

# 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: <del>32</del> 32
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <u>Michael</u> FIRST MI NICKNAME <u>Munter</u> LAST SUFFIX <u>T</u>	<b>OFFICE USE ONLY</b>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <u>7201 Pharaoh Dr CL TX 78412</u>	Date Received <b>Date Filed</b> <u>7/15/2024</u>	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(361) 548-2816</u>	Date Handled <u>for</u> <b>Rebecca Huerta</b> <b>City Secretary</b>	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <u>Cecilia Garcia</u> FIRST MI NICKNAME <u>Akere</u> LAST SUFFIX	Receipt #	Amount \$
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <u>7201 Pharaoh Dr <del>San Antonio TX</del> Corpus Christi TX 78412</u>	Date Processed	Date Imaged
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(361) 548 2816</u>		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input checked="" 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    Month Day Year <u>1 / 1 / 24</u> THROUGH <u>6 / 30 / 24</u>		
11 ELECTION	ELECTION DATE Month Day Year <u>11 / 5 / 24</u>	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) <u>City Council At Large</u>	13 OFFICE SOUGHT (if known) <u>Mayor</u>	
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.		
	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME	COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME	COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2

SCANNED

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

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

<b>15 C/OH NAME</b> <i>Michael Hunter</i>		<b>16 Filer ID</b> (Ethics Commission Filers)
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <i>0</i>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>45,425.00</i>
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <i>0</i>
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>21,948.14</i>
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <i>28,976.86</i>
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <i>0</i>

**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 \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, to certify which, witness my hand and seal of office.

Signature of officer administering oath                      Printed name of officer administering oath                      Title of officer administering oath

OR

**(2) Unsworn Declaration**

My name is Michael T. Hunter, and my date of birth is 9/4/87  
 My address is 7201 Pharesok Dr, Corpus Christi, TX 78412 USA  
(street) (city) (state) (zip code) (country)  
 Executed in Nueces County, State of Texas, on the 15 day of July, 2024  
(month) (year)  
 \_\_\_\_\_  
 Signature of Candidate/Officeholder (Declarant)

**SUBTOTALS - C/OH**

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

19 FILER NAME <i>Michael Hunder</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 40,925 <sup>00</sup>
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 4500 <sup>00</sup>
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ 0
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 21,948.14
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

**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: 18
2 FILER NAME Michael Hunter		3 Filer ID (Ethics Commission Filers)
4 Date 6/26/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laura Mibby	7 Amount of contribution (\$) \$1000 <sup>00</sup>
6 Contributor address; City; State; Zip Code [Redacted] C TX 78410		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 6/26/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cynthia Garza	Amount of contribution (\$) \$300 <sup>00</sup>
Contributor address; City; State; Zip Code [Redacted] TX 78410		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 6/25/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rudy Garza	Amount of contribution (\$) 300 <sup>00</sup>
Contributor address; City; State; Zip Code [Redacted] TX 78401		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 6/26/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brew Diggins	Amount of contribution (\$) 500 <sup>00</sup>
Contributor address; City; State; Zip Code [Redacted] TX 78418		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>\$2100<sup>00</sup></b>		
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 10
2 FILER NAME Michael Hunter		3 Filer ID (Ethics Commission Filers)
4 Date 6/25/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) George Fisher	7 Amount of contribution (\$)
6 Contributor address; City; State; Zip Code [Redacted] Lake Mary, FL 32746		\$3000.00
8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)	
Date 6/26/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Resendez	Amount of contribution (\$)
Contributor address; City; State; Zip Code [Redacted] CC TX 78414		500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 6/26/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James Devlin	Amount of contribution (\$)
Contributor address; City; State; Zip Code [Redacted] CC TX 78411		250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 6/26/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Margo Moore	Amount of contribution (\$)
Contributor address; City; State; Zip Code [Redacted] CC TX 78418		5000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

