

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH  
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

14

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI  
MR Todd H  
NICKNAME LAST SUFFIX  
Hunter

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
2612 E. Prairie Creek Dr. Richardson, TX 75080

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION  
(919 ) 740-1884

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI  
MR Michael H  
NICKNAME LAST SUFFIX  
Manktelow

7 CAMPAIGN TREASURER ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
402 Northview Dr. Richardson, TX 75080

(Residence or Business)

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION  
(214 ) 458-1755

9 REPORT TYPE

January 15  30th day before election  Runoff  15th day after campaign treasurer appointment (Officeholder Only)  
 July 15  8th day before election  Exceeded Modified Reporting Limit  Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year THROUGH Month Day Year  
7 / 14 / 23 THROUGH 1 / 15 / 24

11 ELECTION

ELECTION DATE ELECTION TYPE  
Month Day Year Primary Runoff  Other Description  
General Special Semi-annual - Jan 15, 2024 Report

12 OFFICE

OFFICE HELD (if any)  
N/A

13 OFFICE SOUGHT (if known)  
N/A

14 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

Additional Pages

COMMITTEE TYPE	COMMITTEE NAME
GENERAL	COMMITTEE ADDRESS
SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

**OFFICE USE ONLY**

Date Received  
**RECEIVED**  
JAN 16 2024  
CITY OF RICHARDSON  
City Secretary's Office

Date Hand-delivered or Date Postmarked

Receipt # Amount \$

Date Processed

Date Imaged 2024-01-16 - Posted to web

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

<b>15 C/OH NAME</b> Todd H Hunter		<b>16 Filer ID</b> (Ethics Commission Filers)
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 80.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 11,120.05
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 9.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 14,291.26
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 108.89
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 3,209.10

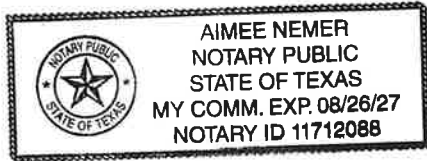
**18 SIGNATURE** I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Todd Hunter this the 16<sup>th</sup> day of January, 2024, to certify which, witness my hand and seal of office.

Aimee Nemer  
Signature of officer administering oath

Aimee Nemer  
Printed name of officer administering oath

City Secretary/Notary  
Title of officer administering oath

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_ (street) \_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip code) \_\_\_\_\_ (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.  
(month) (year)

