#### CORRECTION/AMENDMENT AFFIDAVIT FORM COR-C/OH FOR CANDIDATE/OFFICEHOLDER Filer ID (Ethics Commission Filers) 2 Total pages filed: **OFFICE USE ONLY** 00086035 23 Date Received CANDIDATE / MS / MRS / MR **FIRST** MI **ELECTRONICALLY FILED OFFICEHOLDER** The Honorable Benjamin C 07/15/2025 LAST NAME NICKNAME **SUFFIX** Ben Bumgarner Date Hand-delivered or Date Postmarked **ORIGINAL** Runoff January 15 Other (specify) REPORT TYPE X July 15 Receipt # Exceeded modified reporting limit Amount 15th day after campaign treasurer 30th day before election appointment (officeholder only) Date Processed Final Report (Attach C/OH-FR) 8th day before election **ORIGINAL PERIOD** Month Month Day Year Day Year Date Imaged **COVERED THROUGH** 01/01/2025 06/30/2025 **EXPLANATION OF CORRECTION** The only correct made was to add an in-kind political contribution that was inadvertently left off the original filing. This correction is made prior to the deadline for filing the original report. Should the Commission determine that this correction is subject to a penalty, I would request a waiver based on the timing of the correction and the de minimis nature of the correction. **AFFIDAVIT** I swear, or affirm, under penalty of perjury, that this corrected report is true and correct. Check the box next to any and all applicable statements: Semiannual reports: I swear, or affirm that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report. Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith. The Honorable Benjamin C Bumgarner Signature of Candidate or Officeholder AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said \_\_\_, this the \_\_\_ \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

# 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 00086035		2 Total pages filed: 23
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST		MI	OFFICE USE ONLY
NAME	The Honorable	Benjamin C		OUEDIV	Date Received ELECTRONICALLY FILED 07/15/2025
	NICKNAME Ben	LAST Bumgarner		SUFFIX	07713/2023
4 CANDIDATE / OFFICEHOLDER MAILING	ADDRESS / PO BOX; APT 5150 Kensington Ct.	/ SUITE #; CIT`	Υ;	ZIP CODE	Date Hand-delivered or Date Postmarked  Receipt # Amount
ADDRESS	Flower Mound TV 75022				, anount
Change of Address	Flower Mound, TX 75022				Date Processed
					Date Imaged
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Benjamin C.		MI	
	NICKNAME Ben	LAST Bumgarner		SUFFIX	
6 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO 5150 Kensington Ct.	BOX PLEASE);	AP	T / SUITE #; CIT	Y; STATE; ZIP CODE
(Residence or Business)	Flower Mound, TX 75022				
7 CAMPAIGN TREASURER PHONE	AREA CODE PHON (940) 205-2210	E NUMBER E	XTENSION		
8 REPORT TYPE	January 15  X July 15	30th day before 8th day before 6		Runoff  Exceeded modified reporting limit	15th day after campaign treasurer appointment (officeholder only)  Final Report (Attach C/OH-FR)
9 PERIOD COVERED	Month Day Year 01/01/2025	тн	ROUGH	Month Da 06/30/2	
10 ELECTION	ELECTION DATE Month Day Year 03/03/2026		rimary eneral	ELECTION TYPE Runoff Special	Other
11 OFFICE	OFFICE HELD (if any) State Representative Distr	ict 63		12 OFFICE SOUG State Represe	HT (if known) entative District 63
		GO T	O PAGE 2		

## CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

3 of 23

13 C / OH NAME	Bumgarner, Benjamir	n C (The Honorable)	<b>14</b> Filer ID 00086035	(Ethics Com	mission Filers)	
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expendit These expenditures may have been made without I officeholders are required to report this information	the candidate's or office	eholder's kno	wledge or	
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME				
	GENERAL					
		COMMITTEE ADDRESS				
	SPECIFIC					
		COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRE	SS			
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELI		\$	0.00	
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAN	S)	\$	7,334.07	
EXPENDITURE TOTALS						
	4. TOTAL POLITIC	AL EXPENDITURES		\$	38,182.79	
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE RIOD	LAST DAY OF THE	\$	24,888.34	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS ASTING PERIOD	S OF THE LAST DAY	\$	255,494.47	
17 AFFIDAVIT		I swear, or affirm, under penal true and correct and includes under Title 15, Election Code.				
		The Honoral	ole Benjamin C Bumg	arner		
			of Candidate or Officehol			
AFFIX NO	TARY STAMP / SEAL ABO	DVE				
Sworn to and subso	cribed before me, by the s	aid	, this the		day	
		ertify which, witness my hand and seal of office.			_ ,	
Signature of offic	cer administering	Printed name of officer administering	Title of office	r administeri	ng oath	

