

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: Mr. FIRST: Michael MI: T NICKNAME: LAST: Hunter SUFFIX:	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center;">OFFICE USE ONLY</th> </tr> <tr> <td colspan="2" style="padding: 5px;">Date Received</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Date Filed 10/11/2022</td> </tr> <tr> <td colspan="2" style="padding: 5px; text-align: center;"> <i>Rebecca Huerta</i> Rebecca Huerta City Secretary </td> </tr> <tr> <td colspan="2" style="padding: 5px;">Date Hand-Delivered or Date Postmarked</td> </tr> <tr> <td style="padding: 5px;">Receipt #</td> <td style="padding: 5px;">Amount \$</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Date Processed</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Date Imaged</td> </tr> </table>		OFFICE USE ONLY		Date Received		Date Filed 10/11/2022		<i>Rebecca Huerta</i> Rebecca Huerta City Secretary		Date Hand-Delivered or Date Postmarked		Receipt #	Amount \$	Date Processed		Date Imaged	
OFFICE USE ONLY																			
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<i>Rebecca Huerta</i> Rebecca Huerta City Secretary																			
Date Hand-Delivered or Date Postmarked																			
Receipt #	Amount \$																		
Date Processed																			
Date Imaged																			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 7201 Pharaoh Dr Corpus Christi, TX, 78412																		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (361) 548-2816																		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: Dr. FIRST: Oscar MI: NICKNAME: LAST: Garcia SUFFIX:																		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE																		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (361) 548-2816																		
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 7 / 1 / 22 THROUGH 9 / 30 / 22																		
11 ELECTION	ELECTION DATE: Month Day Year ELECTION TYPE: 11 / 8 / 22 <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) 13 OFFICE SOUGHT (if known)																		
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	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. <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; padding: 5px;">COMMITTEE TYPE</td> <td style="padding: 5px;">COMMITTEE NAME</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> GENERAL</td> <td style="padding: 5px;">COMMITTEE ADDRESS</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> SPECIFIC</td> <td style="padding: 5px;">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td style="padding: 5px;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>	COMMITTEE TYPE	COMMITTEE NAME	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS										
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<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME																		
	COMMITTEE CAMPAIGN TREASURER ADDRESS																		

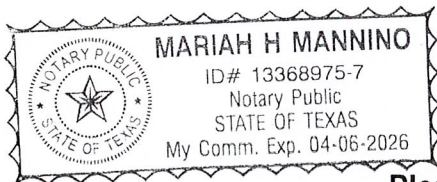
GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

15 C/OH NAME <i>Michael Hunter</i>		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)	\$ <i>26,125</i>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>6,792.31</i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <i>19,332.69</i>
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.



Michael Hunter
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 11 day of October, 2022, to certify which, witness my hand and seal of office.

