CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

| 5.532 | - 40 | | | | | | | |
|---|----------------------------------|----------------------|---------------------|-------------|-------------------|----------------------------|------------------------|--|
| The C/OH Instruction C | Guide explains how | to complete th | nis form. | 1 Filer I | D (Ethics Con | nmission Filers) | 2 Total pages f | filed: |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR MR NICKNAME | FIRS Todd LAST | ******** | ********** | | MI H SUFFIX | OFFICE Date Redayed | EUSEONLY |
| | MOMAN | Hunte | | | | 30111/ | 12 12 | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS | ADDRESS / PO BOX 2612 E. Prai | | | ardson, | STATE; TX 7508 | ZIP CODE | CITY OF F | 16 2024 RICHARDSON etary's Office |
| Change of Address | | | | | | | | at 7 5 Cinice |
| 5 CANDIDATE/ OFFICEHOLDER PHONE | (919) | 740-18 | | | EXTENSION | ١ | | ed or Date Postmarked |
| 6 CAMPAIGN TREASURER | MS / MRS / MR | FIRS | | | | M1 | Receipt # | Amount \$ |
| NAME | MR NICKNAME | Mich | | | | SUFFIX | Date Processed | |
| | MONTANIE | | ktelow | | | SOFFIX | Date Imaged 20 | 024-01-16 - Posted to web |
| 7 CAMPAIGN | STREET ADDRESS | (NO PO BOX PLEA | SE); APT / SI | JITE #; | CITY; | | STATE; | ZIP CODE |
| TREASURER ADDRESS | 402 Northvie | w Dr. Rich | nardson, | TX 7508 | 80 | | | |
| (Residence or Business) | | | | | | | | |
| 8 CAMPAIGN TREASURER | AREA CODE | PHONE NUM | BER | | EXTENSION | I | | |
| PHONE | (214) | 458-17 | 55 | | | | | |
| 9 REPORT TYPE | January 15 | 300 | ith day before el | lection | Runof | f | | after campaign appointment der Only) |
| | July 15 | 8th | day before elec | ction | | ded Modified ting Limit | Final Repo | ort (Attach C/OH - FR) |
| 10 PERIOD | Month | Day | Year | | | Month | Day Yea | ar |
| COVERED | 7 | / 14 / | 23 | THRO | UGH | 1 , | / 15 / 24 | ļ |
| 11 ELECTION | ELECTION DA | TE | | | E | LECTION TYPE | | |
| | Month Day | Year | Primary | Run | noff | Other Description | | |
| | / / | | ■ General | Spe | ecial | Semi-annual - | - Jan 15, 2024 Report | |
| 12 OFFICE | OFFICE HELD (if any) | - 0 | | - | | UGHT (if known |) | |
| | N/A | | | N/ | Α | | | |
| 14 NOTICE FROM POLITICAL | THE CANDIDATE / OFFICE | CEHOLDER. THESE | EXPENDITURES | MAY HAVE BE | EN MADE WIT | THOUT THE CAND | DIDATE'S OR OFFICEHO | MMITTEES TO SUPPORT DLDER'S KNOWLEDGE OR DF SUCH EXPENDITURES, |
| COMMITTEE(S) | COMMITTEE TYPE | COMMITTEE NA | AME | | | | | |
| Additional Pages | GENERAL | COMMITTEE AD | DDRESS | | | | | |
| | SPECIFIC | COMMITTEE CA | AMPAIGN TREA | ASURER NAM | ΙE | | | |
| | | COMMITTEE C | AMPAIGN TRE | ASURER ADI | DRESS | | | |
| | GO TO PAGE 2 | | | | | | | |