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

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

					4 01 23
l	LER NAM	ME er, Benjamin C (The Honorable)	<b>19</b> Filer ID 00086035	(Ethics	Commission Filers)
l		E SUBTOTALS SCHEDULE	<u> </u>	S	UBTOTAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	7,080.00
2.	X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	254.07
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE E: LOANS		\$	
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	38,182.79
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10	. 🔲	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11	. 🔲	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12	. X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	2,500.00

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	LE <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 1/1 Rpt: 5/23	
2	FILER NAME Bumgarner,	Benjamin C (The Honorable)		3	Filer ID (Ethics Commission 00086035	on Filers)
4	Date 06/23/2025	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_ Cheshire, Cary</li> <li>Contributor address; City; State; Zip Code</li> </ul>		7	Amount of Contribution (\$)	\$50.00
		Benbrook, TX 76116				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 06/30/2025	Full name of contributor out-of-state PAC (ID#:_ Moreno, Tennyson  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5.00
	Dringing agg	San Marcos, TX 78666	Employer (See Instructions	_		
	Fillicipal occu	pation / Job title (See Instructions)	Employer (See Instructions	')		
	Date 06/27/2025	Full name of contributor out-of-state PAC (ID#:_ North Texas Automobile Dealers PAC Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$2,000.00
		Irving, TX 75062				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 06/27/2025	Full name of contributor out-of-state PAC (ID#:_Russo, Christopher  Contributor address; City; State; Zip Code  El Lago, TX 77586	)		Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	()		
	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 (\$)	\$5,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

### 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: 6/23 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Bumgarner, Benjamin C (The Honorable) 00086035 \$ 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 06/30/2025 Moak Casey LLC \$254.07 Venue, Food and Drinks 7 Contributor address; City; State; Zip Code for Campaign Event 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)

#### 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

Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
1	Sch: 1/16 Rpt: 7/23	2 FILER NAME Bumgarner, Benjamin C (The Honorable) 3 Filer ID (Ethics Commission Filers) 00086035	
4	Date	5 Payee name	_
	02/25/2025	Bumgarner, Caroline	
6	Amount (\$) \$500.00	7 Payee address; City; State; Zip Code 5150 Kensington Ct. Flower Mound, TX 75022	
8	PURPOSE	(a) Cotagon (h) Deceription	_
ľ	OF	(a) Category (See Categories listed at the top of this schedule)    Description	
	EXPENDITURE	Loan Repayment/Reimbursement    Check if travel outside of Texas. Complete Schedule T.   Check if Austin, TX, officeholder living expense   Partial Repayment of Candidate Loan	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	04/08/2025	Bumgarner, Caroline	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$4,000.00	5150 Kensington Ct.	
		Flower Mound, TX 75022	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Partial Repayment of Candidate Loan	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	=
	04/16/2025	Bumgarner, Caroline	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$700.00	5150 Kensington Ct.	
		Flower Mound, TX 75022	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Partial Repayment of Candidate Loan	
		Partial Repayment of Candidate Loan	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	<del>1</del>	

#### SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee   Legal Services   Salaries/Wages/Contract Labor   OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 2/16 Rpt: 8/23	Bumgarner, Benjamin C (The Honorable) 00086035
4	Date	5 Payee name
	05/12/2025	Bumgarner, Caroline
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,000.00	5150 Kensington Ct.
		Flower Mound, TX 75022
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Partial Repayment of Candidate Loan
_	Opening the ONLY if allowed	Over the data (Office health)
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/18/2025	Bumgarner, Caroline
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,500.00	5150 Kensington Ct.
		Flower Mound, TX 75022
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Partial Repayment of Candidate Loan
		Tartal Repayment of Canadate Loan
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Date	Davisa nama
	04/17/2025	Payee name Clayton Spangler Photography
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,647.00	235 Point Lick Drive
		Charleston , WV 25306
	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
		Photographs for State Office
		1 Hotographs for State Office
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 3/16 Rpt: 9/23	Bumgarner, Benjamin C (The Honorable) 00086035
4	Date	5 Payee name
	01/09/2025	Denton County Republican Party
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,639.00	2921 Country Club Rd. #102
		Denton, TX 76210
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  Sponsorship of County Party Event
		Sponsorship of County 1 arty Event
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Davis vers
		Payee name
	01/31/2025	Flower Mound Chamber of Commerce
	Amount (\$)	Payee address; City; State; Zip Code
	\$3,500.00	700 Parker Square Rd # 100
		Flower Mound, TX 75028
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		COLL Chamber Membership Dugs
		COH Chamber Membership Dues
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	
	Date	Payee name
	03/31/2025	Flower Mound Chamber of Commerce
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,500.00	700 Parker Square Rd # 100
		Flower Mound, TX 75028
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Sponsorship of Chamber Event
	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 Comn 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		, , , , , , , , , , , , , , , , , , , ,
_	Total marca Cabadula E1.	2 EU ED MAME	2 Files ID (Ethics Commission Filess)
1	Total pages Schedule F1: Sch: 4/16 Rpt: 10/23	Bumgarner, Benjamin C (The Honorable)	3 Filer ID (Ethics Commission Filers) 00086035
4	Date	5 Payee name	•
	04/01/2025	Flower Mound Firefighter Foundation	
6	Amount (\$) \$2,000.00	7 Payee address; City; State; Zip Code 2741 Acadia Dr  Corinth, TX 76210	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	1
ľ	OF		avel outside of Texas. Complete Schedule T.
	EXPENDITURE	Continuations/Bonations wade by	ustin, TX, officeholder living expense
		Charitable	e Contribution to the Wade Cannon Golf Tournament
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	06/06/2025	Fogo De Chao	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$612.00	200 Congress Ave	
	<b>4012.00</b>	200 0011g1000 / W0	
		Austin, TX 78701	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	1 00d/Beverage Expense	avel outside of Texas. Complete Schedule T.
			ustin, TX, officeholder living expense Staff to Discuss Officeholder Issues
		ivieai witii	Stail to Discuss Officeriolder Issues
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	04/22/2025	HEB	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$174.12	2652 Lake Austin Blvd	
		Austin, TX 78703	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Onice Overnead/Nerital Expense	avel outside of Texas. Complete Schedule T.
	-		ustin, TX, officeholder living expense
		Supplies	or Capitol Office
_	2		200
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held

#### SCHEDULE F1

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage
Contributions/ Donations Made Ry - Giff/Alwards/Mei

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Se	Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor  The Instruction Guide explains how to complete this form.					Travel Out of District OTHER (enter a category not listed above)			
┝	Total pages Schedule F1:				-	2	Filor ID	(Ethics Commission Filers)			
ľ	Sch: 5/16 Rpt: 11/23		min C (The Honorable)			3	Filer ID 00086035	(Ethics Commission Filers)			
L	<u> </u>										
4	Date	5 Payee name									
	02/10/2025	HEB									
6	Amount (\$)	7 Payee address;	City; State; Z	ip Code							
	\$155.19	2652 Lake Austin	Blvd								
		Aatin TV 70700									
L		Austin, TX 78703									
8	PURPOSE	(a) Category (See Catego	ories listed at the top of this schedule	<sub>e)</sub> (b)	Description						
	OF EXPENDITURE	Office Overhead/F	Rental Expense				de of Texas. Com				
					$\Box$		officeholder living	expense			
					Supplies for C	Jap	ітоі Опісе				
9	Complete ONLY if direct	Candidate/Officeholde	er name Offic	e sought			Office he	eld			
	expenditure to benefit C/O										
F	Date	Payee name									
	01/21/2025	HEB									
			Cit.:: Ctata: 7	in Code							
	Amount (\$)	Payee address;	City; State; Z	ip Code							
	\$125.89	2652 Lake Austin	BIVa								
		Austin, TX 78703									
	PURPOSE	(a) Category (See Catego	ories listed at the top of this schedule	e) (b)	Description						
	OF	Office Overhead/F				outsi	de of Texas. Com	plete Schedule T.			
	EXPENDITURE		•		Check if Austin,	TX,	officeholder living	expense			
					Supplies for C	Cap	itol Office				
	Complete ONLY if direct	Candidate/Officeholde	er name Offic	e sought			Office he	eld			
	expenditure to benefit C/O										
F	Date	Payee name									
	05/05/2025	HEB									
L			Cit.:: Ctata: 7	in Code							
	Amount (\$)	Payee address;	City; State; Z	ip Code							
	\$124.81	2652 Lake Austin	BIVa								
		Austin, TX 78703									
Г	PURPOSE	(a) Category (See Category	ories listed at the top of this schedule	e) (b)	Description						
	OF	Office Overhead/F		,		outsi	de of Texas. Com	plete Schedule T.			
	EXPENDITURE		•		Check if Austin,	TX,	officeholder living	expense			
					Supplies for C	Cap	itol Office				
Г	Complete ONLY if direct	Candidate/Officeholde	er name Offic	e sought			Office he	eld			
	expenditure to benefit C/O										
$\vdash$											
1											
l											

