049	` ,			
4	Date	5	Payee name									
	06/11/2025		South Jetty									
6	Amount (\$)	7	Payee address;	City; State;	Zip Co	ode						
	\$550.80		PO Box 1117									
	Reimbursement from political contributions intended		Port Aransas, T	X 78373								
8	PURPOSE	(a)	Category (See Cate	egories listed at the top of this sche	dule)	(b) Description	С	heck if travel	outside of Texas. Complete Schedule T.			
	OF EXPENDITURE		Advertising Exp	ense			С	heck if Austin	n, TX, officeholder living expense			
	EXPENDITORE					Advertising expe	nse	9				
9	Complete ONLY if direct expenditure to benefit C/OH	Car	ndidate/Officeholde	r name		Office sought			Office held			
	Date		Payee name									
	03/24/2025		South Texas All	iance of Republicans								
	Amount (\$) Payee address; City; State; Zip Code											
	\$500.00		4934 High Mead	•								
	Reimbursement from		3									
	x political contributions intended		Corpus Christi,	TX 78413								
	PURPOSE		Category (See Cate	egories listed at the top of this sche	dule)	Description	С	heck if travel	outside of Texas. Complete Schedule T.			
	OF EXPENDITURE		Event Expense			Check if Austin, TX, officeholder living expense						
	LXI LINDITORL					Event sponsorsh	ip					
	Complete ONLY if direct expenditure to benefit C/OH	Car	ndidate/Officeholde	r name		Office sought			Office held			
	Date		Payee name									
	04/28/2025		•	iance of Republicans								
	Amount (\$)	H	Payee address;	City; State;	Zip Co	ode						
	\$500.00		4934 High Mead									
	Reimbursement from		J									
	political contributions intended		Corpus Christi,	TX 78413								
	PURPOSE		Category (See Cate	egories listed at the top of this sche	dule)	Description	=		outside of Texas. Complete Schedule T.			
	OF EXPENDITURE		Event Expense				_	heck if Austin	ı, TX, officeholder living expense			
						Event sponsorsh	ip					
L		L										
	Complete ONLY if direct expenditure to benefit C/OH	Car	ndidate/Officeholde	r 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: 20/32 Rpt: Hunter, Todd A. (The Honorable) 00020493 Date Payee name 06/05/2025 South Texas Alliance of Republicans Amount (\$) Payee address; City; State; Zip Code \$1,000.00 4934 High Meadow Dr. Reimbursement from political contributions Х intended Corpus Christi, TX 78413 **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 **Event Expense EXPENDITURE** Event sponsorship Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 05/13/2025 South Texas Alliance of Republicans Amount (\$) Payee address; City; State; Zip Code \$1,000.00 4934 High Meadow Dr. Reimbursement from political contributions Χ Corpus Christi, TX 78413 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 **Event Expense EXPENDITURE** Event sponsorship Candidate/Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 06/10/2025 South Texas Alliance of Republicans Payee address; City; State; Zip Code Amount (\$) \$60.00 4934 High Meadow Dr. Reimbursement from Χ political contributions intended Corpus Christi, TX 78413 **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 Food/Beverage Expense **EXPENDITURE** Meeting expense