\$8750.00

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: 10
2 FILER NAME Michael Hunter		3 Filer ID (Ethics Commission Filers)
4 Date 6/24/24	5 Full name of contributor [Redacted] <input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) 100 <sup>00</sup>
6 Contributor address; City; State; Zip Code [Redacted] CC TX 78414		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/5/24	Full name of contributor Salazar Investments <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) 150 <sup>00</sup>
Contributor address; City; State; Zip Code [Redacted] CC TX 78415		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/5/24	Full name of contributor Rodd Village Development LLC <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) 150 <sup>00</sup>
Contributor address; City; State; Zip Code [Redacted] CC TX 78415		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/5/24	Full name of contributor Tierra Motors LLC <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) 200 <sup>00</sup>
Contributor address; City; State; Zip Code [Redacted] CC TX 78415		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
		\$ 600 <sup>00</sup>

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

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2 FILER NAME Michael Hunter		3 Filer ID (Ethics Commission Filers)
4 Date 3/27/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) M. Salmas	7 Amount of contribution (\$) 1000 <sup>00</sup>
6 Contributor address; City; State; Zip Code [Redacted] CC TX 78414		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/27/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ray Moore	Amount of contribution (\$) 5000 <sup>00</sup>
Contributor address; City; State; Zip Code [Redacted] CC TX 78418		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/27/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Loeb	Amount of contribution (\$) 1000 <sup>00</sup>
Contributor address; City; State; Zip Code [Redacted] CC TX 78411		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/27/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kusumakar Sooda	Amount of contribution (\$) 1000 <sup>00</sup>
Contributor address; City; State; Zip Code [Redacted] CC TX 78413		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
\$8000 <sup>00</sup>		
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 10
2 FILER NAME Michael Hunter		3 Filer ID (Ethics Commission Filers)
4 Date 6/28/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raymond Westgrove	7 Amount of contribution (\$) 1000.00
6 Contributor address; City; State; Zip Code Raymondville, TX 78580		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 6/28/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) George Finley	Amount of contribution (\$) 1000.00
Contributor address; City; State; Zip Code [REDACTED] CC TX 78411		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 6/7/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin Johnson	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code [REDACTED] CC TX 78410		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 6/25/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adler Family	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code [REDACTED] CC TX 78411		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

		\$2600.00
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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: 10
2 FILER NAME Michael Hunter		3 Filer ID (Ethics Commission Filers)
4 Date 3/26/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mark Ellison	7 Amount of contribution (\$) 200.00
6 Contributor address; City; State; Zip Code [Redacted] Austin TX 78745		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 3/27/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richard + Sarah Hood	Amount of contribution (\$) 150.00
Contributor address; City; State; Zip Code [Redacted] TX 78413		
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)

		350.00
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**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: 18
2 FILER NAME Michael Hunter		3 Filer ID (Ethics Commission Filers)
4 Date 6/26/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robin Cox	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code [Redacted] CC TX 78413		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 6/26/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shawn Flannagan	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code [Redacted] CC TX 78411		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 6/26/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jerry Hunsaker	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code [Redacted] CC TX 78411		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 6/26/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gulley Family	Amount of contribution (\$) 1000.00
Contributor address; City; State; Zip Code [Redacted] CC TX 78414		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
\$1700.00		
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 10
2 FILER NAME Michael Hunter		3 Filer ID (Ethics Commission Filers)
4 Date 6/27/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Luis Prowse	7 Amount of contribution (\$) 150.00
6 Contributor address; City; State; Zip Code [Redacted] LL TX 78414		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 6/26/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charles Giffen Jr	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code [Redacted] LL TX 78404		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 6/26/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bayfront Marina LLC	Amount of contribution (\$) 5000.00
Contributor address; City; State; Zip Code [Redacted] LL TX 78410		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 6/26/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sheldon Schroeder	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code [Redacted] LL TX 78411		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
\$5750.00		
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 10
2 FILER NAME Michael Hunter		3 Filer ID (Ethics Commission Filers)
4 Date 3/27/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richard Milby	7 Amount of contribution (\$) 1000.00
6 Contributor address; City; State; Zip Code [Redacted] CC TX 78410		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 2/26/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rajan Ahuja	Amount of contribution (\$) 2000.00
Contributor address; City; State; Zip Code [Redacted] CC TX 78414		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 3/27/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sean Strawbridge	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code [Redacted] CC TX 78404		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 3/27/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael Montz	Amount of contribution (\$) 2000.00
Contributor address; City; State; Zip Code [Redacted] CC TX		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