\_\_\_\_\_  
Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

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

**19** FILER NAME

Todd H Hunter

**20** Filer ID (Ethics Commission Filers)

**21** SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 11,200.05
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 2,809.10
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 14,300.26
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 400.00
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>5</b>
2 FILER NAME <b>Todd H Hunter</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>03/25/2023</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Johnny S. B. Lee</b>	7 Amount of contribution (\$) <b>200.00</b>
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions) <b>CPA</b>		9 Employer (See Instructions)
Date <b>03/25/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Felix Chen</b>	Amount of contribution (\$) <b>500.00</b>
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/05/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Tommy Crowder</b>	Amount of contribution (\$) <b>970.70</b>
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions) <b>Ops Manager</b>		Employer (See Instructions)
Date <b>04/05/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Sean Whitehead</b>	Amount of contribution (\$) <b>291.00</b>
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions) <b>State Farm Insurance Agent</b>		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <b>Todd H Hunter</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>04/17/2023</b>	5 Full name of contributor <small>out-of-state PAC (ID#: _____)</small> <b>Roy Rhoades</b> ..... 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)  <b>100.00</b>
8 Principal occupation / Job title (See Instructions) <b>Sel-Employed</b>		9 Employer (See Instructions)
Date <b>04/20/2023</b>	Full name of contributor <small>out-of-state PAC (ID#: _____)</small> <b>Marsh Clark</b> ..... Contributor address; City; State; Zip Code	Amount of contribution (\$)  <b>250.00</b>
Principal occupation / Job title (See Instructions) <b>Contractor</b>		Employer (See Instructions)
Date <b>04/21/2023</b>	Full name of contributor <small>out-of-state PAC (ID#: _____)</small> <b>Jeffrey Hunter</b> ..... Contributor address; City; State; Zip Code	Amount of contribution (\$)  <b>485.20</b>
Principal occupation / Job title (See Instructions) <b>Self-Employed</b>		Employer (See Instructions)
Date <b>04/21/2023</b>	Full name of contributor <small>out-of-state PAC (ID#: _____)</small> <b>Dan Cook</b> ..... Contributor address; City; State; Zip Code	Amount of contribution (\$)  <b>96.80</b>
Principal occupation / Job title (See Instructions) <b>Commercial Reak Estate</b>		Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <b>Todd H Hunter</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>04/24/2023</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Mike Manktelow</b> <hr/> 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)  <div style="font-size: 2em; font-weight: bold;">242.45</div>
8 Principal occupation / Job title (See Instructions) <b>Lawyer</b>		9 Employer (See Instructions)
Date <b>04/24/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Don Long</b> <hr/> Contributor address; City; State; Zip Code	Amount of contribution (\$)  <div style="font-size: 2em; font-weight: bold;">250.00</div>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/25/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>David Schick</b> <hr/> Contributor address; City; State; Zip Code	Amount of contribution (\$)  <div style="font-size: 2em; font-weight: bold;">291.00</div>
Principal occupation / Job title (See Instructions) <b>Retires</b>		Employer (See Instructions)
Date <b>05/01/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Natalie Durkin</b> <hr/> Contributor address; City; State; Zip Code	Amount of contribution (\$)  <div style="font-size: 2em; font-weight: bold;">3,500.00</div>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <b>Todd H Hunter</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>05/04/2023</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Phillip A Cashiola</b> 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) <b>485.20</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>05/05/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Michael Tatum</b> Contributor address; City; State; Zip Code	Amount of contribution (\$) <b>291.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>05/05/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Mike Manktelow</b> Contributor address; City; State; Zip Code	Amount of contribution (\$) <b>450.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>05/09/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Kyle Kepner</b> Contributor address; City; State; Zip Code	Amount of contribution (\$) <b>619.90</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, **DO NOT include this page in the report.**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <b>Todd H Hunter</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>05/10/2023</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Martin H Garvie</b>	7 Amount of contribution (\$)  <b>96.80</b>
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>05/15/2023</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Cynthia Hunter-Brode</b>	Amount of contribution (\$)  <b>2,000.00</b>
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
 If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.



**LOANS****SCHEDULE E**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: <b>2</b>
2 FILER NAME <b>Todd H Hunter</b>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ <b>10,109.10</b>
5 Date of loan <b>03/08/2023</b>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) <b>Todd H Hunter</b>	9 Loan Amount (\$) <b>100.00</b>
6 Is lender a financial Institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code <b>2612 E. Prairie Creek Dr. Richardson, TX 75080</b>	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions) <b>VP</b>		13 Employer (See Instructions) <b>GPM Empire, LLC</b>
14 Description of Collateral <input type="checkbox"/> none		15 Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan <b>03/20/2023</b>	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) <b>Todd H Hunter</b>	Loan Amount (\$) <b>2,000.00</b>
Is lender a financial Institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Lender address; City; State; Zip Code <b>2612 E. Prairie Creek Dr. Richardson, TX 75080</b>	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions) <b>VP</b>		Employer (See Instructions) <b>GPM Empire, LLC</b>
Description of Collateral <input type="checkbox"/> none		Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.