Candidate/Officeholder name

Complete ONLY if direct

expenditure to benefit

C/OH

Office sought

Office held

#### SCHEDULE **G**

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

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expense	Office Ov Polling Ex Printing E Salaries/A	xpense Wages/Contract Labor	Solicitation/Fundratising 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: 21/32 Rpt:		Hunter, Todd A. (The Honorable)			00020493
4	Date	5	Payee name			
	06/10/2025		South Texas Alliance of Republicans			
6	Amount (\$)	7	Payee address; City; State;	Zip Co	ode	
	\$100.00		4934 High Meadow Dr.	•		
	Reimbursement from political contributions intended		Corpus Christi, TX 78413			
8	PURPOSE	(a)	Category (See Categories listed at the top of this sched	dule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.
	OF	<u> </u> `	Contributions/Donations Made By		Ĭ .	Check if Austin, TX, officeholder living expense
	EXPENDITURE		Candidate/Officeholder/Political Committee Political contribu			tion
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Ca	ndidate/Officeholder name		Office sought	Office held
	Date		Payee name			
	06/17/2025		South Texas Alliance of Republicans			
	Amount (\$)		Payee address; City; State;	Zip Co	ode	
	\$500.00		4934 High Meadow Dr.			
	Reimbursement from political contributions intended		Corpus Christi, TX 78413			
	PURPOSE		Category (See Categories listed at the top of this sched	dule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Contributions/Donations Made By Candidate/Officeholder/Political Commit	ttee	Political contribut	Check if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Ca	ndidate/Officeholder name		Office sought	Office held
	Date		Payee name			
	06/16/2025		South Texas News			
	Amount (\$)	Γ	Payee address; City; State;	Zip Co	ode	
	\$1,548.00		111 N. Washington St.			
	Reimbursement from political contributions intended		Beeville, TX 78102			
	PURPOSE		Category (See Categories listed at the top of this sched	dule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Advertising Expense		L	Check if Austin, TX, officeholder living expense
					Advertising expe	nse
	Complete ONLY if direct expenditure to benefit C/OH	Ca	ndidate/Officeholder 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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	ons/ Donations Made By - ate/Officeholder/Political Committee		Legal Services	ift/Awards/Memorials Expense Printing Expense Travel				Travel in Dist Travel Out of OTHER (ente	
1	Total pages Schedule G:	2	FILER NAME					3	Filer ID	(Ethics Commission Filers)
	Sch: 22/32 Rpt:		Hunter, Too	ld A. (The Honora	ıble)				0002049	3
4	Date	5	Payee name							
	04/28/2025		Storage Kin	g USA						
6	Amount (\$)	7	Payee addre	ss; City;	State;	Zip Co	de			
	\$197.00		8041 SPID							
	Reimbursement from political contributions intended		Corpus Chr	isti, TX 78412						
8	PURPOSE	(a)	Category (Se	ee Categories listed at the	top of this sche	edule)	(b) Description	Ch	neck if travel or	utside of Texas. Complete Schedule T.
	OF EXPENDITURE		Office Over	head/Rental Expe	ense			Cł	neck if Austin,	TX, officeholder living expense
		Storage expense								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Can	ndidate/Office	nolder name			Office sought			Office held
	Date		Payee name							
	05/27/2025		Storage Kin	g USA						
	Amount (\$)		Payee addre	ss; City;	State;	Zip Co	de			
	\$199.00		8041 SPID							
	Reimbursement from political contributions intended		Corpus Chr	isti, TX 78412						
	PURPOSE OF	ı	'	ee Categories listed at the	•	edule)	Description	=		utside of Texas. Complete Schedule T.
	EXPENDITURE		Office Over	head/Rental Expe	ense		L	_	neck if Austin,	TX, officeholder living expense
							Storage expense	9		
	Complete ONLY if direct	Con	ndidata/Office	aoldor namo			Office cought			Office hold
	Complete <u>ONLY</u> if direct expenditure to benefit	Can	ndidate/Officel	loider name			Office sought			Office held
	C/OH									
	Date		Payee name							
	06/12/2025		Streamlined	l Communications	5					
	Amount (\$)		Payee addre	ss; City;	State;	Zip Co	de			
	\$17.80		3500 Gatev	vay Dr. Ste. 106						
	Reimbursement from									
	X political contributions intended		Pompano B	each, FL 33069						
	PURPOSE		Category (S	ee Categories listed at the	top of this sche	edule)	Description	Cł	neck if travel or	utside of Texas. Complete Schedule T.
	OF EXPENDITURE		Office Over	head/Rental Expe	ense			_		TX, officeholder living expense
	- <del>-</del>						Telephone confe	eren	ce expens	se
	Complete ONLY if direct expenditure to benefit C/OH	Can	ndidate/Office	nolder name			Office sought			Office held
$\vdash$										

