

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:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <i>Mr</i>	FIRST <i>Michael</i>	MI <i>T</i>
	NICKNAME	LAST <i>Hunter</i>	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>7201 Pharaoh Dr LL TX 78412</i>		
Change of Address			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <i>(361)</i>	PHONE NUMBER <i>548-2816</i>	EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <i>Mrs</i>	FIRST <i>Cecelia</i>	MI <i>Garcia</i>
	NICKNAME <i>Akers</i>	LAST	SUFFIX
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>7201 Pharaoh Dr LL TX 78412</i>		
(Residence or Business)			
8 CAMPAIGN TREASURER PHONE	AREA CODE <i>(361)</i>	PHONE NUMBER <i>548-2816</i>	EXTENSION
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year <i>/ /</i> <i>/ /</i> <i>/ /</i> <i>THROUGH</i> <i>/ /</i> <i>/ /</i>		
11 ELECTION	ELECTION DATE Month Day Year <i>11 / 5 / 24</i>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) <i>City Council At-Large</i>	13 OFFICE SOUGHT (if known) <i>Mayor</i>	
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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS	

OFFICE USE ONLY

Date Received

Date Filed *10/7/24*

R/Huerta

Rebecca Huerta
City Secretary

Date Hand-delivered or Date Postmarked

Receipt #	Amount \$
Date Processed	Date Imaged

GO TO PAGE 2

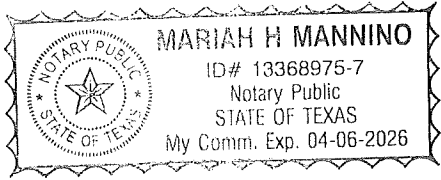
CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 78,081 78,081.58
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 57,262.14
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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.

[Handwritten Signature]
Signature of Candidate or Officeholder



Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Michael Hunter this the 7 day of October, 2024, to certify which, witness my hand and seal of office.
[Signature] Mariah Mannino Notary public
 Signature of officer administering oath Printed name of officer administering oath 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		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 69981.58
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 8100.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 57,262.14
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
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	\$

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2: <u>1</u>	
2 FILER NAME <u>Michael Hunter</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <u>8100.00</u>	
5 Date <u>8/8/24</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Todd Hunter</u>	8 Amount of Contribution \$ <u>8100</u>	9 In-kind contribution description <u>advertising marketing</u>
7 Contributor address; City; State; Zip Code [REDACTED] <u>CC TX 78412</u>		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
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)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor 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.

1 Total pages Schedule F1:	2 FILER NAME <i>Michael Hunter</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>7/31/24</i>	5 Payee name <i>Islander Athletics</i>	
6 Amount (\$) <i>1758.00</i>	7 Payee address; <i>6300 Ocean Dr</i>	City; <i>CC</i> State; <i>TX</i> Zip Code <i>78412</i>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <i>table/event sponsor</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>8/2/24</i>	Payee name <i>McCoys</i>	
Amount (\$) <i>1101.99</i>	Payee address; <i>5909</i>	City; <i>CC</i> State; <i>TX</i> Zip Code <i>78412</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <i>T-Posts</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>7/28/24</i>	Payee name <i>Health Fair 2024</i>	
Amount (\$) <i>2500.00</i>	Payee address;	City; <i>CC</i> State; <i>TX</i> Zip Code
PURPOSE OF EXPENDITURE <i>5351.99</i>	Category (See Categories listed at the top of this schedule)	Description <i>event sponsor</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
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

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.

1 Total pages Schedule F1:	2 FILER NAME <i>Michael Hunter</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>7/24/24</i>	5 Payee name <i>Olive Branch Consulting</i>	
6 Amount (\$) 5000 <i>7500</i>	7 Payee address; City; State; Zip Code <i>PO Box 18639 CC TX 78418</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>consulting services</i>	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <i>7/24/24</i>	Payee name <i>Neely's</i>	
Amount (\$) <i>9982.00</i>	Payee address; City; State; Zip Code <i>1011 Louisiana CC TX 78404</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>printing signs</i>	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <i>7/25/24</i>	Payee name <i>Milestone LS</i>	
Amount (\$) <i>3000.00</i>	Payee address; City; State; Zip Code <i>3522 S Alameda CC TX 78411</i>	
PURPOSE OF EXPENDITURE <i>13732</i>	Category (See Categories listed at the top of this schedule) <i>consulting</i>	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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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.