		10,000.00
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

**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: 10
2 FILER NAME Michael Hunter		3 Filer ID (Ethics Commission Filers)
4 Date 3/27/24	5 Full name of contributor [Redacted] <input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) 500.00
6 Contributor address; City; State; Zip Code [Redacted] CC TX 78410		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 3/27/24	Full name of contributor Raymond Gignac <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code [Redacted] CC TX 78412		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 3/27/24	Full name of contributor Michael Bergema <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code [Redacted] CC TX 78413		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 3/27/24	Full name of contributor James Akers + Cecilia Garcia Akers <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) 75.00
Contributor address; City; State; Zip Code [Redacted] San Antonio TX 78259		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

\$1075.00

**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: <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>4500.00</u>	
5 Date <u>6/7/24</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Todd Hunter</u>	8 Amount of Contribution \$ <u>3000.00</u>	9 In-kind contribution description <u>Consulting Services for 3rd Party Vendor</u>
7 Contributor address; City; State; Zip Code <u>445 Cape Henry CC TX 78412</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <u>Lawyer</u>		11 Employer (FOR NON-JUDICIAL) (See Instructions) <u>Todd Hunter Law</u>	
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 <u>6/14/24</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Todd Hunter</u>	Amount of Contribution \$ <u>1500.00</u>	In-kind contribution description <u>Consulting Services for 3rd Party Vendor</u>
Contributor address; City; State; Zip Code <u>445 Cape Henry CC TX 78412</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <u>Lawyer</u>		Employer (FOR NON-JUDICIAL) (See Instructions) <u>Todd Hunter Law</u>	
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)			
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>			

# 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		
		<input type="checkbox"/> 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		
		<input type="checkbox"/> 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		
		<input type="checkbox"/> 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		
		<input type="checkbox"/> 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?  Y 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 <input type="checkbox"/> none		15 <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )	Loan Amount (\$)
Is lender a financial Institution?  Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

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

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



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>8</b>	2 FILER NAME <b>Michael Hunter</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>4/12/24</b>	5 Payee name <b>Hard Knocks</b>	
6 Amount (\$) <b>50.07</b>	7 Payee address; City; State; Zip Code <b>15401 S Padre Island Dr LL TX 78418</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>PIBA Luncheon Event</b>	(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 <b>4/22/24</b>	Payee name <b>Whataburger</b>	
Amount (\$) <b>96.26</b>	Payee address; City; State; Zip Code <b>6817 SPID LL TX 78412</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>staff + volunteer food</b>	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
Date <b>4/26/24</b>	Payee name <b>U + I Restaurant</b>	
Amount (\$) <b>60.00</b>	Payee address; City; State; Zip Code <b>309 Water St LL TX 78401</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>staff + volunteer food</b>	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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# 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: <b>8</b>	2 FILER NAME <b>Michael Hunter</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>4/8/24</b>	5 Payee name <b>Cancun</b>	
6 Amount (\$) <b>72.31</b>	7 Payee address; City; State; Zip Code <b>4252 S Alameda St LL TX 78412</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Staff + volunteer food</b>	(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 <b>4/9/24</b>	Payee name <b>Kikos</b>		
Amount (\$) <b>34.28</b>	Payee address; City; State; Zip Code <b>5514 Everhart Rd LL TX</b>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <del>Event</del> <b>event meal</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		
Complete ONLY if direct expenditure to benefit C/OH			
Candidate / Officeholder name			
Office sought			
Office held			

Date <b>4/10/24</b>	Payee name <b>Whataburger</b>		
Amount (\$) <b>28.45</b>	Payee address; City; State; Zip Code <b>Nite LL TX 78412</b>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Staff + volunteer food</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		
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: <b>8</b>	2 FILER NAME <b>Michael Hunter</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>5/6/24</b>	5 Payee name: <b>McDonalds</b>	
6 Amount (\$) <b>19.03</b>	7 Payee address; <b>720 <del>Alameda</del> Alameda</b> City: <b>CL</b> State: <b>TX</b> Zip Code: <b>78412</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	<b>food staff + volunteer</b>	
(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
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Date <b>5/6/24</b>	Payee name <b>Sunoco</b>		
Amount (\$) <b>\$12.36</b>	Payee address; <b>7526 McArdle Rd</b> City: <b>CL</b> State: <b>TX</b> Zip Code: <b>78412</b>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	<b>food staff + volunteer</b>		
<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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Date <b>1/1/24-6/30/24</b>	Payee name <b>IBC Bank</b>		
Amount (\$) <b>\$30.<sup>00</sup></b>	Payee address; <b>221 S Shoreline</b> City: <b>CL</b> State: <b>TX</b> Zip Code: <b>78401</b>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	<b>bank account service fee</b>		
<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.