## 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		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains		xpense Wages/Contract Labor		Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule G: Sch: 23/32 Rpt:		R NAME ter, Todd A. (The Honorable)			ı	Filer ID (Ethics Commission Filers)
4	Date		ee name			<u> </u>	
_	06/27/2025	1	ar Bakers				
6	Amount (\$)			; Zip Co	nde		
Ü	\$49.95	1 1	6 Santa Fe	ε, Ζιρ Οι	oue		
	Reimbursement from political contributions intended		ous Christi, TX 78404				
8	PURPOSE	(a) Cate	gory (See Categories listed at the top of this sci	hedule)	(b) Description	Che	eck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Foo	d/Beverage Expense		[	Che	eck if Austin, TX, officeholder living expense
	LAI LINDITORE				Meeting expense	Э	
9	Complete ONLY if direct expenditure to benefit C/OH	Candida	e/Officeholder name		Office sought		Office held
	Date	Paye	ee name				
	06/18/2025	Tex	as Regulators Youth Baseball Org	anizatior	า		
	Amount (\$)	Paye	ee address; City; State	e; Zip Co	ode		
	\$500.00	570	5 Victor Lara Ortegon St.				
	Reimbursement from						
	X political contributions intended	Cor	ous Christi, TX 78417				
	PURPOSE	Cate	GOTY (See Categories listed at the top of this so	hedule)	Description [	Che	eck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Eve	nt Expense		[	Che	eck if Austin, TX, officeholder living expense
					Event sponsorsh	nip	
	Complete ONLY if direct expenditure to benefit	Candida	e/Officeholder name		Office sought		Office held
	C/OH						
	Date	Dov."	no nomo				
	06/23/2025	1 1	ee name as Republican County Chairmans	Associat	tion		
	Amount (\$)			; Zip Co			
	\$1,000.00	1 1	). Box 955	, ZIP O	540		
	Reimbursement from		. 25% 333				
	x political contributions intended	Cor	ous Christi, TX 78403				
	PURPOSE OF	Cate	gory (See Categories listed at the top of this sol	hedule)	Description	=	eck if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Eve	nt Expense		L	_	eck if Austin, TX, officeholder living expense
					Event sponsorsh	пр	
	Complete ONII V if allows	Co.:	o/Officeholder = = ==		Office accorded		Office held
	expenditure to benefit	Candida	re/Officeholder name		Office sought		Office held
	C/OH						

## SCHEDULE G

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

Advertising Expense Accounting/Banking Consulting Expense

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		mmittee Legal Service:	emonals Expense s ction Guide explains h	•	es/Contract Labor		OTHER (enter a category not listed above)	
1	Total pages Schodule C:	12	FILER NAME	•			٦,	Filer ID (Ethios Commission Filers)	_
	Total pages Schedule G:			1.1			3	Filer ID (Ethics Commission Filers)	
	Sch: 24/32 Rpt:		Hunter, Todd A. (The	Honorable)				00020493	
4	Date	5	Payee name						
	01/30/2025		USPS - Lamar Station	า					
6	Amount (\$)	7	Payee address; City	r: State:	Zip Code				_
	\$58.40		4801 Everhart	,,	_р				
			4001 Evernant						
	X Reimbursement from political contributions								
	intended		Corpus Christi, TX 78	411-9998					
8	PURPOSE	(a)	Category (See Categories I	isted at the top of this sche	edule) (b)	) Description		Check if travel outside of Texas. Complete Schedule	Т.
	OF		Office Overhead/Ren	tal Expense				Check if Austin, TX, officeholder living expense	
	EXPENDITURE			·	St	amps			
						•			
9	Complete ONLY if direct		ndidate/Officeholder nam	2		Office sought		Office held	_
9	expenditure to benefit	Cai	luluale/Officeriolider flam	5		Office Sought		Office field	
	C/OH								
	Doto	Г							=
	Date		Payee name	_					
	02/08/2025		USPS - Lamar Station	າ 					
	Amount (\$)		Payee address; City	r; State;	Zip Code				
	\$43.80		4801 Everhart						
	Reimbursement from								
	X political contributions intended		Corpus Christi, TX 78	<u> 4</u> 11-9998					
_		L				Description			_
	PURPOSE OF		Category (See Categories I	·	edule)	Description	=	Check if travel outside of Texas. Complete Schedule Check if Austin, TX, officeholder living expense	Ι.
	EXPENDITURE		Office Overhead/Ren	tal Expense			П	Sheck if Adsum, 17, difficentiates living expense	
					St	amps			
		Cai	ndidate/Officeholder nam	е		Office sought		Office held	
	expenditure to benefit C/OH								
									_
	Date		Payee name						
	02/28/2025		USPS - Lamar Station	า					
Н	Amount (\$)	$\vdash$	Payee address; City	r State	Zip Code				_
	\$43.80		4801 Everhart	,,	_р				
			4001 Evernare						
	Reimbursement from political contributions								
	intended		Corpus Christi, TX 78	411-9998					
	PURPOSE		Category (See Categories I	isted at the top of this sche	edule)	Description		Check if travel outside of Texas. Complete Schedule	Т.
	OF		Office Overhead/Ren	tal Expense				Check if Austin, TX, officeholder living expense	
	EXPENDITURE			•	St	amps			
						•			
-	Complete ONLY if direct	<u>C</u>	ndidate/Officeholder nam			Office sought		Office held	_
	expenditure to benefit	udl	ididate/Onicendider (1811)	<del>c</del>		Onice Sought		Office field	
l	C/OH								