1 Total pages Schedule F1:	2 FILER NAME <i>Michael Munter</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>9/24/24</i>	5 Payee name <i>CVS</i>	
6 Amount (\$) 1798.03 <i>1798.03</i>	7 Payee address; <i>7798 SPID justin</i>	City; <i>CC</i> State; <i>TX</i> Zip Code <i>78412</i>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	<i>parade supplies + food</i>	
(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>9/4/24</i>	Payee name <i>Milestone CS</i>	
Amount (\$) <i>\$885.00</i>	Payee address; <i>3522 s Alameda</i>	City; <i>CC</i> State; <i>TX</i> Zip Code <i>78411</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<i>Consulting Services</i>	
(c) 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
Date <i>9/3/24</i>	Payee name <i>El Petro</i>	
Amount (\$) <i>\$164.28</i>	Payee address; <i>6085 Weber</i>	City; <i>CC</i> State; <i>TX</i> Zip Code <i>78413</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<i>sponsored dinner</i>	<i>fundraising event for animal service groups</i>
(c) 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

1247.31

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.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date 9/24/24	5 Payee name Padre Island Business Association	
6 Amount (\$) \$3,500 ⁰⁰	7 Payee address; 14493 SPID St 313 CC TX 78418	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) event sponsor →	(b) Description
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 9/24/24	Payee name steve Ray Associates	
Amount (\$) \$1750 ⁰⁰	Payee address; Box 742 CC TX 78403	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Services	Description
	(c) 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
Date 9/24/24	Payee name NAACP - CC	
Amount (\$) \$1000 ⁰⁰	Payee address; 1519 N Chaparral CC TX 78401	City; State; Zip Code
PURPOSE OF EXPENDITURE 6250	Category (See Categories listed at the top of this schedule) Event Sponsor	Description Table sponsor
	(c) 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

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.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date 8/16/24	5 Payee name Olive Branch Consulting	
6 Amount (\$) 800 ⁰⁰	7 Payee address; City; State; Zip Code PO Box 18639 CC TX 78418	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Services	(b) Description
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 8/14/24	Payee name Flour Bluff Athletic Booster Club	
Amount (\$) 400 ⁰⁰	Payee address; City; State; Zip Code 2505 Waldron Rd CC TX 78418	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) sponsorship	Description
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name In the game Funtrackers	
Amount (\$) \$2007.90	Payee address; City; State; Zip Code 9605 SPID CC TX 78418	
PURPOSE OF EXPENDITURE 1407.9	Category (See Categories listed at the top of this schedule) event food sponsor	Description Flour Bluff Business Association P.O. Box 181423 CC TX 78418
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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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.

1 Total pages Schedule F1:	2 FILER NAME <i>Michael Hunter</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>8/3/24</i>	5 Payee name <i>Nueces GOP</i>	
6 Amount (\$) <i>\$3000.00</i>	7 Payee address; <i>5151 Flynn</i>	City; <i>LL</i> State; <i>TX</i> Zip Code <i>78411</i>
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description
	<i>event sponsor</i>	
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <i>8/5/24</i>	Payee name <i>South TX Republicans</i>	
Amount (\$) <i>1000.00</i>	Payee address;	City; <i>LL</i> State; <i>TX</i> Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<i>event Sponsor - Lunch</i>	
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <i>8/4/24</i>	Payee name <i>Adam Rios</i>	
Amount (\$) <i>\$100.00</i>	Payee address; <i>7301 tangledridge ct</i>	City; <i>LL</i> State; <i>TX</i> Zip Code <i>78413</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<i>marketing/ad memorabilia</i>	
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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.

1 Total pages Schedule F1:	2 FILER NAME <i>Michael Hunter</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>9/9/24</i>	5 Payee name <i>Joe Perez</i>	
6 Amount (\$) <i>\$140.00</i>	7 Payee address; <i>802 Barry St</i>	City; <i>CC</i> State; <i>TX</i> Zip Code <i>78411</i>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>marketing</i>	(b) Description <i>sign placement</i>
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>9/11/24</i>	Payee name <i>Nueces Co GOP</i>	
Amount (\$) <i>52.37</i>	Payee address; <i>5151 Flynn Pkwy</i>	City; <i>CC</i> State; <i>TX</i> Zip Code <i>78411</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>sponsorship</i>	Description <i>monthly sponsorship</i>
	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
Date <i>9/10/24</i>	Payee name <i>Neely's Printing</i>	
Amount (\$) <i>1696.25</i>	Payee address; <i>1011 Louisiana Ave</i>	City; <i>CC</i> State; <i>TX</i> Zip Code <i>78404</i>
PURPOSE OF EXPENDITURE <i>1888.62</i>	Category (See Categories listed at the top of this schedule) <i>marketing</i>	Description <i>sign expense</i>
	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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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.

1 Total pages Schedule F1:	2 FILER NAME <i>Michael Hunter</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>9/7/24</i>	5 Payee name <i>Olive Branch Consulting</i>
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6 Amount (\$) <i>1050⁰⁰</i>	7 Payee address; City; State; Zip Code <i>PO Box 18639 CC TX 78418</i>
--	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	<i>consulting services</i>	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>9/6/24</i>	Payee name <i>Gulf Coast Mailing + Printing</i>
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Amount (\$) <i>1029.51</i>	Payee address; City; State; Zip Code <i>6901 SPID CC TX 78412</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<i>ad marketing mailer/handouts</i>	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>9/5/24</i>	Payee name <i>Austin Prowse</i>
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Amount (\$) <i>500⁰⁰</i>	Payee address; City; State; Zip Code <i>8050 Pavo Real CC TX 78414</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<i>consulting services + sign help</i>	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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2579.51

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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.

