CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

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The C/OH Instruction G	Suide explains how t	to complete this form.	1 Filer ID (Ethics Comm	mission Filers)	2 Total pages file	ed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR MRS	FIRST CANDACE		мı L	OFFICE	USE ONLY
NAME	NICKNAME	HUNTER		SUFFIX	Pala /	7, 2023
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; 1301 BRIARC		TO WAS A COUNTY OF THE PARTY OF	ZIP CODE 78723	July 13 by Edna K	2. Butts
5 CANDIDATE/	AREA CODE	PHONE NUMBER	EXTENSION			
OFFICEHOLDER PHONE	(512)	4141700	54566		Date Hand-delivered	or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST CUITLAHUA		мі	Receipt #	Amount \$
NAME	NICKNAME	LAST	*****	SUFFIX	Date Processed	
	NGAN-WE	GUERRA-MO		SOFFIX	Date Imaged	
7 CAMPAIGN		NO PO BOX PLEASE), APT / S		COLUMN TO THE PARTY OF THE PART	STATE,	ZIP CODE
TREASURER ADDRESS	6614 HIGHP	DINT DR	AUST	IN	TX	78723
(Residence or Business)						
8 CAMPAIGN	AREA CODE	PHONE NUMBER	EXTENSION			
TREASURER	-10	0.45.400.4				
PHONE	(512)	9454904				
9 REPORT TYPE	January 15	30th day before e	election Runoff		15th day aft treasurer ap (Officeholder	
	July 15	8th day before ele	ection Exceeds Reportin	ed Modified ng Limit	Final Report	(Attach C/OH - FR)
10 PERIOD	Month	Day Year		Month	Day Year	
COVERED	1 /	/ 17 / 23	THROUGH	6	/ 30 / 23	
11 ELECTION	ELECTION DAT	E	EL	ECTION TYPE		
	Month Day	Year Primary	Runoff	Other Description		
	11 /8 /	/ 22 ■ General	Special			
	/ 6 /					
12 OFFICE	OFFICE HELD (if any) AUSTIN ISD SCHOOL BO	ARD TRUSTEE DISTRICT 1	13 OFFICE SOU	GHT (if known)		
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFICE	E OF POLITICAL CONTRIBUTIONS EHOLDER. THESE EXPENDITURES AND OFFICEHOLDERS ARE REQUI	S MAY HAVE BEEN MADE WITH	OUT THE CAND	IDATE'S OR OFFICEHOLI	DER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME				
Additional Pages	GENERAL	COMMITTEE ADDRESS				
·	SPECIFIC	COMMITTEE CAMPAIGN TRE	ASURER NAME			
		COMMITTEE CAMPAIGN TR	EASURER ADDRESS			
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SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Ethics Comm								
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE								
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$							
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$							
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$							
4.	SCHEDULE E: LOANS	\$							
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL C	ONTRIBUTIONS \$							
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$							
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS \$							
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	s							
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FU	UNDS \$							
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO	A BUSINESS OF C/OH \$							
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL C	ONTRIBUTIONS \$							
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBL TO FILER	ITIONS RETURNED \$							

LOANS

SCHEDULE E

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

The	Instruction Guide explains how to compl	lete this form.	1 Total pages Schedule E:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UN	NITEMIZED LOANS		\$
5 Date of loan	=	PAC (ID#:)	9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate 11 Maturity date
YN			
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Coll	ateral	Check if personal fun account (See Instruct	ds were deposited into political
16 GUARANTOR INFORMATION	17 Name of guarantor	1	19 Amount Guaranteed (\$)
	18 Guarantor address; City;	State: Zip Code	1
not applicable			
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	
Date of loan		PAC (ID#:)	Loan Amount (\$)
ls lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate
FYFN			Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Colling	ateral	Check if personal fundaccount (See Instruct	ds were deposited into political lons)
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable			
Principal Occupati	on (See Instructions)	Employer (See Instructions)	
If le	ATTACH ADDITIONAL COPI nder is out-of-state PAC, please see Ins	ES OF THIS SCHEDULE AS NEE truction guide for additional re	