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	-		Wages/Contract Labor	Travel Out of District OTHER (enter a category not listed above)	
_	T		Tallac explains now to co	ompiete tina form.	<b>9 5</b> 7 <b>19 (5) (5)</b>	
1	Total pages Schedule F1:				3 Filer ID (Ethics Commission File	ers)
	Sch: 6/16 Rpt: 12/23	Bumgarner, Benjamin C (T	he Honorable)		00086035	
4	Date	Payee name				
	03/13/2025	HEB				
6	Amount (\$)	Payee address; City;	State; Zip Co	odo		
0			State, Zip Ct	oue		
	\$109.71	2652 Lake Austin Blvd				
		Austin, TX 78703				
8	PURPOSE	a) Category (See Categories listed at	4h- 4 4 4h-i h 1-1- \	(b) Description		
Ū	OF	Office Overhead/Rental Ex			outside of Texas. Complete Schedule T.	
	EXPENDITURE	Office Overflead/Refital Ex	therise	ı <u>—</u>	, TX, officeholder living expense	
				Supplies for (		
				-		
_	Oranglete ONII Wifeling et	One did at a 10 ff and a labor or a second	O#:		O#: I I-I	
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sou	ugnt	Office held	
	experialitate to benefit 6/61					
	Date	Payee name				
	05/27/2025	HEB				
	Amount (\$)	Payee address; City;	State; Zip Co	ode		
	` '	, , , , , , , , , , , , , , , , , , , ,	State, Zip Ct	oue		
	\$95.39	2652 Lake Austin Blvd				
		Austin, TX 78703				
	PURPOSE	a) Catagory (a. a. a		(b) Description		
	OF	a) Category (See Categories listed at			outside of Texas. Complete Schedule T.	
	EXPENDITURE	Office Overhead/Rental Ex	perise	I <del></del>	, TX, officeholder living expense	
				Supplies for (		
	Operation ONLY if all to at	O did - t - IO# h - ld	0#:		O#: I I-I	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name	Office sou	ugnt	Office held	
	experientare to benefit eyer					
	Date	Payee name				
	02/24/2025	HEB				
			State; Zip Co	odo		
	Amount (\$)	Payee address; City;	State, Zip Ct	oue		
	\$85.55	2652 Lake Austin Blvd				
		Austin, TX 78703				
	PURPOSE	a) Category (See Categories listed at	4h- 4 4 4h-i h 4 1 \	(b) Description		
	OF	Office Overhead/Rental Ex			outside of Texas. Complete Schedule T.	
	EXPENDITURE	Office Overflead/Refital Ex	therise		, TX, officeholder living expense	
				Supplies for (		
				- 2,55		
	0 1 0 0 0 0 0 0 0	0 111 100		<u> </u>	0.00	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name	Office sou	ugnt	Office held	
	oxperiorate to benefit C/Of					