1 Total pages Schedule F1: 15	2 FILER NAME <i>Michael Hunter</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>9/1/24 - 10/4/24</i>	5 Payee name <i>food + refreshments expenditures for team + volunteers</i>	
6 Amount (\$) 370.22	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <i>food + drink for team + volunteers 9/1/24 - 10/4/24</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>9/1/24 - 10/4/24</i>	Payee name <i>Gas + other related travel expenses</i>	
Amount (\$) 339.28	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <i>travel related expense b/w 9/1/24 + 10/4/24</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>8/1/24 - 10/4/24</i>	Payee name <i>Misc expenses</i>	
Amount (\$) 198.19	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <i>zippers, other sign tools + equipment</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

907.69

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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.

1 Total pages Schedule F1:	2 FILER NAME <i>Michael Hunter</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>9/28/24</i>	5 Payee name <i>Boys & Girls Club</i>	
6 Amount (\$) <i>750⁰⁰</i>	7 Payee address; <i>3902 Greenwood</i>	City; State; Zip Code <i>CC TX 78416</i>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>sponsorship</i>	(b) Description <i>table sponsor</i>
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>10/7/24</i>	Payee name <i>Gulf Coast Printing</i>	
Amount (\$) <i>\$1560.19</i>	Payee address; <i>6901 SPID</i>	City; State; Zip Code <i>CC TX 78412</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>marketing</i>	Description <i>flyers + handout material</i>
	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
Date <i>9/24/24</i>	Payee name <i>Flour Bluff ISD</i>	
Amount (\$) <i>\$230⁰⁰</i>	Payee address; <i>2505 Waldron</i>	City; State; Zip Code <i>CC TX 78418</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>sponsorship</i>	Description <i>marketing/contribution</i>
	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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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.

1 Total pages Schedule F1:	2 FILER NAME <i>Michael Hunter</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>8/23/24</i>	5 Payee name <i>Neely's Printing</i>	
6 Amount (\$) <i>1696.²⁵</i>	7 Payee address; <i>1011 Louisiana</i>	City; <i>CC</i> State; <i>TX</i> Zip Code <i>78404</i>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	<i>marketing</i>	<i>signs 11x4, 4x8,</i>
(c) Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought Office held

Date <i>8/22/24</i>	Payee name <i>Eric Herman</i>		
Amount (\$) <i>\$777.⁰⁰</i>	Payee address; <i>801 Crestview</i>	City; <i>CC</i> State; <i>TX</i> Zip Code <i>78412</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	<i>consulting fee + sign help</i>		
(c) Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
	Candidate / Officeholder name	Office sought	Office held

Date <i>8/20/24</i>	Payee name <i>State TX College Republicans - Nueces Co chapter</i>		
Amount (\$) <i>500.⁰⁰</i>	Payee address; <i>6300 Ocean Dr</i>	City; CC <i>CC</i> State; <i>TX</i> Zip Code 78412 <i>78412</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	<i>sponsorship</i>		
(c) Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
	Candidate / Officeholder name	Office sought	Office held

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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.

1 Total pages Schedule F1:	2 FILER NAME <i>Michael Hunter</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>8/7/24</i>	5 Payee name <i>Steve Ray & Associates</i>	
6 Amount (\$) <i>1750⁰⁰</i>	7 Payee address; City; State; Zip Code <i>Box 742 CC TX 78403</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>consulting services</i>	(b) Description
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <i>8/11/24</i>	Payee name <i>Austin Prowse</i>		
Amount (\$) <i>500⁰⁰</i>	Payee address; City; State; Zip Code <i>8050 Pavo Real CC TX 78414</i>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Labor - sign help</i>	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

Date <i>8/5/24</i>	Payee name <i>Eric Herman</i>		
Amount (\$) <i>\$450⁰⁰</i>	Payee address; City; State; Zip Code <i>801 Crestview CC TX 78412</i>		
PURPOSE OF EXPENDITURE <i>27⁰⁰</i>	Category (See Categories listed at the top of this schedule) <i>Sign Help</i>	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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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.

1 Total pages Schedule F1:	2 FILER NAME <i>Michael Hunter</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>10/3/24</i>	5 Payee name <i>Calallen Education Foundation</i>	
6 Amount/(\$) <i>\$600.00</i>	7 Payee address; <i>4205 Wildcat Dr</i>	City; State; Zip Code <i>CC TX 78410</i>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>sponsorship</i>	(b) Description <i>table sponsor</i>
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>10/2/24</i>	Payee name <i>S.T.A.R.</i>	
Amount (\$) <i>1099.00</i>	Payee address;	City; State; Zip Code <i>CC TX</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Event Sponsorship →</i>	Description
	(c) 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
Date <i>9/27/24</i>	Payee name <i>NAACP - CC</i>	
Amount (\$) <i>750.00</i>	Payee address; <i>1519 N Chaparral</i>	City; State; Zip Code <i>CC TX 78401</i>
PURPOSE OF EXPENDITURE <i>2449</i>	Category (See Categories listed at the top of this schedule) <i>event sponsorship →</i>	Description
	(c) 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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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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.