<b>1</b> Total pages Schedule F1: <u>8</u>	<b>2</b> FILER NAME: <u>Michael Hunter</u>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date: <u>6/17/24</u>	<b>5</b> Payee name: <u>Lucy's Snacksbar</u>	
<b>6</b> Amount (\$): <u>\$11.20</u>	<b>7</b> Payee address: <u>312 N Chaparral St</u>	City: <u>CC</u> State: <u>TX</u> Zip Code
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule): <u>Staff &amp; volunteer food</u>	(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	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date: <u>5/2/24</u>	Payee name: <u>Whataburger</u>	
Amount (\$): <u>\$18.06</u>	Payee address: <u>Ernie Foster 7702 SP ID</u>	City: <u>CC</u> State: <u>TX</u> Zip Code: <u>78412</u>
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule): <u>Staff &amp; volunteer food</u>	Description
	(c) <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: <u>5/2/24</u>	Payee name: <u>Rotary Club of CC</u>	
Amount (\$): <u>1213.34</u>	Payee address: <u>5442 Bear Lane</u>	City: <u>CC</u> State: <u>TX</u> Zip Code: <u>78405</u>
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule): <u>Sponsorship marketing</u>	Description
	(c) <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: <b>8</b>	2 FILER NAME: <b>Michael Hunter</b>	3 Filer ID (Ethics Commission Filers)
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4 Date: <b>4/20/24</b>	5 Payee name: <del>XXXXXXXXXX</del> <b>Suzy Saldana</b>
------------------------	---

6 Amount (\$): <b>\$1750<sup>00</sup></b>	7 Payee address; City; State; Zip Code: <b>52625 Staples Ste 270 CC TX 78411</b>
---	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): <b>Consulting</b>	(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
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Date: <b>4/8/24</b>	Payee name: <b>Milestone</b>
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Amount (\$): <b>750<sup>00</sup></b>	Payee address; City; State; Zip Code: <b>35225 Alameda CC TX 78411</b>
--------------------------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): <b>Consulting</b>	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: <b>4/8/24</b>	Payee name: <b>NAACP CC TX</b>
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Amount (\$): <b>1000<sup>00</sup></b>	Payee address; City; State; Zip Code: <b>1519 N. Chaparral CC TX 78401</b>
---------------------------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): <b>Marketing/Sponsorship</b>	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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# 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: <b>8</b>	2 FILER NAME <b>Michael Hunter</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>7/10/24</b>	5 Payee name <b>LULAL</b>
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6 Amount (\$) <b>1000<sup>00</sup></b>	7 Payee address; <b>5262 S Staples</b> City: <b>CC</b> State: <b>TX</b> Zip Code: <b>78411</b>
--	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Sponsorship/Marketing</b>	(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
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Date <b>7/10/24</b>	Payee name <b>CC CAUSE</b>
---------------------	----------------------------

Amount (\$) <b>500<sup>00</sup></b>	Payee address; <b>5262 S Staples</b> City: <b>CC</b> State: <b>TX</b> Zip Code: <b>78411</b>
-------------------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Sponsorship Marketing</b>	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 <b>4/8/24</b>	Payee name <b>Steve Ray &amp; Associates</b>
--------------------	--

Amount (\$) <b>1500<sup>00</sup></b>	Payee address; <b>710 Buffalo</b> City: <b>CC</b> State: <b>TX</b> Zip Code: <b>78401</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Consulting</b>	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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**3000<sup>00</sup>** ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <u>8</u>	<b>2</b> FILER NAME <u>Michael Hunter</u>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <u>5/1/24</u>	<b>5</b> Payee name <u>Joseph Ramirez</u>	
<b>6</b> Amount (\$) <u>500<sup>00</sup></u>	<b>7</b> Payee address; <u>400 Mann St Ste 1000</u>	City; <u>CC</u> State; <u>TX</u> Zip Code <u>78401</u>
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <u>Consulting</u>	<b>(b)</b> Description
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