#### SCHEDULE F1

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

Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Legal Services	Gift/Awards/Memorials Expense Printing Expense Travel Out of District Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not lis  The Instruction Guide explains how to complete this form.					
				ilde explains now to d	ompi	ete tnis form.	_		
1	Total pages Schedule F1:						3	Filer ID	(Ethics Commission Filers)
	Sch: 7/16 Rpt: 13/23	Bumgai	rner, Benjamin C (Th	ne Honorable)				00086035	
4	Date	<b>5</b> Payee n	ame						
	04/11/2025	HEB							
6	Amount (\$)	<b>7</b> Payee a	ddress; City;	State; Zip C	ode				
	\$62.96	2652 La	ake Austin Blvd						
		Austin,	TX 78703						
8	PURPOSE	(a) Categor	(See Categories listed at the	ne top of this schedule)	(b)	Description			
	OF		Overhead/Rental Exp				outsi	de of Texas. Com	plete Schedule T.
	EXPENDITURE		·			ш		officeholder living	g expense
						Supplies for 0	Cap	itol Office	
9	Complete ONLY if direct		e/Officeholder name	Office so	ught			Office he	eld
	expenditure to benefit C/OI	1							
	Date	Payee n	ame						
	05/15/2025	HEB							
	Amount (\$)	Payee a	ddress; City;	State; Zip C	ode				
	\$48.92	2652 La	ake Austin Blvd						
		Austin,	TX 78703						
	PURPOSE	(a) Category	(See Categories listed at the	as top of this cahadula)	(b)	Description			
	OF		Overhead/Rental Exp		`´	_ `	outsi	de of Texas. Com	plete Schedule T.
	EXPENDITURE					Check if Austin	, TX,	officeholder living	g expense
						Supplies for 0	Cap	itol Office	
	Complete ONLY if direct expenditure to benefit C/OI		e/Officeholder name	Office so	ught			Office he	eld
	experiditure to beriefit C/Oi	1							
	Date	Payee n	ame						
	04/07/2025	HEB							
	Amount (\$)	Payee a	ddress; City;	State; Zip C	ode				
	\$205.54	2652 La	ake Austin Blvd						
		Austin,	TX 78703						
	PURPOSE	(a) Categor	(See Categories listed at the	ne ton of this schedule)	(b)	Description			
	OF EXPENDITURE		Overhead/Rental Exp				outsi	de of Texas. Com	plete Schedule T.
	EXPENDITURE		·			_		officeholder living	g expense
						Supplies for 0	Cap	itol Office	
	Complete ONLY if direct		e/Officeholder name	Office so	ught			Office he	eld
L	expenditure to benefit C/OI	1							
					_				

#### 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/Political Committee Credit Card Payment			Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services The Instruction Guide			Expens /Wages	e /Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	trict category not listed above)	
1	Total pages Schedule F1:	2							3	Filer ID	(Ethics Commission Filers)
L	Sch: 8/16 Rpt: 14/23		Bumgarner,	, Benjamin C (The	Honorabl	e)				00086035	
4	Date	5	Payee name								
L	01/27/2025		Innovation 8	& Technology Cau	cus of the	Texas	s Leg	islature			
6	Amount (\$)	7	Payee addre	ss; City;	State;	Zip C	ode				
	\$250.00		1108 Lavac	a Street, STE 110-	701						
L		L	Austin, TX 7	78701							
8	PURPOSE	(a)	Category (Se	ee Categories listed at the to	p of this sche	dule)	(b)	Description			
	OF EXPENDITURE		Fees					<b>=</b>		de of Texas. Comp officeholder living	
								Officeholder I			
9	Complete ONLY if direct		Candidate/Offi	ceholder name	0	ffice so	ught			Office he	eld
	expenditure to benefit C/OI	H									
	Date		Payee name								
	01/28/2025		Mailchimp								
	Amount (\$)		Payee addres	ss; City;	State;	Zip C	ode				
	\$479.70		675 Ponce	de Leon Ave NE							
			Ste 5000								
			Atlanta, GA	30308							
	PURPOSE	(a)	Category (Se	ee Categories listed at the to	pp of this sche	dule)	(b)	Description			
	OF EXPENDITURE		Advertising			•		<b>-</b>		de of Texas. Comp	
	_/							<b>—</b>		officeholder living	
								Campaign Er	ııalı	i warkeling i	_^pc113C
$\vdash$	Complete ONLY if direct		Candidate/Offi	ceholder name	0	ffice so	ught			Office he	eld
	expenditure to benefit C/OI				Ū		J				
	Date		Payee name								
	02/28/2025		Mailchimp								
	Amount (\$)		Payee addres	ss; City;	State;	Zip C	ode				
	\$479.70		•	de Leon Ave NE		•					
			Ste 5000								
			Atlanta, GA	30308							
	PURPOSE	(a)	Category (Se	ee Categories listed at the to	op of this sche	dule)	(b)	Description			
	OF EXPENDITURE		Advertising		,	- =/		Check if travel		de of Texas. Comp	
	LAF LINDI I ORE									officeholder living	
								Campaign Er	nall	ı ıvıarketing E	Expense
	Complete ONLY if direct	Ц	Candidate/Offi	ceholder name		ffice so	ulaht			Office he	ald
	expenditure to benefit C/O		Januiuale/OIII	CONTROL HATTIC	O	30	,ugiii			Office He	au.