Mariah Mannino Printed name of officer administering oath
Signature of officer administering oath
Notary public 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.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 26,125. ⁰⁰
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 9,750. ⁰⁰
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 6,792.31
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Michael Hunter</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>9/11/22</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Fred Braselton</i>	7 Amount of contribution (\$) <i>500.00</i>
6 Contributor address; City; State; Zip Code <i>6910 Sw Pattons St LL TX 78413</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>9/29/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Robert Parker</i>	Amount of contribution (\$) <i>\$1,000.00</i>
Contributor address; City; State; Zip Code <i>PO Box 9609 LL TX 78469</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>10/3/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Al Jones</i>	Amount of contribution (\$) <i>1000.00</i>
Contributor address; City; State; Zip Code <i>3420 Ocean LL TX 78411</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>9/9/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Tim Lange</i>	Amount of contribution (\$) <i>2000.00</i>
Contributor address; City; State; Zip Code <i>PO Box 260790 LL TX 78426</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Michael Hunter</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>7/15/22</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Eloy Salazar</i>	7 Amount of contribution (\$) <i>\$100.00</i>
6 Contributor address; City; State; Zip Code <i>2434 Sackey CC TX 78415</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>7/15/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Mrs Eloy Salazar</i>	Amount of contribution (\$) <i>\$500.00</i>
Contributor address; City; State; Zip Code <i>2434 Sackey CC TX 78415</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>10/5/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ed Cantu</i>	Amount of contribution (\$) <i>\$100.00</i>
Contributor address; City; State; Zip Code <i>7849 Etienne Dr CC TX 78414</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>9/20/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Dr. Brian Bulley</i>	Amount of contribution (\$) <i>500.00</i>
Contributor address; City; State; Zip Code <i>6421 Saratoga CC TX 78414</i>		
Principal occupation / Job title (See Instructions) <i>Dentist</i>		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Leah Olivarri</i>	7 Amount of contribution (\$) <i>300.00</i>
<i>10/5/22</i>	6 Contributor address; City; State; Zip Code <i>33 Camden CC TX 78412</i>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Debbie Opel</i>	Amount of contribution (\$) <i>\$50.00</i>
<i>10/5/22</i>	Contributor address; City; State; Zip Code <i>1237 Sandpiper CC TX 78412</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Vabevo PAC</i>	Amount of contribution (\$) <i>500.00</i>
<i>8/16/22</i>	Contributor address; City; State; Zip Code <i>PO Box 69600 TX TX San Antonio</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME <i>Michael Hunter</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>7/12/22</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Eric Cantu</i>	7 Amount of contribution (\$) <i>2,000.00</i>
6 Contributor address; City; State; Zip Code <i>PO BOX 80871 CC TX 78466</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>7/12/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ricardo + Lard Martinez</i>	Amount of contribution (\$) <i>\$75.00</i>
Contributor address; City; State; Zip Code <i>4750 Grand Jc CC TX 78413</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>7/12/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Buchanan Tile</i>	Amount of contribution (\$) <i>100.00</i>
Contributor address; City; State; Zip Code <i>737 Everhart CC TX 78411</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>7/12/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Vishnu Reddy</i>	Amount of contribution (\$) <i>1250.00</i>
Contributor address; City; State; Zip Code <i>38 E Bur Je Ave CC TX 78114</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME <i>Michael Hunter</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>7/12/22</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Bart Braselton</i>	7 Amount of contribution (\$) <i>\$1000.00</i>
6 Contributor address; City; State; Zip Code <i>5337 Yorktown CC TX 78413</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>7/12/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Larry Elizondo</i>	Amount of contribution (\$) <i>\$1000.00</i>
Contributor address; City; State; Zip Code <i>48 Great Lakes CC TX 78413</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>7/13/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Sunil Reddy + Geeta</i>	Amount of contribution (\$) <i>\$2000.00</i>
Contributor address; City; State; Zip Code <i>PO BOX 272000 CC TX 78437</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>7/12/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Deven Bhakta</i>	Amount of contribution (\$) <i>1000.00</i>
Contributor address; City; State; Zip Code <i>40 East Bor Ln CC TX 78414</i>		
Principal occupation / Job title (See Instructions) <i>Doc</i>		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME <i>Michael Hunter</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>7/12/22</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Roy Moore</i>	7 Amount of contribution (\$) <i>\$5000.00</i>
6 Contributor address; City; State; Zip Code <i>1601 Henock CC TX 78418</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>7/12/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>John Michael</i>	Amount of contribution (\$) <i>\$250.00</i>
Contributor address; City; State; Zip Code <i>3117 Seaford Dr CC TX 78418</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>7/12/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Gabi Canales</i>	Amount of contribution (\$) <i>\$500.00</i>
Contributor address; City; State; Zip Code <i>15949 Punta Espada CC TX 78418</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>7/12/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Moses Mostaghassi</i>	Amount of contribution (\$) <i>1000.00</i>
Contributor address; City; State; Zip Code <i>PO Box 331308 CC TX 78463</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

~~Jahvid Motaghi~~ Michael Hunter

3 Filer ID (Ethics Commission Filers)

4 Date

7/12/22

5 Full name of contributor out-of-state PAC (ID#: _____)

Jahvid Motaghi

7 Amount of contribution (\$)

\$200.00

6 Contributor address; City; State; Zip Code

1400 Ocean CC TX 78404

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

7/11/22

Full name of contributor out-of-state PAC (ID#: _____)

Wayne Lundquist

Amount of contribution (\$)

\$250.00

Contributor address; City; State; Zip Code

700 Everhart Ste F11 CC TX 78411

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7/12/22

Full name of contributor out-of-state PAC (ID#: _____)

Laura Milby

Amount of contribution (\$)

\$100.00

Contributor address; City; State; Zip Code

4412 High Ridge CC TX 78410

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7/12/22

Full name of contributor out-of-state PAC (ID#: _____)

Victoria & Adam Minojosa

Amount of contribution (\$)