Date <u>6/28/24</u>	Payee name <u>Joseph Ramirez</u>		
Amount (\$) <u>500<sup>00</sup></u>	Payee address; <u>400 Mann St Ste 1000</u>	City; <u>CC</u>	State; <u>TX</u> Zip Code <u>78401</u>
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <u>Consulting</u>	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 <u>6/28/24</u>	Payee name <u>Steve Ray &amp; Associates</u>		
Amount (\$) <u>6000<sup>00</sup></u>	Payee address; <u>710 Buffalo</u>	City; <u>CC</u>	State; <u>TX</u> Zip Code <u>78401</u>
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <u>Consulting</u>	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

7000<sup>00</sup> **ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <u>9</u>	<b>2</b> FILER NAME: <u>Michael Hunter</u>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date: <u>7/10/24</u>	<b>5</b> Payee name: <u>Steve Ray &amp; Associates</u>	
<b>6</b> Amount (\$): <u>6,000<sup>00</sup></u>	<b>7</b> Payee address; City; State; Zip Code: <u>710 Buffalo St LL TX 78401</u>	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule): <u>Consulting</u>	<b>(b)</b> Description
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date: <u>6/17/24</u>	Payee name: <u>Gray B Photography</u>	
Amount (\$): <u>541.25</u>	Payee address; City; State; Zip Code: <u>3850 S Alameda LL TX 78411</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): <u>Photos</u>	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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Date: <u>4/1/24 - 6/30/24</u>	Payee name: <u>Nueces Co GOP</u>	
Amount (\$): <u>261.53</u>	Payee address; City; State; Zip Code: <u>5151 Flynn Parkway Ste 103 CC TX 78411</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): <u>Marketing (recurring)</u>	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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# 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 Munter</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) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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
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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
	<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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**PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F3**

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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule F3:
<b>2</b> FILER NAME <i>Michael Hunter</i>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date	<b>5</b> Name of person from whom investment is purchased	
	<b>6</b> Address of person from whom investment is purchased; City; State; Zip Code	
	<b>7</b> Description of investment	
	<b>8</b> 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 (\$)	

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# 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

<b>1 TOTAL PAGES SCHEDULE F4:</b>	<b>2 FILER NAME</b> <i>Michael Hunter</i>	<b>3 FILER ID (Ethics Commission Filers)</b>
<b>4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD</b>		\$
<b>5 CREDIT CARD ISSUER</b>	Name of financial institution	
<b>6 PAYMENT</b>	(a) Amount Charged \$	(b) Date Expenditure Charged
<b>7 PAYEE</b>	(a) Payee name	(b) Payee address; City, State, Zip Code
<b>8 PURPOSE OF EXPENDITURE</b> <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(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	
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name	Office Sought      Office Held
<b>PAYMENT</b>	(a) Amount Charged \$	(b) Date Expenditure Charged
<b>PAYEE</b>	(a) Payee name	(b) Payee address; City, State, Zip Code
<b>PURPOSE OF EXPENDITURE</b> <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(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	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name	Office Sought      Office Held
<b>PAYMENT</b>	(a) Amount Charged \$	(b) Date Expenditure Charged
<b>PAYEE</b>	(a) Payee name	(b) Payee address; City, State, Zip Code
<b>PURPOSE OF EXPENDITURE</b> <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(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	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name	Office Sought      Office Held

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# 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.

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

<b>1</b> Total pages Schedule H:	<b>2</b> FILER NAME <i>Michael Hunter</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date	<b>5</b> Business name	
<b>6</b> Amount (\$)	<b>7</b> Business address;	City; State; Zip Code
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule)	<b>(b)</b> Description
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> 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
	<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	Business name	
Amount (\$)	Business address;	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	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	Business name	
Amount (\$)	Business address;	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	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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# 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.)		

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# 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> Check if political contribution returned to filer	

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# 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 checked="" 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)	

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