## 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/Political C Credit Card Payment			mmittee	Food/Beverage E Gift/Awards/Mem Legal Services The Instruction	orials Expense				Travel in Dis Travel Out of OTHER (ente		oove)
1	Total pages Schedule G:	2	FILER NAME					3	Filer ID	(Ethics Commission	n Filers)
	Sch: 25/32 Rpt:			ld A. (The H	onorable)				0002049	•	,
4	Date	5	Payee name								
	03/15/2025		USPS - Lan	nar Station							
6	Amount (\$)	7	Payee addre	ss; City;	State;	; Zip Co	ode				
	\$43.80		4801 Everh	art							
	X Reimbursement from political contributions intended		Corpus Chr	isti, TX 7841	.1-9998						
8	PURPOSE	(a)			d at the top of this sch	iedule)	(b) Description	=		outside of Texas. Comple	
	OF EXPENDITURE		Office Over	head/Rental	Expense		  -	Ch	neck if Austin,	TX, officeholder living exp	oense
							Stamps				
9	Complete ONLY if direct		ndidate/Officel	aoldor nama			Office cought			Office held	
9	expenditure to benefit C/OH	Car	iuiuate/Onicei	ioluei Haille			Office sought			Office field	
	Date		Payee name								
L	04/05/2025		USPS - Lan	nar Station							
	Amount (\$)		Payee addre	ss; City;	State	; Zip Co	ode		_		
	\$29.20		4801 Everh	art							
	Reimbursement from political contributions intended		Corpus Chr	isti, TX 7841	.1-9998						
	PURPOSE		Category (Se	ee Categories liste	d at the top of this sch	edule)	Description			outside of Texas. Comple	
	OF EXPENDITURE		Office Over	head/Rental	Expense		[	Ch	neck if Austin,	TX, officeholder living exp	oense
							Stamps				
	Complete ONLY if direct expenditure to benefit	Car	ndidate/Officel	nolder name			Office sought			Office held	
	C/OH										
	Date		Payee name								
	06/03/2025		USPS - Lan	nar Station							
	Amount (\$)	$\vdash$	Payee addre	ss; City;	State	; Zip Co	ode				
	\$58.40		4801 Everh	art							
	Reimbursement from political contributions intended		Corpus Chr	isti, TX 7841	.1-9998						
	PURPOSE	Г	Category (Se	ee Categories liste	d at the top of this sch	iedule)	Description	Ch	neck if travel o	outside of Texas. Comple	te Schedule T.
	OF EXPENDITURE		Office Over	head/Rental	Expense		  -	Ch	neck if Austin,	TX, officeholder living exp	oense
							Stamps				
	Complete ONLY if direct expenditure to benefit C/OH	Car	ndidate/Officel	nolder name			Office sought			Office held	

## SCHEDULE G

# 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

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

nent Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (cotter a cottoger part listed above)