1 Total pages Schedule F1:	2 FILER NAME <i>Michael Hunter</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>8/29/24</i>	5 Payee name <i>Needy's Printing</i>
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6 Amount (\$) <i>1696.²⁵</i>	7 Payee address; <i>Needy's Printing</i>	City; <i>CC</i>	State; <i>TX</i>	Zip Code <i>78404</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>marketing</i>	(b) Description <i>signs</i>
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>8/28/24</i>	Payee name <i>League of Women Voters - CC</i>
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Amount (\$) <i>\$400.⁰⁰</i>	Payee address;	City; <i>CC</i>	State; <i>TX</i>	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Table Sponsorship</i>	Description
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>8/22/24</i>	Payee name <i>Steve Ray & Associates</i>
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Amount (\$) <i>6000.⁰⁰</i>	Payee address; <i>Box 742</i>	City; <i>CC</i>	State; <i>TX</i>	Zip Code <i>78403</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>consulting services</i>	Description
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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.

1 Total pages Schedule F1:	2 FILER NAME <i>Michael Hunter</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>8/12/24</i>	5 Payee name <i>Neely's Printing</i>	
6 Amount (\$) <i>\$580.²⁹</i>	7 Payee address; <i>1011 Louisiana</i>	City; State; Zip Code <i>CC TX 78404</i>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <i>marketing sign printing</i>
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <i>8/12/24</i>	Payee name <i>McLays</i>		
Amount (\$) <i>\$385.77</i>	Payee address; <i>5909 Holly</i>	City; State; Zip Code <i>CC TX 78412</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <i>f-posts</i>	
	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	

Date <i>8/12/24</i>	Payee name <i>Nurses GOP</i>		
Amount (\$) <i>\$52.37</i>	Payee address; <i>5151 Flynna Pring #103</i>	City; State; Zip Code <i>CC TX 78411</i>	
PURPOSE OF EXPENDITURE <i>1018.43</i>	Category (See Categories listed at the top of this schedule)	Description <i>monthly sponsor</i>	
	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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PLEGGED CONTRIBUTIONS

SCHEDULE B

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 B:	
2 FILER NAME <i>Michael Hunter</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED PLEDGES		\$	
5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	8 Amount of Pledge \$	9 In-kind contribution description
	7 Pledgor address; City; State; Zip Code		
		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (See Instructions)		11 Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State; Zip Code		
		Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State; Zip Code		
		Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State; Zip Code		
		Check if travel outside of Texas. Complete Schedule T.	
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:
2 FILER NAME <i>Michael Hunter</i>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$)
6 Is lender a financial Institution? <input type="checkbox"/> Y <input type="checkbox"/> N	8 Lender address; City; State; Zip Code	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral none		15 Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION 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	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial Institution? <input type="checkbox"/> Y <input type="checkbox"/> N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral none		Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION 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.

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

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.

1 Total pages Schedule F2:	2 FILER NAME <i>Michael Hunter</i>	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		\$

5 Date	6 Payee name		
7 Amount (\$)	8 Payee address;	City;	State; Zip Code
9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political		
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		(b) Description
	(c) Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense

11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

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.		Check if Austin, TX, officeholder living expense

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

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

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 F3:
2 FILER NAME	<i>Michael Hunter</i>	3 Filer ID (Ethics Commission Filers)
4 Date	5 Name of person from whom investment is purchased	
	6 Address of person from whom investment is purchased; City; State; Zip Code	
	7 Description of investment	
	8 Amount of investment (\$)	
Date	Name of person from whom investment is purchased	
	Address of person from whom investment is purchased; City; State; Zip Code	
	Description of investment	
	Amount of investment (\$)	

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.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4:	2 FILER NAME <i>Michael Hunter</i>	3 FILER ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 CREDIT CARD ISSUER	Name of financial institution	
6 PAYMENT	(a) Amount Charged \$	(b) Date Expenditure Charged
7 PAYEE	(a) Payee name	(b) Payee address; City, State, Zip Code
8 PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office Sought Office Held
PAYMENT	(a) Amount Charged \$	(b) Date Expenditure Charged
PAYEE	(a) Payee name	(b) Payee address; City, State, Zip Code
PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office Sought Office Held
PAYMENT	(a) Amount Charged \$	(b) Date Expenditure Charged
PAYEE	(a) Payee name	(b) Payee address; City, State, Zip Code
PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office Sought Office Held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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.

1 Total pages Schedule G:	2 FILER NAME <i>Michael Hunter</i>	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address;	City; State; Zip Code
Reimbursement from political contributions intended		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

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.