\$250.00

Contributor address; City; State; Zip Code

3606 Amethysts CC TX 78414

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME <i>Michael Hunter</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>7/12/22</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Richard Milby</i>	7 Amount of contribution (\$) <i>\$1000.00</i>
6 Contributor address; City; State; Zip Code <i>4412 High Ridge CL TX 78410</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>7/21/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Max Underground Construction</i>	Amount of contribution (\$) <i>\$500.00</i>
Contributor address; City; State; Zip Code <i>PO BOX 271106 CC TX 78427</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>7/14/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Mr + Mrs Albert Kessler</i>	Amount of contribution (\$) <i>\$500.00</i>
Contributor address; City; State; Zip Code <i>PO BOX CC TX 78468</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>8/21/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ernest Garza</i>	Amount of contribution (\$) <i>\$1,000.00</i>
Contributor address; City; State; Zip Code <i>10201 Leopard CC TX 78410</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Michael Hunter</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>6/27/22</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Lineburger, Boggan, Blas...</i>	7 Amount of contribution (\$) <i>\$1000.00</i>
6 Contributor address; City; State; Zip Code <i>PO Box 17428 Austin TX 78760</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>7/11/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Zeba, LLC</i>	Amount of contribution (\$) <i>\$500.00</i>
Contributor address; City; State; Zip Code <i>PO Box 3696 CL TX 78463</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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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:	
2 FILER NAME <i>Michael Hunter</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <i>4250.00</i>	
5 Date <i>9/9</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Dan Legendrecker</i>	8 Amount of Contribution \$ <i>750.00</i>	9 In-kind contribution description <i>event host food</i>
7 Contributor address; City; State; Zip Code <i>15222 Lane Harbor Col. TX 78418</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <i>Engineer</i>		11 Employer (FOR NON-JUDICIAL)(See Instructions) <i>LNV - Ardurra</i>	
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 <i>8/26/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Todd Hunter</i>	Amount of Contribution \$ <i>\$3500.00</i>	In-kind contribution description <i>radio/media consulting Steve Ray</i>
Contributor address; City; State; Zip Code <i>445 Cape Henry VA TX 23412</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <i>Lawyer</i>		Employer (FOR NON-JUDICIAL)(See Instructions) <i>Self</i>	
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.

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:	
2 FILER NAME <i>Michael Hunter</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 9,150.00 <i>4,000.00</i>	
5 Date <i>8/2/20</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Todd Hunter</i>	8 Amount of Contribution \$ <i>4000.00</i>	9 In-kind contribution description <i>media/consulting</i> <i>Steve Ray Cons.</i>
7 Contributor address; City; State; Zip Code <i>445 Cape Henry CC TX 78412</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <i>Lawyer</i>		11 Employer (FOR NON-JUDICIAL)(See Instructions) <i>Todd Hunter Law</i>	
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#: _____)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code		
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			
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.

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:	
2 FILER NAME <i>Michael Hunter</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <i>1500⁰⁰</i>	
5 Date <i>7/12</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Dan Leyendecker</i>	8 Amount of Contribution \$ <i>\$750⁰⁰</i>	9 In-kind contribution description <i>event host food</i>
7 Contributor address; City; State; Zip Code <i>15222 Cane Harbor CC TX 78418</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <i>Engineer</i>		11 Employer (FOR NON-JUDICIAL) (See Instructions) <i>LNV engineering - Adarra</i>	
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 <i>7/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Phillip Ramirez</i>	Amount of Contribution \$ <i>\$750⁰⁰</i>	In-kind contribution description <i>event host food</i>
Contributor address; City; State; Zip Code <i>322 Santa Monica C.C TX 78411</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <i>Architect</i>		Employer (FOR NON-JUDICIAL) (See Instructions) <i>Turner + Ramirez</i>	
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 Munter</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>9/15/22</i>	5 Payee name <i>Grass Roots</i>	
6 Amount (\$) <i>250.00</i>	7 Payee address; City; State; Zip Code <i>4855 Alameda CC TX 78212</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>8/15/22</i> <i>8/16/22</i>	Payee name <i>Group of Block Walkers food +/other exp</i>	
Amount (\$) <i>\$92.31</i>	Payee address; City; State; Zip Code <i>CC TX 78412</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<i>Debit Card payments</i> <i>food for group + zip ties for signs</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>7/15/22</i>	Payee name <i>Steve Ray + Associates</i>	
Amount (\$) <i>\$5000.00</i>	Payee address; City; State; Zip Code <i>P.O. Box 742 CC TX 78403</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<i>Consulting Exp</i> <i>Campaign Management</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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Michael Hunter</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>9/21/22</i>	5 Payee name # <i>CLAUSE</i>	
6 Amount (\$) <i>200.⁰⁰</i>	7 Payee address; <i>4855 Alameda</i>	City; State; Zip Code <i>CC TX 78412</i>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Ad exp</i>	(b) Description <i>support sponsorship</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
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Date <i>9/15/22</i>	Payee name <i>Jaycob Garcia - Steve Ray Assoc.</i>		
Amount (\$) <i>\$650.⁰⁰</i>	Payee address; <i>P.O. Box 742</i>	City; State; Zip Code <i>CC TX 78403</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Signs/media/planning</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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>9/14/22</i>	Payee name <i>Jaycob Garcia - Steve Ray Assoc.</i>		
Amount (\$) <i>600.⁰⁰</i>	Payee address; <i>P.O. Box 742</i>	City; State; Zip Code <i>CC TX 78403</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>campaign expenses</i>	Description <i>signs door to door material</i>	
	<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
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