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH **COVER SHEET PG 2**

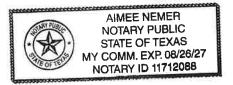
| 15 C/OH NAME Todd H Hunter | | | 16 Filer | ID (E | thics Commission Filers) |
|-------------------------------|--|--|-------------------------------|-------|--------------------------|
| 17 CONTRIBUTION TOTALS | 1ค | TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | S, OR GUARANTEES OF LOANS, OR | | 80.00 |
| | 2. | TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | | \$ | 11,120.05 |
| EXPENDITURE TOTALS | 3. | TOTAL UNITEMIZED POLITICAL EXPENDITURE. | | \$ | 9.00 |
| | 4. | TOTAL POLITICAL EXPENDITURES | | \$ | 14,291.26 |
| CONTRIBUTION BALANCE | 5. | TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD | ΓDAY | \$ | 108.89 |
| OUTSTANDING LOAN TOTALS | 6. | TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD | THE | \$ | 3,209.10 |
| 18 SIGNATURE I s | 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 Hu | 4ec | this | the ICM | day of | Convery. |
|--|-------------------------------|---------------------------|------------------|--------------|------------------|-------------------|
| 211 | witness my hand and seal of c | | | C | itySee | stan / note |
| Signature of officer administering oat | h Printed nam | ne of officer administeri | ng oath | | Title of officer | adminisering oath |
| | | OR | | | | |
| (2) Unsworn Declaration | | | | | | |
| My name is | | , ar | nd my date of bi | rth is | | |
| My address is | | | | <u> </u> | | |
| | (street) | | (city) | (state) | (zip code) | (country) |
| Executed in | County, State of | , on the | day of(r | month) | , 20 (year) | |
| | | - | Signature of C | andidate/Off | iceholder (Decl | arant) |

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

| | FILER N. | Hunter | 20 Filer ID (Ethics Commission Filers) | | sion Filers) |
|-----|--|--|--|----|--------------------|
| 21 | | JLE SUBTOTALS F SCHEDULE | | | SUBTOTAL AMOUNT |
| 1. | 1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | | | | 11,200.05 |
| 2. | | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | | | |
| 3. | 3. SCHEDULE B: PLEDGED CONTRIBUTIONS | | | \$ | |
| 4. | 16 | SCHEDULE E: LOANS | | | 2,809.10 |
| 5. | | 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. | | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | | \$ | 400.00 |
| 9. | | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN | IDS | \$ | |
| 10. | | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A | BUSINESS OF C/OH | \$ | |
| 11, | | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO | NTRIBUTIONS | \$ | |
| 12. | | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER | IONS RETURNED | \$ | |

SCHEDULE A1

| II the reques | ica momason io not appro- | | | |
|--|---|-----------------------|---------------------------------------|--|
| The | Instruction Guide explains how to complete th | is form. | 1 Total pages Schedule A1: | |
| 2 FILER NAME Todd H H | unter | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 03/25/2023 | Johnny S. B. Lee | | 7 Amount of contribution (\$) | |
| 03/23/2023 | 6 Contributor address; City; | State; Zip Code | 200.00 | |
| 8 Principal occupation / Job title (See Instructions) CPA 9 Employer (See Instructions) | | | | |
| Date | | AC (ID#:) | Amount of contribution (\$) | |
| 03/25/2023 | Felix Chen Contributor address; City; | State; Zip Code | 500.00 | |
| Principal occup | eation / Job title (See Instructions) | tions) | | |
| Date | | PAC (ID#:) | Amount of contribution (\$) | |
| 04/05/2023 | Contributor address; City; | State; Zip Code | 970.70 | |
| Principal occup | aation / Job title (See Instructions) | Employer (See Instruc | ctions) | |
| Date | Full name of contributor out-of-state | PAC (ID#:) | Amount of contribution (\$) | |
| 04/05/2023 | Sean Whitehead Contributor address; City; | State; Zip Code | 291.00 | |
| 1 | ation / Job title (See Instructions) | Employer (See Instruc | ctions) | |
| State Farm I | nsurance Agent | | | |
| | | | | |
| | | | | |
| | | | | |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements. | | | | |