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards/Memorials Expense Legal Services		Wages/Contract Labor	Travel Out of District OTHER (enter a category not listed above)
			The Instruction Guide exp	lains how to c	omplete this form.	
1	Total pages Schedule G:	2 FILER NAME	Ē			3 Filer ID (Ethics Commission Filers)
	Sch: 26/32 Rpt:		ld A. (The Honorable)			00020493
4	Date	<b>5</b> Payee name				
	06/08/2025	USPS - Lar	nar Station			
6	Amount (\$)	7 Payee addre	ss; City; S	State; Zip C	ode	
	\$43.80	4801 Everh	art			
	Reimbursement from					
	X political contributions intended	Corpus Chr	isti, TX 78411-9998			
8	PURPOSE	(a) Category (s	ee Categories listed at the top of the	nis schedule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Office Over	head/Rental Expense			Check if Austin, TX, officeholder living expense
	EXPENDITURE		•		Stamps	
9	Complete ONLY if direct	Candidate/Office	holder name		Office sought	Office held
	expenditure to benefit				3	
	C/OH					
	Date	Payee name				
	01/13/2025	Uber Eats				
	Amount (\$)	Payee addre	ss; City; S	State: Zip C	ode	
	\$115.00	1725 Third	•	, —- <sub> </sub>		
		1720 111114	<b>O</b> t.			
	Reimbursement from political contributions	Con Evansi	TV 04150			
	intended	San Francis	sco, TX 94158		_	
	PURPOSE OF	1	ee Categories listed at the top of the	nis schedule)	Description	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Food/Bever	age Expense		L .	Check if Austin, TX, officeholder living expense
					Meeting expens	е
	Complete ONLY if direct expenditure to benefit	Candidate/Office	holder name		Office sought	Office held
	C/OH					
	D-4-					
	Date	Payee name				
	02/25/2025	Uber Eats				
	Amount (\$)	Payee addre		State; Zip C	ode	
	\$11.98	1725 Third	St.			
	Reimbursement from political contributions					
	x political contributions intended	San Francis	sco, TX 94158			
	PURPOSE	Category (s	ee Categories listed at the top of the	nis schedule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Food/Bever	age Expense			Check if Austin, TX, officeholder living expense
	EXPENDITURE				Meeting expens	e
	Complete ONLY if direct	L Candidate/Office	holder name		Office sought	Office held
	expenditure to benefit				ŭ	
	C/OH					

## 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/Political Com Credit Card Payment		y - al Committee	Food/Beverage Expense Gift/Awards/Memorials Expense Hmittee Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor		٦	Travel in District Travel Out of District OTHER (enter a category not listed above)			
	Credit Card Payment		The Instruction Guide expla	ains how to co	omplete this form.				
1	Total pages Schedule G:	2 FILER NAM	E			3 F	iler ID	(Ethics Commission Filers)	
	Sch: 27/32 Rpt:	Hunter, To	dd A. (The Honorable)				0002049	3	
4	Date	5 Payee nam	e			<u> </u>			
	06/27/2025	1	amber of Commerce						
6	Amount (\$)	7 Payee addr	ess; City; S	tate; Zip Co	ode				
	\$25.00	602 N Sta	oles, Ste 150						
	Reimbursement from								
	X political contributions intended	Corpus Ch	risti, TX 78401						
8	PURPOSE	(a) Category (	See Categories listed at the top of thi	s schedule)	(b) Description	_		utside of Texas. Complete Schedule T.	
	OF EXPENDITURE	Event Exp	ense		L	Che	ck if Austin,	TX, officeholder living expense	
					Event sponsorsh	nip			
9	Complete ONLY if direct	Candidate/Office	eholder name		Office sought			Office held	
	expenditure to benefit C/OH								
		,							
	Date	Payee name							
	06/10/2025	United Co	pus Christi Chamber of (	Commerce					
	Amount (\$)	Payee addr	ess; City; S	tate; Zip Co	ode				
	\$15.00	602 N Sta	ples St #150						
	Reimbursement from								
	X political contributions intended	Corpus Ch	risti, TX 78401						
	PURPOSE	Category (	See Categories listed at the top of thi	s schedule)	Description	Che	ck if travel o	utside of Texas. Complete Schedule T.	
	OF EXPENDITURE	Event Exp	ense			Che	ck if Austin,	TX, officeholder living expense	
	EXPENDITORE				Event sponsorsh	nip			
	Complete ONLY if direct	Candidate/Office	eholder name		Office sought			Office held	
	expenditure to benefit C/OH								
	C/OIT								
	Date	Payee nam	е						
	06/10/2025	United Co	pus Christi Chamber of 0	Commerce					
	Amount (\$)	Payee addr	ess; City; S	tate; Zip Co	ode				
	\$55.00	602 N Sta	ples St #150						
	Reimbursement from								
	X political contributions intended	Corpus Ch	risti, TX 78401						
	PURPOSE	Category (	See Categories listed at the top of thi	s schedule)	Description	Che	ck if travel o	utside of Texas. Complete Schedule T.	
	OF EXPENDITURE	Food/Beve	erage Expense			Che	ck if Austin,	TX, officeholder living expense	
	LAI LINDITORL				Meeting expense	е			
		Candidate/Office	eholder name		Office sought			Office held	
	expenditure to benefit C/OH								
<u> </u>									