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SCHEDULE F1

		EXPENDIT	URE CATE	GORIES F	OR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Ciedit Card Payment		Event Expenso Fees Food/Beverage Expe Gift/Awards/Memoria Legal Services The Instruction	als Expense	Office Over Polling Exp Printing Ex Salaries/W		Tran Tran Tran	vel In District vel Out Of Distr	ipment & Related I	00.00 4 1.4000.00000011
1 Total pages Schedule F1:	Total pages Schedule F1: 2 FILER NAME CANDACE L HUNTER						iler ID (Ethi	cs Commission	Filers)
4 Date 1/18/23	5 Payee na	ome TSAN			· · · · · · · · · · · · · · · · · · ·				
6 Amount (\$)	7 Payee ac				City;		State;	Zip Code	
\$24.65	100 200	02 5 0 10°C	2 12 2 2 2						
8 PURPOSE	(a) Categor	y (See Categories listee	at the top of this	schedule)	(b) Description				
OF EXPENDITURE	Sec. N	NITTRAT			OFFICE	9US	PLIES		
	(c)	Check if travel outside of	Texas. Complete S	chedule T.	Check if Au	ıstin, TX,	officeholder livir	ng expense	
9 Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder i	name		Office sought			Office held	
Date	Payee na	ime							
1/20/23	Koo	L CORN	Er.						
Amount (\$)	Payee ac				City;		State;	Zip Code	
\$39.00									
PURPOSE	Category	(See Categories listed	at the top of this s	chedule)	Description				
OF	· 78								
EXPENDITURE	IN DIZ	TRILT -	TRAVE		FUEL				
		Check if travel outside of	Texas. Complete Se	chedule T.	Check if Au	stin, TX,	officeholder livir	ng expense	
Complete ONLY if direct expenditure to benefit C/OF	1	ate / Officeholder r	name		Office sought			Office held	
	CHNI	DACE L. H	UNTER					RUSTER	<u> </u>
1/24/23	AMA7	4							
	/ II VIP 2	LOIN							
Amount (\$)	Payee ac	ldress;			City;		State;	Zip Code	
	Category	(See Categories listed	at the top of this s	chedule)	Description				
PURPOSE OF EXPENDITURE	Annie	NISTRAT	T LI/F		COMPUT	50	SUPPI	150	
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No. 10 to 10	100000000000000000000000000000000000000	Check if travel outside of 1	The second of	chedule T.	North Control of the	stin, TX,	officeholder livin	THE CONTRACTOR OF STREET	
Complete ONLY if direct expenditure to benefit C/OF		ate / Officeholder	name		Office sought			Office held	

SCHEDULE F1

			(Company)			
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Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Offi Food/Beverage Expense Pol y Gift/Awards/Memorials Expense Prir	in Repayment/Reimbursement ce Overhead/Rental Expense ling Expense tting Expense aries/Wages/Contract Labor w to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)			
1 Total pages Schedule F1:	2 FILER NAME CANDACE L HUNTER	X	3 Filer ID (Ethics Commission Filers)			
4 Date 2 9 1 2 3	6 Payee name					
6 Amount (\$)	7 Payee address:	City;	State; Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sched	ule) (b) Description				
	(c) Check if travel outside of Texas. Complete Schedul	e T. Check if Aust	in, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name CANDACE L. HUNTE	Office sought	Office held TRUSTEE			
Date	Payee name					
2121/23	HEB GAS					
4mount (\$) \$31.94	Payee address;	City;	State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedu					
	Check if travel outside of Texas. Complete Schedul	e T. Check if Austi	Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held			
experience to benefit oron	CANDALE L. HUNTER	<u> </u>	TRUSTEE			
Date	Payee name					
2/21/23	LYFT					
Amount (\$)	Payee address;	City;	State; Zip Code			
\$4.74			- 1			
ACTIVITIES OF VICTOR	Category (See Categories listed at the top of this schedu	le) Description				
PURPOSE OF EXPENDITURE	TRAVEL IN DISTRICT					
	Check if travel outside of Texas. Complete Schedul	e T. Check if Austi	n, TX, officeholder living expense			
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held			
expenditure to benefit C/OF	CANDACE 1. HUNTER	-	TRUITEE			