1 Total pages Schedule H:	2 FILER NAME <i>Michael Hunter</i>	3 Filer ID (Ethics Commission Filers)
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4 Date	5 Business name
--------	-----------------

6 Amount (\$)	7 Business address; City; State; Zip Code
---------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date	Business name
------	---------------

Amount (\$)	Business address; City; State; Zip Code
-------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date	Business name
------	---------------

Amount (\$)	Business address; City; State; Zip Code
-------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	

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

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

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 I:	2 FILER NAME <i>Michael Hunter</i>	3 Filer ID (Ethics Commission Filers)
---------------------------	------------------------------------	---------------------------------------

4 Date	5 Payee name
--------	--------------

6 Amount (\$)	7 Payee address;	City	State	Zip Code
---------------	------------------	------	-------	----------

8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See instructions regarding type of information required.)

Date	Payee name
------	------------

Amount (\$)	Payee address;	City	State	Zip Code
-------------	----------------	------	-------	----------

PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)

Date	Payee name
------	------------

Amount (\$)	Payee address;	City	State	Zip Code
-------------	----------------	------	-------	----------

PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)

Date	Payee name
------	------------

Amount (\$)	Payee address;	City	State	Zip Code
-------------	----------------	------	-------	----------

PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE K

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 K:
2 FILER NAME <i>Michael Hunter</i>		3 Filer ID (Ethics Commission Filers)
4 Date	5 Name of person from whom amount is received	8 Amount (\$)
	6 Address of person from whom amount is received; City; State; Zip Code	
	7 Purpose for which amount is received Check if political contribution returned to filer	
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received Check if political contribution returned to filer	
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received Check if political contribution returned to filer	
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received Check if political contribution returned to filer	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

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 T:
2 FILER NAME <i>Michael Hunter</i>		3 Filer ID (Ethics Commission Filers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
5 Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
6 Dates of travel	7 Name of person(s) traveling	
	8 Departure city or name of departure location	
	9 Destination city or name of destination location	
10 Means of transportation	11 Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

pg 6

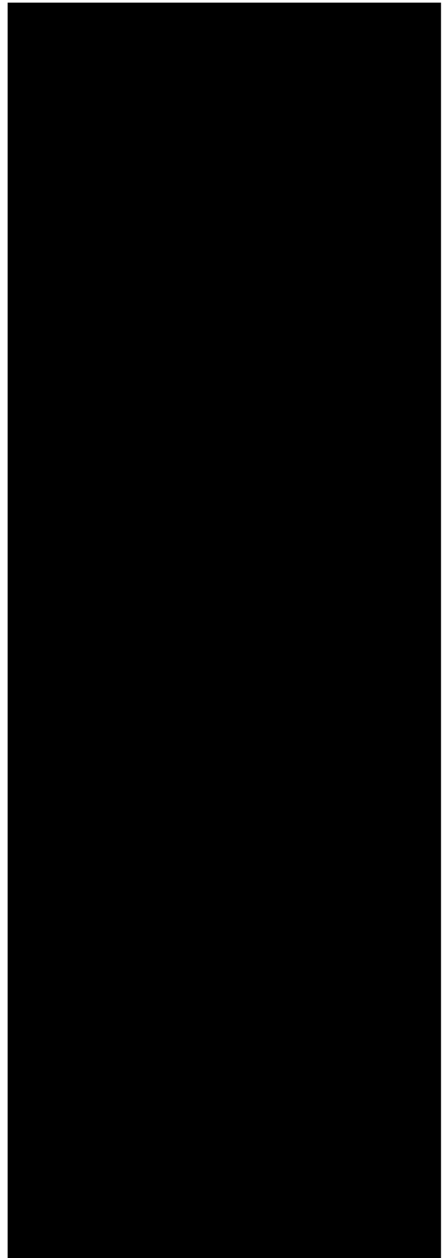
The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 6
2 FILER NAME <i>Michael Hunter → see attached</i>		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
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.