#### SCHEDULE F1

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

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

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

Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 9/16 Rpt: 15/23	Bumgarner, Benjamin C (The Honorable) 00086035
4	Date	5 Payee name
	03/28/2025	Mailchimp
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$479.70	675 Ponce de Leon Ave NE
		Ste 5000
		Atlanta, GA 30308
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Campaign Email Marketing Expense
		Campaigh Email Warketing Expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	04/28/2025	Mailchimp
	Amount (\$)	Payee address; City; State; Zip Code
	\$479.70	675 Ponce de Leon Ave NE
		Ste 5000
		Atlanta, GA 30308
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Campaign Email Marketing Expense
		Campaign Linai manoling Expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<del>-</del>
	Date	Payee name
	05/28/2025	Mailchimp
	Amount (\$)	Payee address; City; State; Zip Code
	\$479.70	675 Ponce de Leon Ave NE
		Ste 5000
		Atlanta, GA 30308
	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
		Campaign Email Marketing 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 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

Printing Expense Salaries/Wages/Contract Labor 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: 10/16 Rpt: 16/23 Bumgarner, Benjamin C (The Honorable) 00086035 4 Date Payee name Mailchimp 06/30/2025 6 Amount (\$) Payee address; City; State; Zip Code \$479.70 675 Ponce de Leon Ave NE Ste 5000 Atlanta, GA 30308 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign Email Marketing Expense Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 04/14/2025 Melton, Kalon Amount (\$) Payee address; City; State; Zip Code \$1,100.00 3928 Creek Hollow Way The Colony, TX 75067 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign Contract Labor Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 03/05/2025 Perfect Golf Event Amount (\$) Payee address: City: State; Zip Code \$520.29 9889 Gate Parkway N, #301 Jacksonville, FL 32246 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Contribution to Flower Mound Chamber Fundraising Event Complete ONLY if direct Candidate/Officeholder name Office held Office sought 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

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

	Credit Card Payment	The Instruction Guide explains how to comple	ete this form.
1	Total pages Schedule F1: Sch: 11/16 Rpt: 17/23	FILER NAME     Bumgarner, Benjamin C (The Honorable)	3 Filer ID (Ethics Commission Filers) 00086035
4	Date 05/05/2025	5 Payee name R&O Design Company	I
6	Amount (\$) \$324.75	7 Payee address; City; State; Zip Code 979 Stonecrest Rd Bldg 2d  Argyle, TX 76226	
8	PURPOSE OF EXPENDITURE		Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Printing of Campaign Shirts
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date 03/19/2025	Payee name Raise 365	
	Amount (\$) \$232.84	Payee address; City; State; Zip Code 440 Louisiana, Suite 929	
		Houston, TX 77002	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Charitable Contribution
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date 01/15/2025	Payee name Rudy's Country Store & BBQ	
	Amount (\$) \$415.52	Payee address; City; State; Zip Code 3914 N Lamar Blvd	
		Austin, TX 78704	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Food for Meal to Discuss Officeholder Issues
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held