SCHEDULE A1

| If the requested information is not applicable, DO NOT include this page in the report. | | | | |
|--|--|-----------------------------|---------------------------------------|--|
| The | Instruction Guide explains how to comp | lete this form. | 1 Total pages Schedule A1: | |
| 2 FILER NAME Todd H H | unter | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date | Roy Rhoades | f-state PAC (ID#: | 7 Amount of contribution (\$) | |
| 04/17/2023 | 6 Contributor address; City | ; State; Zip Code | 100.00 | |
| 8 Principal occu Sel-Employe | pation / Job title (See Instructions) | 9 Employer (See In: | structions) | |
| Date Full name of contributor out-of-state PAC (ID#:) Marsh Clark | | Amount of contribution (\$) | | |
| 04/20/2023 | Contributor address; City | ; State; Zip Code | 250.00 | |
| Principal occupation / Job title (See Instructions) Contractor Employer (See Instructions) | | | structions) | |
| Date | Full name of contributor out-of-state PAC (ID#: | |) Amount of contribution (\$) | |
| 04/21/2023 | | ; State; Zip Code | 485.20 | |
| Principal occup Self-Employe | pation / Job title (See Instructions) | Employer (See Ins | structions) | |
| Date | | -state PAC (ID#: | Amount of contribution (\$) | |
| 04/21/2023 | Dan Cook Contributor address; City; | State; Zip Code | 96.80 | |
| Principal occup | ation / Job title (See Instructions) Reak Estate | Employer (See Ins | structions) | |
| | | | | |
| | ATTACH ADDITIONAL C | OPIES OF THIS SCHEDULE | AS NEEDED | |

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

SCHEDULE A1

| The | Instruction Guide explains how to | o complete this | s form. | 1 Total pages Schedule A1: | | |
|--|---|------------------------------|-----------------------|---------------------------------------|--|--|
| 2 FILER NAME Todd H HI | unter | | | 3 Filer ID (Ethics Commission Filers) | | |
| 4 Date 04/24/2023 | 5 Full name of contributor Mike Manktelow | | C (ID#:) | 7 Amount of contribution (\$) | | |
| 0 1/2 1/2020 | 6 Contributor address; | City; | State; Zip Code | 242.45 | | |
| 8 Principal occu Lawyer | 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) AWYER | | | | | |
| Date | Full name of contributor Don Long | out-of-state PAG | C (ID#:) | Amount of contribution (\$) | | |
| 04/24/2023 | Contributor address; | Clty; | State; Zip Code | 250.00 | | |
| Principal occupation / Job title (See Instructions) Employer (See Instructions) | | | tions) | | | |
| Date | Full name of contributor | utor out-of-state PAC (ID#:) | | Amount of contribution (\$) | | |
| 04/25/2023 | David Schick Contributor address; | City; | State; Zlp Code | 291.00 | | |
| Principal occup Retires | ation / Job title (See Instructions) | | Employer (See Instruc | tions) | | |
| Date | Full name of contributor Natalie Durkin | out-of-state PA | C (ID#:) | Amount of contribution (\$) | | |
| 05/01/2023 | Contributor address; | City; | State; Zip Code | 3,500.00 | | |
| Principal occup | ation / Job title (See Instructions) | | Employer (See Instruc | tions) | | |
| | | | | | | |
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| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements. | | | | | | |

SCHEDULE A1

| ,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | • | | | | |
|---|--|------------------|-------------------------|---------------------------------------|--|
| The | Instruction Guide explains how to | complete this | s form. | 1 Total pages Schedule A1: | |
| 2 FILER NAME Todd H H | unter | | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date | 5 Full name of contributor Phillip A Cashiola | | C (ID#:) | 7 Amount of contribution (\$) | |
| 05/04/2023 | 6 Contributor address; | | State; Zip Code | 485.20 | |
| 8 Principal occu | pation / Job title (See Instructions) | | 9 Employer (See Instruc | tions) | |
| Date | Full name of contributor Michael Tatum | out-of-state PAG | C (ID#:) | Amount of contribution (\$) | |
| 05/05/2023 | Contributor address; | City; | State; Zip Code | 291.00 | |
| Principal occup | l pation / Job title (See Instructions) | | Employer (See Instruc | tions) | |
| Date | Full name of contributor | out-of-state PAC | C (ID#:) | Amount of contribution (\$) | |
| 05/05/2023 | Mike Manktelow Contributor address: | Clty; | State; Zip Code | 450.00 | |
| Principal occup | Lation / Job title (See Instructions) | The SHOP I WAS | ⊏mpioyer (See Instruc | tions) | |
| Date | Full name of contributor | out-of-state PA(| C (ID#:) | Amount of contribution (\$) | |
| 05/09/2023 | Kyle Kepner Contributor address; | | State; Zip Code | 619.90 | |
| Principal occup | pation / Job title (See Instructions) | | Employer (See Instruc | tions) | |
| | | | | | |
| | | | | | |
| | | | | | |
| | ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements. | | | | |