A-1 Monetary Political Contributions

**2024 MAYOR CAMPAIGN
MICHAEL HUNTER CONTRIBUTIONS
30 DAY REPORT**

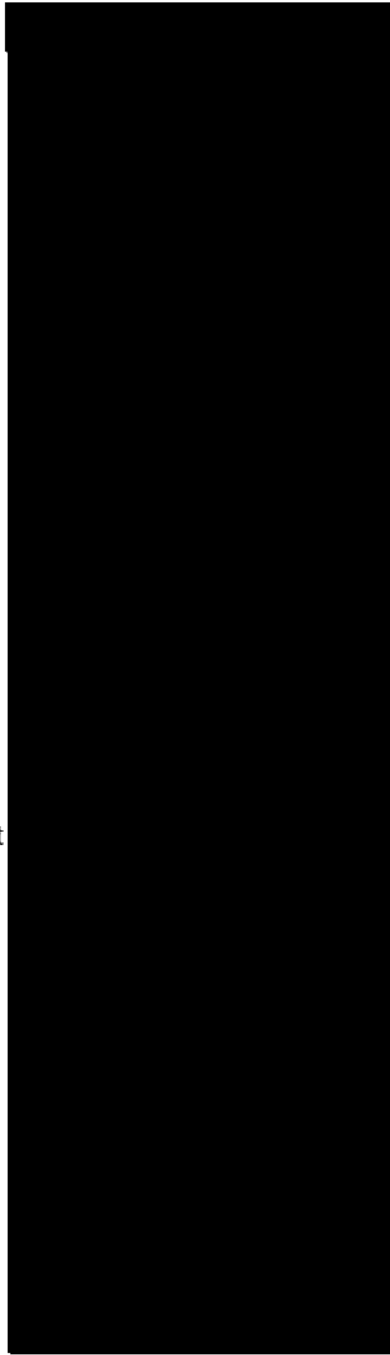
Mrs. Peggy Ahuja
 Dr. Charles Allen
 Mr. Philip Bell
 Mr. & Mrs. Michael and Bergsma
 Michael Bergsma
 Mr. Hugo Berlanga
 Mr. Mahavir Bhakta
 Mr. & Mrs. Deven & Mæ Bhakta
 Mr. Jacek Deve Bhakta
 Mr. & Mrs. Vijay & Pooj Bindingavele
 Mr. Herb Bradley
 Mr. & Mrs. Adalberto & Carrillo
 Mr. & Mrs. Cecil & Jeni Childers
 Ms. Mary Riddic Collins
 Mr. & Mrs. Watler and Crawford
 Mr. & Mrs. Denny & Ka Delk
 Mr. & Mrs. James & Ca Devlin
 Mr. John Durham
 Mr. Benjamin Eshleman III
 The Honora L.J. Francis
 Mr. Ernest Garza
 Mr. & Mrs. Ken & Kimb Griffin
 Mr. W.G. Haney
 Ms. Casey Haney
 Mr. J. Daniel Hogan
 Mrs. Gail Iwaniak
 Mr. Harold Kane
 Mr. Dan Leyendecker
 Mr. Richard McGinley
 Ms. Kathy Merchant



				<i>\$ Amount</i>	
Corpus Christi	TX	78411	3500	8/7/2024	
Corpus Christi	TX	78414	100	8/1/2024	
Corpus Christi	TX	78411	300	8/8/2024	
Corpus Christi	TX	78413	100	8/1/2024	
Corpus Christi	TX	78413	100	8/28/2024	
Corpus Christi	TX	78404	1000	8/1/2024	
Kingsville	TX	78363	1000	8/12/2024	
Corpus Christi	TX	78414	1000	8/11/2024	
Corpus Christi	TX	78414	500	8/11/2024	
Corpus Christi	TX	78412	275	8/23/2024	
Corpus Christi	TX	78418	100	8/22/2024	
Corpus Christi	TX	78413	75	8/1/2024	
Corpus Christi	TX	78411	150	8/1/2024	
Corpus Christi	TX	78412	250	8/1/2024	
Corpus Christi	TX	78414	50	8/1/2024	
Corpus Christi	TX	78463	200	8/1/2024	
Corpus Christi	TX	78411	250	8/1/2024	
Port Aransas	TX	78373	1000	8/15/2024	
Corpus Christi	TX	78401	250	8/1/2024	
Corpus Christi	TX	78413	100	8/28/2024	
Corpus Christi	TX	78410	1000	8/1/2024	
Robstown	TX	78380	250	8/28/2024	
Corpus Christi	TX		1000	8/1/2024	
Austin	TX		1000	8/7/2024	
Corpus Christi	TX		100	8/28/2024	
Corpus Christi	TX	78418	100	8/22/2024	
Corpus Christi	TX		1000	8/1/2024	
Corpus Christi	TX	78418	400	8/1/2024	
Corpus Christi	TX	78418	500	8/21/2024	
Corpus Christi	TX	78418	100	8/22/2024	