#### SCHEDULE F1

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

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

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

	Candidate/Officeholder/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: 12/16 Rpt: 18/23	Bumgarner, Benjamin C (The Honorable) 00086035							
4	Date	5 Payee name							
	01/23/2025	Texas Conservative Coalition							
6	Amount (\$)	7 Payee address; City; State; Zip Code							
	\$2,000.00	PO Box 2659							
		Austin, TX 78768							
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.							
		Check if Austin, TX, officeholder living expense Officeholder Membership Dues							
		Officeriolder Membership Dues							
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
9	expenditure to benefit C/O								
	Date	Payee name							
	02/05/2025	Texas Correctional Industries							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$1,000.23	P.O. Box 4013							
	Ψ1,000.23	1.0. 50% 4010							
		Huntsville, TV 77342							
	PURPOSE	Huntsville, TX 77342							
	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 Check if Austin, TX, officeholder living expense							
Purchase of Donation Items for Charita									
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH									
	experialiture to benefit C/O	1							
	Date	Payee name							
	03/04/2025	Texas House Republican Caucus							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$1,000.00	P.O. Box 13305							
		Austin, TX 78711							
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.							
		Check if Austin, TX, officeholder living expense Officeholder Membership Dues							
		Sinceriolae, Membership Baco							
	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 (Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1:					
	Sch: 13/16 Rpt: 19/23	Bumgarner, Benjamin C (The Honorable) 00086035				
4	Date	5 Payee name				
	03/17/2025	Texas Veterans Hall of Fame				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$500.00	PO Box 51288				
		Denton, TX 76206				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Contributions/Donations Made By				
	EXPENDITORE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense				
		Charitable Contribution				
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held				
	Date	Payee name				
	04/08/2025	Walmart				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$119.74	3060 Justin Rd				
		Highland Village, TX 75077				
	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.				
	ZXI ZXIDITORZ	Check if Austin, TX, officeholder living expense				
		Supplies for State Office				
Complete ONLY if direct Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/O					
	<b>D</b> .					
	Date	Payee name				
	03/24/2025	Walmart				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$239.18	3060 Justin Rd				
		Highland Village, TX 75077				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.				
		Check if Austin, TX, officeholder living expense Supplies for State Office				
		Supplies for State Office				
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/O					

#### SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	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: 14/16 Rpt: 20/23	Bumgarner, Benjamin C (The Honorable) 00086035
4	Date	5 Payee name
	05/27/2025	Waterloo Communications
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$3,000.00	91 Red River St
		Unit 2404
		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  Campaign Consulting Fee
		Campaign Consuming rec
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	1
	Date	Payee name
	01/30/2025	i360 LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$120.00	2300 Clarendon Blvd
		Ste 800
		Arlington, VA 22201
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  COH Technology Expense
		COTT reclinology Experise
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	02/28/2025	i360 LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$120.00	2300 Clarendon Blvd
		Ste 800
		Arlington, VA 22201
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  COH Technology Expense
		CON Technology Expense
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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: 15/16 Rpt: 21/23	Bumgarner, Benjamin C (The Honorable) 00086035
4	Date	5 Payee name
	03/31/2025	i360 LLC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$120.00	2300 Clarendon Blvd
		Ste 800
		Arlington, VA 22201
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  COH Technology Expense
		Con redimology Expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1 1
F	Date	Payee name
	04/30/2025	i360 LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$120.00	2300 Clarendon Blvd
		Ste 800
		Arlington, VA 22201
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  COH Technology Expense
		Con resimology Expense
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
F	Date	Payee name
	05/30/2025	i360 LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$120.00	2300 Clarendon Blvd
		Ste 800
		Arlington, VA 22201
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  COH Technology Expense
		Solition Expense
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
Г		

### SCHEDULE F1

#### **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/Political Cor Credit Card Payment		mmittee	Fees Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services	ense	Polling Expense Printing Exper			Travel in District Travel Out of Dis		
	Credit Card Payment			The Instruction Guide	explains l	now to comp	lete this form.			
1	Total pages Schedule F1:	2	FILER NAME	≣				3	Filer ID	(Ethics Commission Filers)
	Sch: 16/16 Rpt: 22/23		Bumgarner	, Benjamin C (The I	Honorabl	le)			00086035	
4	Date	5	Payee name					<u> </u>		
	06/30/2025		i360 LLC							
٦	Amount (\$)	7	Payee addre	ss; City;	State:	Zip Code				
ľ	\$127.92	ľ	2300 Clare		Sidle,	Zip Code				
l	Φ127.92			HUUH DIVU						
			Ste 800							
			Arlington, V	'A 22201						
8	PURPOSE	(a)	Category (S	ee Categories listed at the to	p of this sche	edule) (b)	Description			
	OF EXPENDITURE			head/Rental Expen					ide of Texas. Com	
	LA LINDITORE						_		, officeholder living	expense
							COH Techno	olog	y Expense	
9	Complete ONLY if direct expenditure to benefit C/Ol		Candidate/Offi	iceholder name	С	office sought			Office he	eld
	experience to benefit of o	_								
l										
ı										

# INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 23/23 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Bumgarner, Benjamin C (The Honorable) 00086035 5 Name of person from whom amount is received 8 Amount (\$) 02/13/2025 i360 \$2,500.00 6 Address of person from whom amount is received; City; State; Zip Code Arlington, VA 22201 7 Purpose for which amount is received Check if political contribution returned to filer Refund for Overbilled Amounts