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 Todd H HI | unter | 3 Filer ID (Ethics Commission Filers) | | | | |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#: | 7 Amount of contribution (\$) | | | | |
| 05/10/2023 | 6 Contributor address; Clty; State; | 2ip Code 96.80 | | | | |
| 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) | | | | | | |
| Date | Full name of contributor = out-of-state PAC (ID#: | Amount of contribution (\$) | | | | |
| 05/15/2023 | Cynthia Hunter-Brode Contributor address; City; State; | 2,000.00 | | | | |
| Principal occup | ation / Job title (See Instructions) Employ | er (See Instructions) | | | | |
| Date | Full name of contributor out-of-state PAC (ID#: | Amount of contribution (\$) | | | | |
| | Contributor address; Clty; State; 2 | cip Code | | | | |
| Principal occup | ation / Job title (See Instructions) Employ | er (See Instructions) | | | | |
| Date | Full name of contributor out-of-state PAC (ID#: | Amount of contribution (\$) | | | | |
| | Contributor address; City; State; Z | ip Code | | | | |
| Principal occup | ation / Job title (See Instructions) Employ | er (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. | | | | | |

www.ethics.state.tx.us

LOANS SCHEDULE E

| If the requested | information is not applicable, DO NO | T include this page in the re | port. | | |
|--|---|--|--|--|--|
| The | Instruction Guide explains how to compl | ete this form. | 1 Total pages Schedule E: | | |
| 2 FILER NAME | | | 3 Filer ID (Ethics Commission Filers) | | |
| Todd H Hunte | er | | | | |
| | IITEMIZED LOANS | | \$ 10,109.10 | | |
| 5 Date of loan | 7 Name of lender | PAC (ID#:) | 9 Loan Amount (\$) | | |
| 03/08/2023 | Todd H Hunter | * | 100.00 | | |
| | | October 71 October | 10 Interest rate | | |
| 6 Is lender a financial | 8 Lender address; City; | State; Zip Code | | | |
| Institution? | 2612 E. Prairie Creek Dr. Richa | 11dSON, 12 73000 | 11 Maturity date | | |
| 12 Principal occupation | on / Job title (See Instructions) | 13 Employer (See Instructions) | . | | |
| VP | | GPM Empire, LLC | | | |
| 14 Description of Collateral | | Check if personal fundaccount (See Instruct | ds were deposited into political ions) | | |
| 16 GUARANTOR INFORMATION | 17 Name of guarantor | | 19 Amount Guaranteed (\$) | | |
| 1 | 18 Guarantor address; City; | State; Zip Code | | | |
| (| To Charantor actrices, Chy | | | | |
| not applicable | not applicable | | | | |
| 20 Principal Occupat | lon (See Instructions) | 21 Employer (See Instructions) | | | |
| Date of loan | Name of lender out-of-state f | PAC (ID#:) | Loan Amount (\$) | | |
| 03/20/2023 | Todd H Hunter | | 2,000.00 | | |
| Is lender a financial | Lender address; City; 2612 E. Prairie Creek Dr. Richa | State; Zip Code ardson, TX 75080 | Interest rate | | |
| Institution? | | , | Maturity date | | |
| Principal occupation | on / Job title (See Instructions) | Employer (See Instructions) GPM Empire, LLC | | | |
| Description of Colla | ateral | Charle if parsonal fund | ds were deposited into political | | |
| ■ none | | account (See Instruct | • • | | |
| GUARANTOR INFORMATION | Name of guarantor | Here is the second of the seco | Amount Guaranteed (\$) | | |
| | Guarantor address; City; | State; Zip Code | | | |
| not applicable | Guarantor address, Gity, | date, Zip 3000 | | | |
| olienasija iza za z | on (See Instructions) | Employer (See Instructions) | L.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | |
| | | | | | |
| If le | 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