SCHEDULE F1

	EXPENDITURE CATEGO	ORIES F	OR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	Fees Office Overhing Expense Polling Expense Printing Exp			Travel In District Travel Out Of Distri	pment & Related Expense
Credit Card Payment	The Instruction Guide explains	how to co	mplete this form.		
1 Total pages Schedule F1:	2 FILER NAME CANDACE L HUNTER			3 Filer ID (Ethic	es Commission Filers)
4 Date 3 8 23	6 Payee name				*
6 Amount (\$)	7 Payee address;		City;	State;	Zip Code
\$24.10					
8	(a) Category (See Categories listed at the top of this sol	hedule)	(b) Description		, , , , , , , , , , , , , , , , , , ,
PURPOSE					
OF EXPENDITURE	TRAVEL IN DISTRICT	T			
	(c) Check if travel outside of Texas. Complete Sche	001.000	Check if Austi	n, TX, officeholder livin	g expense
9 Complete ONLY if direct	Candidate / Officeholder name		Office sought		Office held
expenditure to benefit C/OH	CANDACE L. HUNTER	a			TRUSTEE
Date	Payee name				
3/9/23	LYFT				
Amount (\$)	Payee address;		City;	State;	Zip Code
\$14.75					
	Category (See Categories listed at the top of this sche	edule)	Description		
PURPOSE		- 1			
EXPENDITURE	TRAVEL IN DISTRIC	T			
	Check if travel outside of Texas. Complete Sche	tin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought		Office held
exponentiale to belieff 0/01	CANDACE L HUNTE	ā			TRUSTEE
Date	Payee name				,
3 15 23	LYFT				
Amount (\$)	Payee address;		City;	State;	Zip Code
\$16.76					
	Category (See Categories listed at the top of this sche	edule)	Description		
PURPOSE OF	_				
EXPENDITURE	TRAVEL IN DISTRICT				
	Check if travel outside of Texas. Complete Sche	edule T	Check if Austin	n, TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought		Office held
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SCHEDULE F1

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

EXPENDITURE	CATEGORIES	FOR	BOX	8(a)
5925				

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

	the instruction during explains now to co	implete this form.						
1 Total pages Schedule F1:	2 FILER NAME CANDACE L HUNTER		3 Filer ID (Ethio	cs Commission Filer	s)			
4 Date 3/17 /23	6 Payee name Domino'S	8,						
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code				
\$52.47								
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description						
PURPOSE								
OF EXPENDITURE	FOOD BEVERAGE EXPENSE							
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	in, TX, officeholder livin	III expense	=			
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	THE COLUMN	Office held				
expenditure to benefit C/OF	CANDALE HUNTER	- mad adagini		TRUSTEE	7			
Date	Payee name			Tiens . CE	_			
2110 102								
3118 123	LYFT							
Amount (\$)	Payee address;	City;	State;	Zip Code				
\$ 8.97								
	Category (See Categories listed at the top of this schedule)	Description						
PURPOSE								
OF EXPENDITURE	TRAVEL OUT OF DISTRICT							
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder livin	g expense				
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office hold				
expenditure to benefit C/OH	CANDACE HUNTER		Ti	WITEE				
Date	Payee name							
3/18/23								
2118123	MAY FLOWER HOTEL							
Amount (\$)	Payee address;	City;	State;	Zip Code				
\$ 8.22								
	Category (See Categories listed at the top of this schedule)	Description						
PURPOSE OF								
EXPENDITURE	FOOD BEVERAGE DYPUNSE							
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	j expense				
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expenditure to benefit C/OH	CANDACE HUNTER		TR	MSTEE				
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