\$ Amount

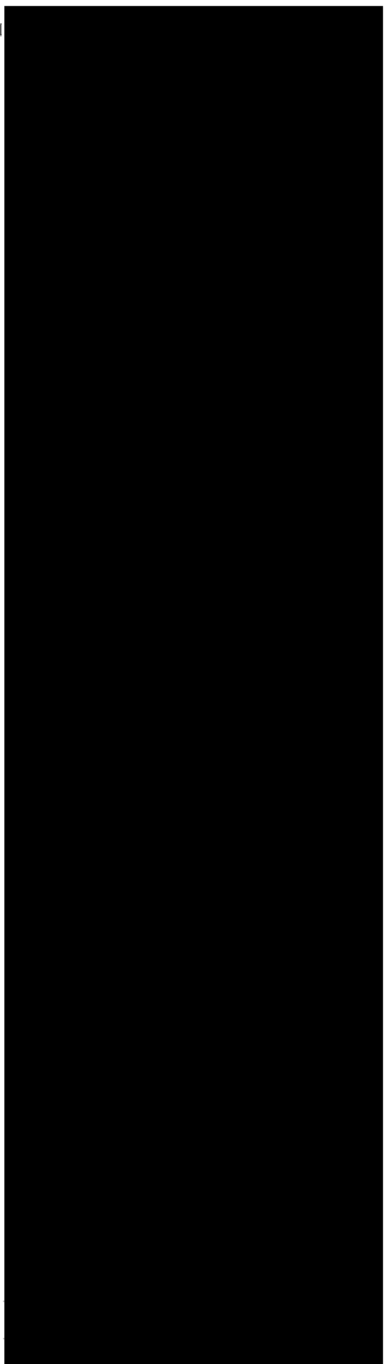
Mr. & Mrs. Michael & L Mintz
 Mr. James Moloney
 Mr. & Mrs. Michael and Pedrotti
 Mr. Daniel Resley
 Ms. Martha Respondek
 Mr. Sid Ridlehuber
 Mr. & Mrs. David & Kar Rossi
 Mr. & Mrs. Guy & Mary Saponari
 Mr. Richard Schmidt
 Mr. Bernard Seger
 Mr. Scott Sherman
 Mr. Wayne Squires
 Mr. & Mrs. Dieter & Ro Strauss
 Mr. & Mrs. David & Elle Underbrink
 Mr. & Mrs. Richard & B Valls
 Mr. David Wilson
 J&E Ranch Tracts, LLC
 Rodd Village Development LLC
 Salazar Investments
 Tierra Motors LLC
 Civil & Environmental Consultant
 Chris Adler
 Matthew Adler
 Hugh Isherwood
 Jerrid & Rac Stottlemire
 Michael Finley
 Debbie Fitch
 DUEE Inc
 Plazacctx Hospitality LLC
 TV Motel
 Rakesh Patel
 Super 8
 Zeba LLC



Corpus Christi	TX	78411	3000	8/1/2024
Corpus Christi	TX	78411	250	8/1/2024
Corpus Christi	TX	78411	250	8/1/2024
Corpus Christi	TX		100	8/28/2024
Corpus Christi	TX	78463	200	8/1/2024
Corpus Christi	TX		1000	8/1/2024
Corpus Christi	TX	78418	150	8/22/2024
Corpus Christi	TX	78418	100	8/23/2024
Corpus Christi	TX	78401	250	8/1/2024
Corpus Christi	TX	78418	100	8/1/2024
Corpus Christi	TX	78411	200	8/1/2024
Corpus Christi	TX	78411	1000	8/1/2024
Port Aransas	TX	78373	100	8/30/2024
Corpus Christi	TX	78404	500	8/1/2024
Corpus Christi	TX	78403	1000	8/1/2024
Corpus Christi	TX	78414	200	8/28/2024
Corpus Christi	TX	78415	100	8/1/2004
Corpus Christi	TX	78415	150	8/1/2024
Corpus Christi	TX	78415	150	8/1/2024
Corpus Christi	TX	78415	200	8/1/2024
Pittsburgh	PA	15205	500	9/18/2024
Corpus Christi	TX	78411	2500	8/16/2024
Corpus Christi	TX	78465	1000	8/16/2024
Corpus Christi	TX	78418	50	8/22/2024
Corpus Christi	TX	78418	100	8/22/2024
Corpus Christi	TX	78418	200	8/15/2024
Corpus Christi	TX	78418	100	8/15/2024
Corpus Christi	TX	78414	200	8/28/2024
Corpus Christi	TX	78408	2000	8/8/2024
Corpus Christi	TX	78408	500	8/15/2024
Corpus Christi	TX	78418	500	9/23/2024
Corpus Christi	TX	78410	250	9/23/2024
Corpus Christi	TX	78463	500	9/24/2024

\$ Amount

Best Western Executive Residence
 Utpal S. Bhalala, LLC
 Anju Ahuja
 Patricia Wallace
 Sulakshana Modak
 Bayfront Marina Investments, LP
 William Miller
 William Cla Miller
 Jerry Susser
 Jesse Gilbert
 Justin Green
 Francis Gandy
 Jennifer Vela
 Joan Carrillo
 Don Deaver
 David Weber
 Dos Gates
 Rene Ramirez
 Roy/Kathie Coons
 Donald Taft
 paul heath
 Albert Kessler
 Kanti Bhakta
 Susan Clark
 Wayne Squires
 Leanne L'Hirondelle
 Gordon Welch
 James Chenault
 Jim Mailhes
 Charles Hicks
 Dennis Grebe
 Chris Walden
 Andy Taubman