| ir the requested | ifficimation is not applicable, bolive | - molecule this page in the re- | |
|--|--|--|--|
| The | Instruction Guide explains how to comple | ete this form. | 1 Total pages Schedule E: |
| 2 FILER NAME | ************************************** | | 3 Filer ID (Ethics Commission Filers) |
| Todd H Hunt | er | | |
| 4 TOTAL OF UN | NITEMIZED LOANS | | \$ 10,109.10 |
| 5 Date of loan | 7 Name of lender | PAC (ID#:) | 9 Loan Amount (\$) |
| 04/20/2023 | Todd H Hunter | | 3,509.10 |
| 6 Is lender a financial Institution? | 8 Lender address; City; 2612 E. Prairie Creek Dr. Richa | State; Zip Code | 10 Interest rate |
| Y N | 2012 E. Trame Oreck Dr. Rione | 1100011, 170 10000 | 11 Maturity date |
| 12 Principal occupation | on / Job title (See Instructions) | 13 Employer (See Instructions) | |
| VP | | GPM Empire, LLC | |
| 14 Description of Coll | ateral | Check if personal fund account (See Instruct | ds were deposited into political ions) |
| 16 GUARANTOR INFORMATION | 17 Name of guarantor | | 19 Amount Guaranteed (\$) |
| | 18 Guarantor address; City; | State; Zip Code | |
| ■ not applicable | To Contained address, | | |
| 20 Principal Occupat | tion (See Instructions) | 21 Employer (See Instructions) | |
| Date of loan | Name of lender | PAC (ID#:) | Loan Amount (\$) |
| 05/02/2023 | Todd H Hunter | | 4,500.00 |
| Is tender a financial | Lender address; City; 2612 E. Prairie Creek Dr. Richa | State; Zip Code | Interest rate |
| Institution? | 2012 L. Flame Greek Dr. Nona | 1143011, 177 70000 | Maturity date |
| Principal occupation | on / Job title (See Instructions) | Employer (See Instructions) | |
| VP | | GPM Empire, LLC | |
| Description of Colla | ateral | Check if personal fund | ds were deposited into political |
| none | | account (See Instruct | ons) |
| GUARANTOR INFORMATION | Name of guarantor | | Amount Guaranteed (\$) |
| | Guarantor address; City; | State; Zip Code | |
| ■ not applicable | | | |
| Principal Occupation | on (See Instructions) | Employer (See Instructions) | |
| | ATTACH ADDITIONAL CODI | ES OF THIS SCHEDULE AS NEE | :DED |
| If le | ender is out-of-state PAC, please see Ins | | |

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 Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Git/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)

| Credit Card Payment | The Instruction Guide explains how to c | omplete this form. | | 10.112 | |
|---|--|--------------------|------------------------------|----------------------|---------|
| 1 Total pages Schedule F1: | 2 FILER NAME Todd H Hunter | | 3 Filer ID (Ethics | s Commission Filers) |) |
| 4 Date | 5 Payee name | | | | |
| 03/20/2023 | Community Impact | | | 7. 0-1- | |
| 6 Amount (\$) | 7 Payee address; | City; | State; | Zip Code | |
| 1,075.00 | Communityimpact.com | v | | | |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | | | |
| PURPOSE OF EXPENDITURE | Advertising | Ads | | | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Aust | tin, TX, officeholder livin | g expense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate / Officeholder name H | Office sought | | Office held | |
| Date | Payee name | | | | |
| 04/03/2023 | The UPS Store | | | 7: 0-1- | |
| Amount (\$) | Payee address; | City; | State; | Zip Code | |
| 37.89 | 244 W. Campbell Rd. Richardson, TX | X 75080 | | | |
| | Category (See Categories listed at the top of this schedule) | Description | | | |
| PURPOSE OF EXPENDITURE | Advertising | Pushcards | ana in an inipparent | | |
| | Check if travel outside of Texas, Complete Schedule T. | Check If Aus | itin, TX, officeholder livin | g expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate / Officeholder name H | Office sought | | Office held | |
| Date | Payee name | | | Min | |
| 04/03/2023 | Designprint.com | | | | |
| Amount (\$) | Payee address; | City; | State; | Zip Code | |
| 169.94 | designprint.com | | | | |
| | Category (See Categories listed at the top of this schedule) | Description | | | |
| PURPOSE OF EXPENDITURE | dvertising | Car Magnets | | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Aus | stin, TX, officeholder livin | g expense | |
| Complete <u>QNLY</u> if direct expenditure to benefit C/O | Candidate / Officeholder name H | Office sought | | Office held | |
| | ATTACH ADDITIONAL COPIES OF THIS | SCHEDULE AS NE | EDED | | OLE DEP |