**LOANS****SCHEDULE E**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E:
2 FILER NAME Todd H Hunter		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 10,109.10
5 Date of loan 04/20/2023	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Todd H Hunter	9 Loan Amount (\$) 3,509.10
6 Is lender a financial Institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code 2612 E. Prairie Creek Dr. Richardson, TX 75080	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions) VP		13 Employer (See Instructions) GPM Empire, LLC
14 Description of Collateral <input type="checkbox"/> none		15 Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan 05/02/2023	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Todd H Hunter	Loan Amount (\$) 4,500.00
Is lender a financial Institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Lender address; City; State; Zip Code 2612 E. Prairie Creek Dr. Richardson, TX 75080	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions) VP		Employer (See Instructions) GPM Empire, LLC
Description of Collateral <input type="checkbox"/> none		Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

If the requested information is not applicable, DO NOT include this page in the report.

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

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Todd H Hunter	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 03/20/2023	<b>5</b> Payee name Community Impact	
<b>6</b> Amount (\$) 1,075.00	<b>7</b> Payee address; City; State; Zip Code Communityimpact.com	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising	<b>(b)</b> Description Ads
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>
Date 04/03/2023	Payee name The UPS Store	
Amount (\$) 37.89	Payee address; City; State; Zip Code 244 W. Campbell Rd. Richardson, TX 75080	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising	Description Pushcards
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>
Date 04/03/2023	Payee name Designprint.com	
Amount (\$) 169.94	Payee address; City; State; Zip Code designprint.com	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising	Description Car Magnets
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

If the requested information is not applicable, **DO NOT** include this page in the report.

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

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Todd H Hunter	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 04/04/2023	<b>5</b> Payee name The UPS Store	
<b>6</b> Amount (\$) <b>227.33</b>	<b>7</b> Payee address; City; State; Zip Code 244 W. Campbell Rd. Richardson, TX 75080	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising	<b>(b)</b> Description Pushcards
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <input type="checkbox"/> Office held <input type="checkbox"/>
Date 04/10/2023	Payee name UTD	
Amount (\$) 3.00	Payee address; City; State; Zip Code 800 W. Campbell Rd. Richardson, TX 75080	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Parking	Description
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <input type="checkbox"/> Office held <input type="checkbox"/>
Date 04/24/2023	Payee name New NTM, LLC	
Amount (\$) 6,189.05	Payee address; City; State; Zip Code 7923 E McKinney St. Denton, TX 76208	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Design, Print, Ship	Description Mailer
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <input type="checkbox"/> Office held <input type="checkbox"/>

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

If the requested information is not applicable, **DO NOT** include this page in the report.

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

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |
- The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Todd H Hunter	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 05/02/2023	<b>5</b> Payee name New NTM, LLC
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<b>6</b> Amount (\$) <b>6,189.05</b>	<b>7</b> Payee address; City; State; Zip Code 7923 E McKinney St. Denton, TX 76208
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Design, Print, Ship	<b>(b)</b> Description Mailer
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 05/08/2023	Payee name Todd H Hunter
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Amount (\$) 4,500.00	Payee address; City; State; Zip Code 2612 Prairie Creek Dr. Richardson, TX 75080
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Loan Repayment	Description
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 07/03/2023	Payee name Todd H Hunter
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Amount (\$) 2,800.00	Payee address; City; State; Zip Code 2612 Prairie Creek Dr. Richardson, TX 75080
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Loan Repayment	Description
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

If the requested information is not applicable, **DO NOT** include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4:	<b>2</b> FILER NAME Todd H Hunter	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		<b>\$ 400.00</b>
<b>5</b> Date 06/09/2023	<b>6</b> Payee name Hyper Local Media Solutions	
<b>7</b> Amount (\$) <b>400.00</b>	<b>8</b> Payee address; City; State; Zip Code 224 West Campbell Rd. Richardson, TX 75080	
<b>9</b> TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	
<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising	<b>(b)</b> Description Canyon Creek Life
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float: right;">Check if Austin, TX, officeholder living expense</span>	
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Todd H Hunter</b>	Office sought <b>COR Place 5</b>
		Office held <b>N/A</b>
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. <span style="float: right;">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
		Office held

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**