SCHEDULE F1

		EXPEN	DITURE CATE	GORIES F	OR BOX 8(a)		
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4 Date	5 Payee na	ame					
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6 Amount (\$)	7 Payee ac		01111111		City;	State:	Zip Code
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8	(a) Categor	y (See Categories	listed at the top of this	schedule)	(b) Description		***
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9 Complete ONLY if direct	The state of the s	late / Officeholo	der name		Office sought		Office held
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SCHEDULE F1

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CANDACE L HUNTER 6 Payee name 6 Payee name 7 Payee address: CBy: State: Zip Code 8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE OF EXPENDITURE (c) Check # Flavoid categories listed at the top of this schedule) (d) Category (See Categories listed at the top of this schedule) 9 Complete QNLY if direct expenditure to benefit C/OH Date 3 / 2 / 2 3 Amount (s) Payee name 3 / 2 / 2 3 Amount (s) Payee address: Category (See Categories listed at the top of this schedule) Description Category (See Categories listed at the top of this schedule) Complete QNLY if direct expenditure to benefit C/OH Category (See Categories listed at the top of this schedule) Complete QNLY if direct expenditure to benefit C/OH Category (See Categories listed at the top of this schedule) Complete QNLY if direct expenditure to benefit C/OH Category (See Categories listed at the top of this schedule) Date 3 / 2 / 2 3 Amount (s) Payee name 3 / 2 / 2 3 Amount (s) Payee address: Category (See Categories listed at the top of this schedule) Description Category (See Categories listed at the top of this schedule) Complete QNLY if direct categories listed at the top of this schedule) Complete QNLY if direct categories listed at the top of this schedule) Complete QNLY if direct categories listed at the top of this schedule) Complete QNLY if direct categories listed at the top of this schedule) Complete QNLY if direct categories listed at the top of this schedule) Complete QNLY if direct categories listed at the top of this schedule) Complete QNLY if direct categories listed at the top of this schedule) Complete QNLY if direct categories listed at the top of this schedule) Complete QNLY if direct categories listed at the top of this schedule) Complete QNLY if direct categories listed at the top of this schedule) Complete QNLY if direct categories listed at the top of this schedule) Complete QNLY if direct categories listed at the top of this schedule) Cof	Credit Card Payment	The Instruction Guide explains how	to complete this form.		
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8 Amount (s) \$ 2 \cdot \text{OD} 8		The state of the s	rein NG		
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Complete ONLY if direct expenditure to benefit C/OH Candidate / Office holder name Office cought Office holde TRUSTEE Date Payee name Amount (\$) Payee address; City: State: Zip Code Purpose Office State: Zip Code Category (See Categories listed at the top of this schedule) Purpose Office State: Check if Austin, TX, officeholder living expense Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office sought Office held TRUSTEE	and the state of t	TRAVEL IN DISTRICT			
Date Payee name 3 / 29 / 23		***************************************	Check if Austin	n, TX, officeholder living	expense
Category (See Categories listed at the top of this schedule) Purpose OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name			Office sought	11-1	Office hold
Date 3 / 29/23 LYFT Amount (\$) Payee address; City: State; Zip Code \$15.93 PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name	expenditure to benefit C/OF	* (A		-	TRUCTET
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SCHEDULE F1