Corpus Christi	TX	78144	1001	9/24/2024
Corpus Christi	TX	78414	500	9/24/2024
Corpus Christi	TX	78414	2500	9/24/2024
Corpus Christi	TX	78401	2500	9/17/2024
Corpus Christi	TX	78414	150	9/24/2024
Corpus Christi	TX	78401	1000	9/24/2024
Austin	TX	78703	2500	9/23/2024
Austin	TX	78746	250	9/24/2024
Corpus Christi	TX	78401	1000	9/19/2024
Portland	TX	78374	260.59	7/30/2024
Corpus Christi	TX	78418	520.87	8/1/2024
Corpus Christi	TX	78403	250	8/2/2024
Odem	TX	78370	260.59	8/2/2024
Corpus Christi	TX	78413	52.37	8/3/2024
Corpus Christi	TX	78412	100	8/9/2024
Victoria	TX	77904	260.59	8/12/2024
Corpus Christi	TX	78411	2500	8/19/2024
Edinburg	TX	78539	1041.44	8/23/2024
Corpus Christi	TX	78418	100	8/23/2024
Corpus Christi	TX	78412	1041.44	8/27/2024
corpus christi	TX	78412	50	8/27/2024
Corpus Christi	TX	78468	520.87	8/28/2024
Corpus Christi	TX	78412	500	8/30/2024
Galveston	TX	77554	520.87	9/4/2024
Corpus Christi	TX	78411	1400	9/4/2024
Corpus Christi	TX	78411	104.42	9/4/2024
Corpus Christi	TX	78411	300	9/5/2024
Corpus Christi	TX	78418	100	9/6/2024
Corpus Christi	TX	78418	100	9/6/2024
Corpus Christi	TX	78411-123	520.87	9/8/2024
Dripping Springs	TX	78620	104.42	9/10/2024
Phoenix	AZ	85083	52.37	9/10/2024
Corpus Christi	TX	78412	100	9/13/2024

Jesse Gilbert
Mayes Middleton
David Weber
Ron Lewis



PORTLAND
Galveston
Victoria
Austin

		<i>\$ Amount</i>	
TX	78374-416	500	9/14/2024
TX	77550	1000	9/16/2024
TX	77904	260.59	9/19/2024
TX	78701	500	9/26/2024

57,573.30

Name	Donating Company	Donor First Name	Donor Last Name	Net Amount	Donated At	Address	City	State / Province	Postal Code	Country
Jesse Gilbert		Jesse	Gilbert	\$248.17	7/30/2024		Portland	TX	78374	United States
Justin Green		Justin	Green	\$496.34	8/1/2024		Corpus Christi	TX	78418	United States
Francis Gandy		Francis	Gandy	\$238.07	8/2/2024		Corpus Christi	TX	78403	United States
Jennifer Vela		Jennifer	Vela	\$248.17	8/2/2024		Odem	TX	78370	United States
Joan Carrillo		Joan	Carrillo	\$49.63	8/3/2024		Corpus Christi	TX	78413	United States
Don Deaver		Don	Deaver	\$95.05	8/9/2024		Corpus Christi	TX	78412	United States
David Weber		David	Weber	\$248.17	8/12/2024		Victoria	TX	77904	United States
Dos Gates		Dos	Gates	\$2,383.45	8/19/2024		Corpus Christi	TX	78411	United States
Rene Ramirez		Rene	Ramirez	\$992.71	8/23/2024		Edinburg	TX	78539	United States
Roy/Kathie Coons		Roy/Kathie	Coons	\$95.05	8/23/2024		Corpus Christi	TX	78418	United States
Donald Taft		Donald	Taft	\$992.71	8/27/2024		Corpus Christi	TX	78412	United States
paul heath		paul	heath	\$47.37	8/27/2024		corpus christi	TX	78412	United States
Albert Kessler		Albert	Kessler	\$496.34	8/28/2024		Corpus Christi	TX	78468	United States
Kanti Bhakta		Kanti	Bhakta	\$476.45	8/30/2024		Corpus Christi	TX	78412	United States
Susan Clark		Susan	Clark	\$496.34	9/4/2024		Galveston	TX	77554	United States
Wayne Squires		Wayne	Squires	\$1,334.60	9/4/2024		Corpus Christi	TX	78411	United States
Leanne L'Hirondelle		Leanne	L'Hirondelle	\$99.26	9/4/2024		Corpus Christi	TX	78411	United States
Gordon Welch		Gordon	Welch	\$285.75	9/5/2024		Corpus Christi	TX	78411	United States
James Chenault		James	Chenault	\$95.05	9/6/2024		Corpus Christi	TX	78418	United States
Jim Mailhes		Jim	Mailhes	\$95.05	9/6/2024		Corpus Christi	TX	78418	United States
Charles Hicks		Charles	Hicks	\$496.34	9/8/2024		Corpus Christi	TX	78411-1235	United States
Dennis Grebe		Dennis	Grebe	\$99.26	9/10/2024		Dripping Springs	TX	78620	United States
Chris Walden		Chris	Walden	\$49.63	9/10/2024		Phoenix	AZ	85083	United States
Andy Taubman		Andy	Taubman	\$95.05	9/13/2024		Corpus Christi	TX	78412	United States
Jesse Gilbert		Jesse	Gilbert	\$476.45	9/14/2024		PORTLAND	TX	78374-4160	United States
Mayes Middleton		Mayes	Middleton	\$953.20	9/16/2024		Galveston	TX	77550	United States
David Weber		David	Weber	\$248.17	9/19/2024		Victoria	TX	77904	United States
Ron Lewis & Associates	Ron Lewis & Associates	Ron	Lewis	\$476.45	9/26/2024		Austin	TX	78701	United States
				\$12,408.28						

$$57,573.30 + 12,408.28 = \underline{69,981.58}$$