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 Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment | y al Committee | Event Expense Fees Food/Severage Expense Gift/Awards/Memorials Expense Legal Services | Office Overl Polling Expo Printing Exp Salaries/Wa | pense ages/Contract Labor | Travel In District Travel Out Of District | prment & Related Expense | | |
| J | The instruction duties explains now to complete the | | | | | | | |
| 1 Total pages Schedule F1: | 2 FILER N | ^{AME} Hunter | | | 3 Filer ID (Ethic | s Commission Filers) | | |
| 4 Date 04/04/2023 | 5 Payee na | | 12 110 | | | | | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code | | | | | | | |
| 227.33 | 244 W. Campbell Rd. Richardson, TX 75080 | | | | | | | |
| 8 | (a) Categor | ry (See Categories listed at the top of this | s schedule) | (b) Description | | | | |
| PURPOSE | Advertis | sing | | Pushcards | | | | |
| OF | | | | | | | | |
| EXPENDITURE | | | 2-1-1-1 | | in TV official-life this | n ayneree | | |
| | (c) | Check if travel outside of Texas. Complete S | schedule T. | | tin, TX, officeholder livin | | | |
| Complete ONLY if direct expenditure to benefit C/Oh | | date / Officeholder name | | Office sought | | Office held | | |
| Date | Payee na | ame | | | | | | |
| - " | | | | | | | | |
| 04/10/2023 | UTD | | | | | | | |
| Amount (\$) | Payee a | | | City; | State; | Zip Code | | |
| 3.00 | 800 W. | Campbell Rd. Richard | dson, TX | 75080 | | | | |
| | Categor | y (See Categories listed at the top of this | schedule) | Description | | | | |
| PURPOSE | Parking | | | | | | | |
| OF | ` | | | | | | | |
| EXPENDITURE | | | Pohodula T | Ch-10-14-A- | Check if Auslin, TX, officeholder living expense | | | |
| | | Check if travel outside of Texas. Complete \$ | ocriedule I, | | Office held | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/Oh | | date / Officeholder name | | Office sought | | Onice rigiu | | |
| Date | Payee n | ame | | | | | | |
| 04/24/2023 | New NT | M, LLC | | | - | | | |
| Amount (\$) | Payee a | | | City; | State; | Zip Code | | |
| 6,189.05 | 7923 E | McKinney St. Denton, | TX 762 | | | | | |
| | Categor | y (See Categories listed at the top of this | schedule) | Description | | | | |
| PURPOSE OF | Design, | , Print, Ship | | Mailer | | | | |
| EXPENDITURE | 1 | | | | | | | |

Check if travel outside of Texas. Complete Schedule T.