		EXP	ENDITURE C	ATEGORI	ESF	OR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica				head/Rental Expense ense pense	Transporta Travel In E Travel Out	ition Equi District Of Distri	sing Expense pment & Related Expense ot ory not listed above)		
Credit Card Payment		The Inst	ruction Guide e	xplains how	to co	omplete this form.			
1 Total pages Schedule F1:	2 FILER N		JNTER				3 Filer I	D (Ethic	s Commission Filers)
4 Date 4 13123	5 Payee na						•		
6 Amount (\$)	7 Payee ad	dress;				City;	s	state;	Zip Code
\$18.74									
8 PURPOSE	(a) Categor	y (See Categ	ories listed at the top	p of this schedu	le)	(b) Description			
OF EXPENDITURE	TRAV	FLI	N DIST	RICT					
	(c)	Check if travel	outside of Texas. Con	mplete Schedule	T.	Check if Aus	tin, TX, officeh	older livir	g expense
9 Complete ONLY if direct expenditure to benefit C/OH			holder name Hunt Er	۷		Office sought		-	Office held
Date	Payee na	ame							
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	Category	r (See Catego	ries listed at the top	of this schedule	5)	Description			
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expenditure to benefit C/Oh	1 0		holder name			Office cought			Office hold
	CANT	DALE	HUNTI	5n					TRUSTEE
Date	Payee na	ame							
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expenditure to benefit C/Oh	4	VDA LE		ER					TRUSTEE
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SCHEDULE F1

		EXPENDITURE CATE	GORIES F	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Office Over Polling Exp Printing Ex		Travel In District Travel Out Of Distr	ipment & Related Expense
Credit Card Payment		The Instruction Guide explain				
1 Total pages Schedule F1:	2 FILER N	AME CE L HUNTER	3 Filer ID (Ethio	cs Commission Filers)		
4 Date	6 Payee na	***				
4/20/23	FROS	T NATIONAL	BA	WK		
6 Amount (\$)	7 Payee a	ddress;		City;	State;	Zip Code
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8	(a) Categor	y (See Categories listed at the top of this	schedule)	(b) Description		
PURPOSE OF						
EXPENDITURE	FEE			BANKING	, -	
	(c)	Check if travel outside of Texas. Complete S	chedule T.	Check if Austi	in, TX, officeholder livir	ng expense
9 Complete ONLY if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held
7						
Date	Payee na	ame				
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	Category	/ (See Categories listed at the top of this s	chadula)	Description		
PURPOSE OF						
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Complete ONLY if direct	Candid	ate / Officeholder name		Office sought		Office held
expenditure to benefit C/OH		DALE HUNTER			_	Tower
						TRUSTEE
Date	Payee na	ame				
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	Category	(See Categories listed at the top of this se	chedule)	Description		
PURPOSE						
EXPENDITURE	TRAVE	L IN DISTRICT				
		Check if travel outside of Texas. Complete Sc	chedule T.	Check if Austin	n, TX. officeholder livin	g expense
Complete ONLY if direct		ate / Officeholder name		Office sought		Office held
expenditure to benefit C/OH		VDACE HUNTER			A	TRUSTEE
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PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

The Instruction Guide explains how to complete this form. 1 Total pages Schedule F3:									
2 FILER NAME					3 F	iler ID (Eth	ics Commissio	on Filers)	
4 Date	5 Name of person	from whom investm	nent is purchase	d					
	6 Address of pers	son from whom inves	stment is purcha		City;		State;	Zip Code	
	7 Description of i	nvestment		ī				t t	
	8 Amount of inve	stment (\$)							
Date	Name of person	from whom investo	nent is purchase	ed					
	Address of per	son from whom inves		sed; C	ity;		State;	Zip Code	******
	Description of i	nvestment							
	Amount of inve	stment (\$)	P 1					0.1	
			1 11 11 11						
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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

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SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense vivertising Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense counting/Banking pnsulting Expense Fees Food/Beverage Expense Office Overhead/Rental Expense Polling Expense Transportation Equipment & Related Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel Out Of District andidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) dit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 6 Payee name 6 Amount (\$) 7 Payee address: City: State Zin Code Reimbursement from political contributions intended 8 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. (c) Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct enditure to benefit C/OH Date Payee name Amount (\$) Payee address: City; State; Zip Code Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) Description PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State; Zip Code Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) Description PURPOSE EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held Candidate / Officeholder name Complete ONLY if direct enditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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SCHEDULE |

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	The Instruction Guide explains how to complete this form.							
1 1	ptal pages Schedule I:	2 FILER NAME		3 Filer ID	(Ethics Co.	mmission 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 required.)	instructions rega	ding type of	information		
	Date	Payee name						
	Amount (\$)	Payee address;	City		State	Zip Code		
	PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	instructions rega	rding type of	information		
	Date	Payee name						
	Amount (\$)	Payee address;	City		State	Zip Code		
	PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	instructions rega	ding type of	information		
	Date	Payee name						
	Amount (\$)	Payee address;	City		State	Zip Code		
	PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	instructions rega	ding type of	information		
		ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED				
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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 NDACE L. HUNTER				3 Filer ID (Ethics Commission Filers)				
4	Name of Contributor / Corporation or Labor Organization / Pledgor / Payee								
5	Contribution / Expend Schedule A2 Schedule F2	Sche	on: edule B Schedule edule F4 Schedule		Schedule C2 Schedule H	Schedul	e D	Schedule F1 Schedule B-SS	
6	Dates of travel	7 Name of CANDAC	person(s) traveling E L. HUNTER						
		8 Departu	re city or name of departure	olocation					
			ion city or name of destina NGTON DC	tion location					
10	Means of transportati OUTHWEST AIRL		11 Purpose of travel (incl Texas Federal A	Marine and the second second second			event)		
	Name of Contributor	/ Corporation	or Labor Organization / Ple	edgor / Payee					
	Contribution / Expenditure reported on: Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1 Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B-SS								
	Dates of travel Name of person(s) traveling CANDACE L. HUNTER								
	Departure city or name of departure location AUSTIN								
		I	ion city or name of destina NGTON DC	tion location					
9	Means of transportation SOUTHWEST AIRLINES Purpose of travel (including name of conference, seminar, or other event) COUNCIL OF GREAT CITY SCHOOL LEGISTLATIVE CONFERENCE							IFERENCE	
	Name of Contributor	/ Corporation	or Labor Organization / Ple	edgor / Payee					
	Contribution / Expenditure reported on:								
	Schedule A2	Schedu	ile B Schedule B(J) Sch	edule C2	Schedule I) [Schedule F1	
	Schedule F2	Schedu	ile F4 Schedule G	Sch	redule H	Schedule (COH-UC (Schedule B-SS	
	Dates of travel	CANDAC	f person(s) traveling CE L. HUNTER		12				
	Departure city or name of departure location AUSTIN								
		CHICA							
93	Means of transportat		Purpose of travel (Inc AMERICAN ED				and the second second	ATION	
		<u>A</u>	TTACH ADDITIONAL CO	PIES OF TH	IS SCHEDULE	AS NEEDED			
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CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

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FORM C/OH - FR

	The Instruction Guide explains how to complete this form.							
	◆ Complete only if "Report Type" on page 1 is marked "Final Report" ◆							
1	C/OH N	AME	2 Filer ID (Ethics Commission Filers)					
3	SIGNATURE							
	I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.							
	Signature of Candidate / Officeholder							
4	CAN CAN POST CAN	WHO IS NOTAN OFFICEHOLDER plete A & B below <i>only</i> if you are not an officeholder. ••						
	A.	CAMPAIGN FUNDS						
	Check	k only one:						
		I do not have unexpended contributions or unexpended interest or income earned from	om political contributions.					
	I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.							
	B. ASSETS							
	Check only one:							
	I do not retain assets purchased with political contributions or interest or other income from political contributions.							
	I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.							
		S	signature of Candidate					
5		EHOLDER						
	·· Com	I am aware that I remain subject to filing requirements applicable to an officeholder who of file. I am also aware that I will be required to file reports of unexpended contributions if, an officeholder, I retain political contributions, interest or other income from political corpolitical contributions or interest or other income from political contributions.	after filing the last required report as					
		Si	gnature of Officeholder					

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