## SCHEDULE G

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

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		Fees Of Food/Beverage Expense Pc Gift/Awards/Memorials Expense Pr	Office Overl Polling Experinting Exp Salaries/Wa	ense ges/Contract Labor		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: 28/32 Rpt:		Hunter, Todd A. (The Honorable)				00020493
┝	•	_	<u> </u>				
4	Date	5	Payee name	4!			
L	06/14/2025		United States Postal Service - Lamar Stat	tion			
6	Amount (\$)	7	Payee address; City; State; Z	Zip Cod	е		
l	\$29.20		4801 Everhart				
	Reimbursement from political contributions intended		Corpus Christi, TX 78411				
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule	ıle) (	b) Description	CI	heck if travel outside of Texas. Complete Schedule T.
l	OF EXPENDITURE		Office Overhead/Rental Expense			CI	neck if Austin, TX, officeholder living expense
l	EXPENDITURE		·	9	Stamps		
l							
9	Complete ONLY if direct expenditure to benefit C/OH	Car	ndidate/Officeholder name	<u> </u>	Office sought		Office held
	Date		Payee name				
l	06/29/2025		United States Postal Service - Lamar Stat	ition			
H	Amount (\$)	$\vdash$	Payee address; City; State; Z	Zip Cod	e		
l	\$29.20		4801 Everhart	·			
l	Reimbursement from						
	political contributions intended		Corpus Christi, TX 78411	_			
	PURPOSE		Category (See Categories listed at the top of this schedule	ıle)	Description	⊒ .	neck if travel outside of Texas. Complete Schedule T.
l	OF EXPENDITURE		Office Overhead/Rental Expense			Cl	heck if Austin, TX, officeholder living expense
l				(	Stamps expense		
l							
	Complete ONLY if direct expenditure to benefit C/OH	Car	ndidate/Officeholder name		Office sought		Office held
	Date	$\overline{}$	Payee name				
l	04/28/2025		V Fit Productions				
⊢	Amount (\$)	┝	Payee address; City; State; Z	Zin Cod	Α		
l	\$43.74		750 Everhart	p			
l	, -		700 Evernare				
	X Reimbursement from political contributions intended		Corpus Christi, TX 78411				
	PURPOSE		Category (See Categories listed at the top of this schedule	ıle)	Description	_	neck if travel outside of Texas. Complete Schedule T.
l	OF EXPENDITURE		Event Expense		L	Cl	heck if Austin, TX, officeholder living expense
	<del>-</del>				Event sponsorsh	ip	
L		L					
	Complete ONLY if direct expenditure to benefit C/OH	Car	ndidate/Officeholder name		Office sought		Office held
Ļ	rma provided by Tayon F		Commission www.ethica.ctat				Vorsion V/4 1 0 f10d0fd0

## 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		f District er a category not listed above)
	Credit Card Payment	The Instruction Guide explains how to complete this form.	,
1	Total pages Schedule G:	2 FILER NAME 3 Filer ID	(Ethics Commission Filers)
	Sch: 29/32 Rpt:	Hunter, Todd A. (The Honorable) 0002049	3
4	Date	5 Payee name	
	04/28/2025	V Fit Productions	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$30.43	750 Everhart	
	Reimbursement from political contributions intended	Corpus Christi, TX 78411	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel of	outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Event Expense Check if Austin,	TX, officeholder living expense
	2/11 2/13/17 C/12	Event sponsorship	
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	05/18/2025	V Fit Productions	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$59.48	750 Everhart	
	Reimbursement from political contributions intended	Corpus Christi, TX 78411	
	PURPOSE	Category (See Categories listed at the top of this schedule)  Description Check if travel or	outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Event Expense Check if Austin,	TX, officeholder living expense
	EXI ENDITORE	Event sponsorship	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
	D :	T	
	Date	Payee name	
	05/13/2025	VFW Post 3904	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,000.00	916 HWY 35 S	
	Reimbursement from political contributions		
	intended	Rockport, TX 78382	
	PURPOSE		outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Liverit Experise	TX, officeholder living expense
		Event sponsorship	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder 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/Political Credit Card Payment			Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains		pense ages/Contract Labor	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: 30/32 Rpt:	Hunter, Too	dd A. (The Honorable)			00020493
4 [	Date	5 Payee name				•
(	04/28/2025	Verbena Fl	oral Design			
6 /	Amount (\$)	7 Payee addre	ess; City; State	; Zip Cod	de	
	\$97.43	1601 W 368	8th St. #11			
[	Reimbursement from political contributions intended	Austin, TX	78731			
8	PURPOSE	(a) Category (s	see Categories listed at the top of this sch	nedule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Gift/Awards	s/Memorials Expense			Check if Austin, TX, officeholder living expense
	EXI ENDITORE				Gift for speaker's	s office
6	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Office	holder name		Office sought	Office held
-	Date	Payee name				
(	04/28/2025	Verbena Fl	oral Design			
,	Amount (\$)	Payee addre	ess; City; State	; Zip Coo	de	
	\$681.98	1601 W 368	8th St. #11			
[	Reimbursement from political contributions intended	Austin, TX	78731			
	PURPOSE OF		see Categories listed at the top of this sch	nedule)	Description	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Gift/Awards	s/Memorials Expense		L	Check if Austin, TX, officeholder living expense
					Gift for Texas Re	epresentatives
<u> </u>	Complete ONLY if direct	Candidate/Office	holder name		Office sought	Office held
		Candidate/Office	Holder Harrie		Office Sought	
	expenditure to benefit				- mee eeug	Office field
	expenditure to benefit C/OH					Office field
(	•	Payee name				Office field
i	С/OH	Payee name Verbena Flo				
1	C/OH  Date	1	oral Design	; Zip Coo		
1	C/OH  Date 05/05/2025	Verbena Fl	oral Design ess; City; State	; Zip Cod		
()	Date 05/05/2025 Amount (\$) \$1,000.23	Verbena Flo	oral Design ess; City; State	; Zip Cod		
()	Date 05/05/2025 Amount (\$) \$1,000.23	Verbena Flo	oral Design ess; City; State 8th St. #11	; Zip Cod		
()	Date 05/05/2025  Amount (\$) \$1,000.23  Reimbursement from political contributions intended  PURPOSE	Verbena Flo Payee addre 1601 W 368 Austin, TX	oral Design ess; City; State 8th St. #11			Check if travel outside of Texas. Complete Schedule T.
()	Date 05/05/2025  Amount (\$) \$1,000.23  Reimbursement from political contributions intended  PURPOSE OF	Verbena Floral Payee addres 1601 W 368 Austin, TX	oral Design ess; City; State 8th St. #11 78731		de	
()	Date 05/05/2025  Amount (\$) \$1,000.23  Reimbursement from political contributions intended  PURPOSE	Verbena Floral Payee addres 1601 W 368 Austin, TX	oral Design ess; City; State 8th St. #11 78731 dee Categories listed at the top of this sch	nedule)	de	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
()	Date 05/05/2025  Amount (\$) \$1,000.23  X Reimbursement from political contributions intended  PURPOSE OF EXPENDITURE	Verbena Flo Payee addre 1601 W 368 Austin, TX Category (s Gift/Awards	oral Design ess; City; State 8th St. #11 78731 see Categories listed at the top of this sch	nedule)	Description C	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
[	Date 05/05/2025  Amount (\$) \$1,000.23  Reimbursement from political contributions intended  PURPOSE OF EXPENDITURE  Complete ONLY if direct	Verbena Floral Payee addres 1601 W 368 Austin, TX	oral Design ess; City; State 8th St. #11 78731 see Categories listed at the top of this sch	nedule)	de  Description	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Date 05/05/2025  Amount (\$) \$1,000.23  X Peimbursement from political contributions intended  PURPOSE OF EXPENDITURE	Verbena Flo Payee addre 1601 W 368 Austin, TX Category (s Gift/Awards	oral Design ess; City; State 8th St. #11 78731 see Categories listed at the top of this sch	nedule)	Description C	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Date 05/05/2025  Amount (\$) \$1,000.23  Reimbursement from political contributions intended  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit	Verbena Flo Payee addre 1601 W 368 Austin, TX Category (s Gift/Awards	oral Design ess; City; State 8th St. #11 78731 see Categories listed at the top of this sch	nedule)	Description C	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

#### 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: 31/32 Rpt: Hunter, Todd A. (The Honorable) 00020493 Date Payee name 04/28/2025 Veterans Memorial Eagles Football Club Amount (\$) Payee address; City: State; Zip Code \$1,000.00 6537 S Staples St. Ste 125 #131 Reimbursement from political contributions Х intended Corpus Christi, TX 78413 **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 **Event Expense EXPENDITURE** Event sponsorship Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 05/31/2025 Veterans Memorial HS Cheer Booster Amount (\$) Payee address; City; State; Zip Code \$250.00 3750 Cimarron Blvd, Reimbursement from political contributions Χ Corpus Christi, TX 78414 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 **Event Expense EXPENDITURE** Event sponsorship Candidate/Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 04/28/2025 Veterans Memorial Wrestling Booster Club Payee address; City; State; Zip Code Amount (\$) \$300.00 7942 Lands End Dr Reimbursement from Χ political contributions intended Corpus Christi, TX 78414

**PURPOSE** 

OF

**EXPENDITURE** 

Complete ONLY if direct

expenditure to benefit

C/OH

Description

Event sponsorship

Office sought

Category (See Categories listed at the top of this schedule)

**Event Expense** 

Candidate/Officeholder name

Check if travel outside of Texas. Complete Schedule T.

Check if Austin, TX, officeholder living expense

Office held

#### 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. Total pages Schedule G: FILER NAME Filer ID (Ethics Commission Filers) Sch: 32/32 Rpt: Hunter, Todd A. (The Honorable) 00020493 Date Payee name 04/28/2025 Young Life Corpus Christi 6 Amount (\$) Payee address; City; State; Zip Code \$500.00 5934 S. Staples, Ste. 216 Reimbursement from political contributions intended Х Corpus Christi, TX 78413 **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 **Event Expense EXPENDITURE** Event sponsorship Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

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

## SCHEDULE K

	The Instru	ction Guide explains how to complete this form.			pages Schedule K: 1/2 Rpt: 119/120
2	FILER NAME	C (Ethics Commission Filers)			
	Hunter, Todo	d A. (The Honorable)	0493		
4	Date	5 Name of person from whom amount is received	8 Amount (\$)		
	01/24/2025	AT&T			\$24.53
		6 Address of person from whom amount is received: City; State; Zip Code	•••••		
		Address of person from whom amount is received, City, State, 21p Code			
		Carol Stream, IL 60197			
			litic	al cont	I ribution returned to filer
		Refund of credit balance	JIILIC	ai com	indution retained to mer
$\vdash$					
	Date	Name of person from whom amount is received			Amount (\$)
	01/31/2025	American Bank			\$177.38
		Address of person from whom amount is received; City; State; Zip Code			
		Corpus Christi, TX 78401			
		<del>-</del> ·	olitic	al cont	ribution returned to filer
		Interest on deposits			
	Date	Name of person from whom amount is received			Amount (\$)
	02/28/2025	American Bank			\$115.19
		Address of person from whom amount is received; City; State; Zip Code			Ϊ
		Corpus Christi, TX 78401			
		<u> </u>	olitic	al cont	ribution returned to filer
		Interest on deposits			
	Date	Name of person from whom amount is received			Amount (\$)
	03/31/2025	American Bank			\$103.03
		Address of person from whom amount is received; City; State; Zip Code	•••••		1
		Corpus Christi, TX 78401			
		Purpose for which amount is received	olitic	al cont	ribution returned to filer
		Interest on deposits			
	Date	Name of person from whom amount is received			Amount (\$)
	04/30/2025	American Bank			\$97.53
		Address of person from whom amount is received; City; State; Zip Code	•••••		
		Corpus Christi, TX 78401			
		Purpose for which amount is received Check if po	olitic	al cont	ribution returned to filer
		Interest on deposits			
		ı			

## INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 2/2 Rpt: 120/120 2 FILER NAME Filer ID (Ethics Commission Filers) Hunter, Todd A. (The Honorable) 00020493 8 Amount (\$) Date 5 Name of person from whom amount is received 05/30/2025 American Bank \$100.01 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 depoists Name of person from whom amount is received Amount (\$) Date 06/30/2025 American Bank \$96.20 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 Date Name of person from whom amount is received Amount (\$) 04/07/2025 Local TV Advertising Settlement \$111.64 Address of person from whom amount is received; City; State; Zip Code Seattle, WA 98111 Purpose for which amount is received Check if political contribution returned to filer Settlement Fund for the case In re: Local TV Advertising Antitrust Litigation (Case# 1:18-cv-06785)