Candidate / Officeholder name

Complete ONLY if direct expenditure to benefit C/OH

Office held

Check if Austin, TX, officeholder living expense

Office sought

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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 The Instruction Guide explai | Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense | | Solicitation/Fundralsing Expense Transportation Equipment & Related Expe Travel In District Travel Out Of District Other (enter a category not listed above) | | |
| 1 Total pages Schedule F1: | 2 FILER N. | _{аме} Hunter | | | 3 Filer ID (Ethics | s Commission Filers) | |
| 4 Date 05/02/2023 | 5 Payee na New NT | | | | | | |
| 6 Amount (\$) 6,189.05 | 7 Payee address; City; State; Zip Code 7923 E McKinney St. Denton, TX 76208 | | | | | | |
| 8 PURPOSE OF EXPENDITURE | | y (See Categories listed at the top of thi , Print, Ship Check if travel outside of Texas. Complete | | (b) Description Mailer Check if Aust | in, TX, officeholder livln; | g expense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oh | | date / Officeholder name | | Office sought | | Office held | |
| Date | Payee na | ame | | | | | |
| 05/08/2023 | Todd H | Hunter | | | | 7.0 | |
| 4,500.00 | Payee at 2612 Pr | airie Creek Dr. Richa | rdson, T | City; X 75080 | State; | Zip Code | |
| PURPOSE OF EXPENDITURE | | y (See Categories listed at the top of this Repayment | schedule) | Description | | | |
| | Check if travel outside of Texas, Complete Schedule T. Check If Aus | | | atin, TX, officeholder living expense | | | |
| Complete ONLY if direct expenditure to benefit C/Oh | | date / Officeholder name | | Office sought | | Office held | |
| Date | Payee n | ame | | | | | |
| 07/03/2023 | Todd H | Hunter | | | | | |
| Amount (\$) 2,800.00 | Payee a 2612 Pra | _{ddress;} airie Creek Dr. Richaı | dson, T | City; X 75080 | State; | Zip Code | |
| PURPOSE OF EXPENDITURE | _ | y (See Categories listed at the top of this epayment | schedule) | Description | | | |
| | | Check if travel outside of Texas. Complete | Schedule T. | Check if Aust | lin, TX, officeholder livin | g expense | |
| Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH | | | | | | | |
| | AT | TACH ADDITIONAL COPIE | S OF THIS | SCHEDULE AS NE | EDED | | |

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 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 | | Gift/Awards/Memorials Expen Legal Services | se Printin Salarie | Printing Expense Printing Expense Salaries/Wages/Contract Labor | | Travel in District Travel Out Of District Other (anter a category not listed above) | | |
|---|--|---|-----------------------|---|----------------------|---|------------------|----------|
| The Instruction Guide explains how to complete this form. | | | | | | | | |
| 1 Total pages Schedule F4: 2 FILER NAME Todd H Hunter | | | | 3 Filer ID (Ethics Commission Filers) | | | | |
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 400,00 | | | | | | | | |
| 5 Date | 6 Payee name | | | | | | | |
| 06/09/2023 | Hyper Lo | ocal Media Solutio | ns | | and some of the land | | | |
| 7 Amount (\$) 400.00 | 8 Payee address; City; State; Zip Code 224 West Campbell Rd. Richardson, TX 75080 | | | | | | | |
| 9 TYPE OF EXPENDITURE | ☐ F | Political | Non | -Polit | tical | | | |
| 10 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising (b) Description Canyon Creek Life | | | | | | | |
| | (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | | | | expense | |
| 11 | Can | didate / Officeholder nam | е | Off | ice sought | | Office he | ld |
| Complete ONLY if direct expenditure to benefit C/OH | Todo | d H Hunter | (| CC | OR Place | 5 | N/A | |
| Date | Payee | name | | | | | | |
| Amount (\$) | Payee | address; | | | City; | | State; | Zip Code |
| TYPE OF EXPENDITURE | ∏ F | olitical | Non | ı-Poli | itical | | 13711 | |
| PURPOSE OF EXPENDITURE | Categor | y (See Categories listed at the top | of this schedule) | | Description | 1811111 | & -11 | |
| | | Check if travel outside of Texas. Co | mplete Schedule T | | Check if Au | stin, TX, off | iceholder Ilving | expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Cano | didate / Officeholder nam | е | Offi | ice sought | | Office he | ld |
| | | | | | | | | |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | | | | | | | |