CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction C	àuide explains how	to comple	te this form.	1 Filer ID	(Ethics Co	mmission Filers)	2 Total p	ages file	d:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MRS	CA	FIRST	1		мı L	o	FFICE	JSE ONLY
	NICKNAME		last INTER			SUFFIX	Date Receiv	ved	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX 1301 BRIARCLI			city; AUSTIN T	STATE; EXAS	ZIP CODE 78723	10-1	1-20;	2 ELB
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE 955-	NUMBER		EXTENSI	ИС	Date Hand-		or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MR	Cl	FIRST JITLAHUAC			мі	Receipt # Date Proces	sed	Amount \$
	NICKNAME		last UERRA-MOJA	RRO		SUFFIX	Date Image	d	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS 6614 HIGHPOIN		PLEASE); APT / S		city; AUSTIN		s TEXA	tate; AS 7	ZIP CODE 8723
(Residence or Business) 8 CAMPAIGN	AREA CODE	PHONE	NUMBER		EXTENSI	DNI .			
TREASURER PHONE	(⁵¹²)		4904		EATENSI	м			
9 REPORT TYPE	January 15	х	30th day before	election	Run	off	trea	th day afte asurer app ficeholder	
	July 15		8th day before el	ection		eded Modified Inting Limit	Fin	al Report	(Attach C/OH - FR)
0 PERIOD COVERED	Month 07	Day Ø1	Year 22	THROU	JGH	Month 10	Day 10	Year 22	
11 ELECTION	ELECTION DA	TE				ELECTION TYPE			
	Month Day	Year 2 2	Primary √ General	Rund		Other Description			
12 OFFICE	OFFICE HELD (if any)					DUGHT (if known School Boar		Distric	t 1
4 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTIO THE CANDIDATE / OFFIC CONSENT. CANDIDATES	EHOLDER. T	HESE EXPENDITURE	S MAY HAVE BEE	N MADE W	THOUT THE CAND	DATE'S OR OF	FICEHOLD	FR'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTI	and the second second			the same time particular			and the second
Additional Pages	GENERAL	COMMITTE	EE ADDRESS						
2	SPECIFIC	COMMITTE	EE CAMPAIGN TRE	ASURER NAME	5				
		COMMITT	EE CAMPAIGN TR	EASURER ADD	RESS				

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

16 C/OH NAME	16 Fil	er ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	 TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) 	\$0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$8159.22
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$0.00
	4. TOTAL POLITICAL EXPENDITURES	\$4894.69
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$3284.29
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$
	Signature of Candidate	e or Officeholder
	Flease complete either option below.	
(1) Affidavit	GABRIEL ALEJO Notary Public, State of Texas My Comm. Exp. 11-17-2025 ID No. 13345362-6	
NOTARY STAMP/SEA	A	
Sworn to and subscribed	before me by Candace Hunter this the 1/4	day of October
20 <u>22</u> , to certify Mun al	which, witness my hand and seal of office.	day of October .
Signature of officer administe	ng oath Printed name of officer administering oath	Title of officer administering oath
	OR	
(2) Unsworn Declaration	on	
My name is	, and my date of birth is	
	, and my date of birth is	· · · · · · · · · · · · · · · · · · ·
	(street) (city) (state)	(zip code) (country)
Executed in	County, State of, on theday of(month)	, 20 (year)
	(month)	(year)
	Signature of Candidate/Of	ficeholder (Declarant)

	TARY POLITICAL (SCHEDULE A1
71	- Instantian Quide aurlaine ha		hin former	1 Total pages Schedule A1:
	ne Instruction Guide explains ho	w to complete t	nis torm.	
2 FILER NAM Candace Hu				3 Filer ID (Ethics Commission Filers)
4 Date 07/02/22	 5 Full name of contributor PATRICIA BUCHHOLTZ 6 Contributor address; 4025 CAMACHO ST 	City;	State; Zip Code	7 Amount of contribution (\$) \$526.63
8 Principal oc	L cupation / Job title (See Instructions))	9 Employer (See Instruct	tions)
Date 07/02/22	Full name of contributor NIKKI SCOFIELD Contributor address;		PAC (ID#:) State; Zip Code	Amount of contribution (\$) \$52.95
Principal occ	4300 CROMWELL DR		TEXAS. 78723 Employer (See Instruct	ions)
Date 07/02/22	Full name of contributor HEATHER SEIDEL Contributor address; 9119 WAMPTON WAY	City;	PAC (ID#:) State; Zip Code TEXAS 78749	Amount of contribution (\$) \$100.00
Principal occ	supation / Job title (See Instructions)		Employer (See Instruc	tions)
Date 07/02/22	Full name of contributor STEPHANIE JARNIGAN Contributor address;	out-of-state I City;	State; Zip Code	Amount of contribution (\$) \$52.95
Principal occ	3303 BRIDLE PATH supation / Job title (See Instructions)	AUSTIN	TEXAS 78703 Employer (See Instruct	ions)
	ATTACH ADD If contributor is out-of-state P/		S OF THIS SCHEDULE AS	

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SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME CANDACE HUI	VTER		3 Filer ID (Ethics Commission Filers)
4 Date 7/04/2022	Suzanne Grier		7 Amount of contribution (\$) \$26.63
//04/2022	6 Contributor address; City; 10900 Grassmere Ct AUSTIN 7	State; Zip Code TX 78739	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruction	ns)
Date 7/07/2022	Full name of contributor out-of-state PAC Lacey Faulkner	(ID#:)	Amount of contribution (\$) \$105.58
	Contributor address; City;	State; Zip Code FEXAS. 78758	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	15)
Date 7/08/2022	Full name of contributor out-of-state PAC Monique Mehta	(ID#)	Amount of contribution (\$) \$52.95
	Contributor address; City;	State; Zip Code AS. 78722	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ns)
Date	Full name of contributor out-of-state PAC Cerece Rosenthal	(ID#)	Amount of contribution (\$)
7/08/2022	Contribulor address; City;	State; Zip Code TEXAS 78722	\$105.58
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	is)
	ATTACH ADDITIONAL COPIES C If contributor is out-of-state PAC, please see Instru		

SCHEDULE A1

Th	e Instruction Guide explains how	to complete th	is form.	1 Total pages Schedule A1:	
2 FILER NAMI CANDACE H				3 Filer ID (Ethics Commission Filers)	
4 Date 07/08/22	5 Full name of contributor out-of-state PAC (ID#:) Jennifer Potter-Miller		.C (ID#:)	7 Amount of contribution (\$) \$105.58	
07700722	6 Contributor address; 3909 Grayson Ln.	city; AUSTIN	State; Zip Code TEXAS 78722		
8 Principal occ	upation / Job title (See Instructions)		9 Employer (See Instruc	stions)	
Date 07/08/22	Full name of contributor Gillian Brody-Wilcox		\C (ID#:)	Amount of contribution (\$) \$105.58	
	Contributor address;		State; Zip Code		
Principal occ	upation / Job title (See Instructions)		Employer (See Instruc	lions)	
Date 07/08/22	Full name of contributor out-of-state PAC (ID#: Victoria Camp			Amount of contribution (\$) \$105.58	
	Contributor address;		State; Zip Code		
Principal occ	upation / Job title (See Instructions)		Employer (See Instruc	ctions)	
Date	Full name of contributor Sabrina Kemble	out-of-state P/	AC (ID#:)	Amount of contribution (\$) \$10.84	
07/08/22	Contributor address; 3808 HALF PENNY RD	city; AUSTIN	State; Zip Code TEXAS 78722	010.04	
Principal occ	upation / Job title (See Instructions)		Employer (See Instruc	l. tions)	
	ATTACH ADDI If contributor is out-of-state PA		S OF THIS SCHEDULE AS truction guide for additiona		

SCHEDULE A1

Th	e Instruction Guide explains how to complete this fo	rm. 1 Total pages Schedule A1:
2 FILER NAM CANDACE H		3 Filer ID (Ethics Commission Filers)
4 Date	Full name of contributor out-of-state PAC (ID# Dusty Harshman) 7 Amount of contribution (\$) \$105.58
11012022	6 Contributor address; City; S	State; Zip Code TX 18123
8 Principal oc	supation / Job title (See Instructions) 9	Employer (See Instructions)
Date 7/8/2022	Ashley Fisher	Amount of contribution (\$) \$52.95
		State; Zip Code
Principal occ	upation / Job title (See Instructions)	Employer (See Instructions)
Date 7/9/2022	Full name of contributor out-of-state PAC (ID/ Amanda Braziel-Holleman	\$105.58
		state; Zip Code
Principal occ	upation / Job title (See Instructions)	Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID) Carmen Llanes	Amount of contribution (\$) \$105.58
7/9/2022		State; Zip Code XAS 78722
Principal occ	upation / Job title (See Instructions)	Employer (See Instructions)
	ATTACH ADDITIONAL COPIES OF If contributor is out-of-state PAC, please see Instruct	

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The	Instruction Guide explains how to complete this	۶ form.	1 Total pages Schedule A1:
2 FILER NAME CANDACE HUI	NTER		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC Anna Foster	\$ (ID#:)	7 Amount of contribution (\$) \$26.63
TT TOT LOLL	6 Contributor address; City; 8911 N Plaza Ct AUSTIN	State; Zip Code TX 78753	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruction	ons)
Date 7/10/2022	Stephanie Erlewine Contributor address; City;	STORE THE RECEIPTING THE PERSON NUMBER OF THE PERSO	Amount of contribution (\$) \$52.95
Principal occup	ation / Job title (See Instructions)	Employer (See Instructio	ons)
Date 7/10/2022	Jaquita Wilson-Kirby Contributor address; City;	S (ID#:) State; Zip Code TEXAS. 78626	Amount of contribution (\$) \$31.89
Principal occup	l ation / Job title (See Instructions)	Employer (See Instruction	ons)
Date 7/10/2022	Full name of contributor out-of-state PAC William Walter Contributor address; City;	C (ID#:) State; Zip Code	Amount of contribution (\$) \$100.00
		TEXAS 78731	
Principal occup	ation / Job tille (See Instructions)	Employer (See Instructio	ons)
	ATTACH ADDITIONAL COPIES If contributor is out-of-state PAC, please see Inst		

SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME CANDACE HU		3 Filer ID (Ethics Commission Filers)
4 Date 7/10/2022	5 Full name of contributor out-of-state PAC (ID#: May Taylor	ر 7 Amount of contribution (\$) \$52.95
771072022	6 Contributor address; City; State; Zip Code 1909 McCloskey St AUSTIN TX 78753	
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Inst	ructions)
Date 7/11/2022	Full name of contributor out-of-state PAC (ID#:	\$105.58
	Contributor address; City; State; Zip Code 5820 Berkman Dr AUSTIN TEXAS. 78751	
Principal occu	pation / Job title (See Instructions) Employer (See Instructions)	uctions)
Date 7/11/2022	Full name of contributor out-of-state PAC (ID#: Angela Pires	Amount of contribution (\$) \$50.00
	Contributor address; City; State; Zip Code 1103 Olive Street AUSTIN TEXAS. 78702	
Principal occu	pation / Job title (See Instructions) Employer (See Inst	ructions)
Date	Full name of contributor out-of-state PAC (ID#:	
7/12/2022	Contributor address; City; State; Zip Code 2049 Antone Street AUSTIN. TEXAS 78723	\$105.58
Principal occu	pation / Job title (See Instructions) Employer (See Instructions)	ructions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE If contributor is out-of-state PAC, please see Instruction guide for additio	

SCHEDULE A1

The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME CANDACE HU			3 Filer ID (Ethics Commission Filers)
4 Date 7/12/2022	5 Full name of contributor out-of-state PAC Jen Spencer	: (ID#:)	7 Amount of contribution (\$) \$263.47
1112/2022	6 Contributor address; City;	State; Zip Code TX 78723	
8 Principal occi	upation / Job title (See Instructions)	9 Employer (See Instructi	ions)
Date 7/13/2022	Full name of contributor out-of-state PAG Valerie Turullols	C (ID#:)	Amount of contribution (\$) \$52.95
	Contributor address; City: 4701 Quicksilver Blvd AUSTIN	State; Zip Code TEXAS. 78744	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date 7/15/2022	Full name of contributor out-of-state PA Sabrina Kemble	C ((D#:)	Amount of contribution (\$) \$5.58
	Contributor address; City; 3808 Half Penny Rd AUSTIN T	State; Zip Code	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PA Diane Zander Mason	C (ID#:)	Amount of contribution (\$) \$105.58
7/15/2022	Contributor address; City;	State; Zip Code	\$105.58
	1707 Broadmoor Drive AUSTIN.	TEXAS 78723	
Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ons)
	ATTACH ADDITIONAL COPIES If contributor is out-of-state PAC, please see Inst	and the second	

MONETARY PO	OLITICAL	CONTRIBUTIONS
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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 for	rm.	1 Total pages Schedule A1:
2 FILER NAME CANDACE HU		;	3 Filer ID (Ethics Commission Filers)
4 Date 7/04/2022	5 Full name of contributor out-of-state PAC (ID# Jennifer Becker		7 Amount of contribution (\$) \$10.84
770472022	6 Contributor address; City; S 5500 Nelson Oaks Drive AUSTIN TX	itate; Zip Code	A 2019/000-101
8 Principal occi	pation / Job title (See Instructions) 9	Employer (See Instruction	15)
Date 7/07/2022	Full name of contributor out-of-state PAC (ID# Victoria O'Neal)	Amount of contribution (\$) \$10.84
		state; Zip Code	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	s)
Date 7/08/2022	Full name of contributor out-of-state PAC (ID#:) Karen Latta		Amount of contribution (\$) \$52.95
		itate; Zip Code	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ns)
Date	Full name of contributor out-of-state PAC (ID) Carlos Contreras	·	Amount of contribution (\$) \$52.95
7/08/2022	Contributor address; City; S 5203 Emerald Forest Drive AUSTIN. TE		002.70
Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	s)
	ATTACH ADDITIONAL COPIES OF If contributor is out-of-state PAC, please see Instruct	20165년 2월, 18일, 2016년 1월, 2016년 18일, 2016년 18	

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SCHEDULE A1

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The	Instruction Guide explains how to complete this for	n. 1 Total pages Schedule A1	
2 FILER NAME CANDACE HU		3 Filer ID (Ethics Commiss	ion Filers)
4 Date 7/04/2022	5 Full name of contributor out-of-state PAC (ID#: Jon Lees	\$42.42	(\$)
110412022		ate; Zip Code	
8 Principal occi	pation / Job title (See Instructions) 9	Employer (See Instructions)	
Date 7/07/2022	Full name of contributor out-of-state PAC (ID#: Rebecca Longino	Amount of contribution \$52.95	(\$)
	Contributor address; City; S	and the second sec	
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	
Date 7/08/2022	Full name of contributor out-of-state PAC (ID#, Leigh Northcutt-Benson	\$105.58	(\$)
(2) Hitkey and Collective R	Contributor address; City; S 11807 North Oaks Dr. AUSTIN TEX	ate; Zip Code	
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	
Date	Full name of contributor out-of-state PAC (ID#) Amount of contribution	(\$)
7/08/2022	Lean Keny	\$21.37	
	Contributor address; City; S	ate; Zip Code	
	132 Wooden Lodge Drive MANCHACA T	XAS 78652	
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	
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SCHEDULE A1

				I Carl Charles In State	
The	Instruction Guide explains how	to complete this	s form.		1 Total pages Schedule A1:
2 FILER NAME CANDACE HU	NTER				3 Filer ID (Ethics Commission Filers)
4 Date 07/15/2022	5 Full name of contributor out-of-state PAC (ID#:) Donna Bueche			7 Amount of contribution (\$) \$52.95	
	6 Contributor address; 2204 Tom Miller St.	city; AUSTIN		Zip Code 78723	
8 Principal occu	pation / Job title (See Instructions)		9 Emp	loyer (See Instruc	ions)
Date 07/17/2022	Full name of contributor Nancy Lazarczyk		PAC (ID#:) Amount of contribution (\$) \$26.63		
	Contributor address; 1603 Cedar Ave	City; AUSTIN.	State; TX	Zip Code 78702	
Principal occup	pation / Job title (See Instructions)		Empl	oyer (See Instruct	ions)
Date 7/22/2022	Full name of contributor Nichole Abshire	out-of-state PAC (ID#)			Amount of contribution (\$)
	Contributor address; 2412 Roehampton Dr	city; AUSTIN		Zip Code 78745	\$52.95
Principal occur	bation / Job title (See Instructions)		Emp	loyer (See Instruc	lions)
Date	Full name of contributor Sarah Romo de Vivar	out-of-state PAC	C (ID#:		Amount of contribution (\$) \$10.84
7/27/2022	Contributor address;	City;	State;	Zip Code	\$10.04
	12603 Terra Nova Ln.	AUSTIN	TX.	78723	
Principal occupation / Job title (See Instructions) Employer (See Instructions)					
	ATTACH ADDIT If contributor is out-of-state PAC	TONAL COPIES C, please see Instr			

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SCHEDULE A1

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The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME CANDACE HU		3 Filer ID (Ethics Commission Filers)
4 Date 07/29/2022	Full name of contributor out-of-state PAC (ID#:) Sharyn Vane	7 Amount of contribution (\$) \$52.95
0772972022	6 Contributor address; City; State; Zip Code 6809 Via Correto Dr AUSTIN TX 78749	
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date 07/29/2022	Full name of contributor out-of-state PAC (ID#:) Jessica S Howell	Amount of contribution (\$) \$52.95
	Contributor address; City; State; Zip Code PO Box 684 Manchaca TX 78652	
Principal occup	bation / Job title (See Instructions) Employer (See Instruct	ions)
Date 7/29/2022	Full name of contributor out-of-state PAC (ID#:) Sarah McKenna	Amount of contribution (\$) \$52.95
	Contributor address; City; State; Zip Code 7501 Roaring Springs AUSTIN TX 78736	
Principal occuj	pation / Job title (See Instructions) Employer (See Instructions)	tions)
Date	Full name of contributor out-of-state PAC (ID#:) Jennifer Cregar	Amount of contribution (\$)
7/29/2022	Contributor address; City; State; Zip Code 5514 Avenue G AUSTIN TX. 78751	\$10.84
Principal occuj	pation / Job title (See Instructions) Employer (See Instructions)	ions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS I If contributor is out-of-state PAC, please see Instruction guide for additional	

SCHEDULE A1

The	Instruction Guide explains how to comp	lete this form.	1 Total pages Schedule A1:
2 FILER NAME CANDACE HU	NTER		3 Filer ID (Ethics Commission Filers)
4 Date 07/31/2022	Ali Takata	state PAC (ID#)	7 Amount of contribution (\$) \$31.89
0773172022	6 Contributor address; City; 4403 Bellvue Ave AUSTI		
8 Principal occu	I pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date 07/31/2022	Lawrence Gonzales	state PAC (ID#:) State; Zip Code	Amount of contribution (\$) \$31.89
	1039 Powell St KYLE		
Principal occu	ation / Job title (See Instructions)	Employer (See Instruct	lions)
Date 8/12/2022	Full name of contributor out-of- Nadia Barbot	Amount of contribution (\$) \$21.37	
	Contributor address; City; 5305 Medford Dr AUSTIN	State; Zip Code	
Principal occu	nation / Job title (See Instructions)	Employer (See Instruc	i tions)
Date	Full name of contributor out-of.	state PAC (ID#:)	Amount of contribution (\$)
8/19/2022	Contributor address; City; 4513 Elwood Rd AUS	State; Zip Code	\$10.84
Principal occu	n Dation / Job title (See Instructions)	Employer (See Instruct	l lions)
	ATTACH ADDITIONAL C If contributor is out-of-state PAC, please s	OPIES OF THIS SCHEDULE AS see Instruction guide for additional	

SCHEDULE A1

The	Instruction Guide explains how	to complete thi	s form.	1 Total pages Schedule A1:
2 FILER NAME CANDACE HU				3 Filer ID (Ethics Commission Filers)
4 Date 08/20/2022	5 Full name of contributor out-of-state PAC (ID#:) Shuronda Robinson			7 Amount of contribution (\$) \$105.58
	6 Contributor address; 1706 Overhill Dr	city; AUSTIN	State; Zip Code TX 78721	
8 Principal occ	upation / Job title (See Instructions)		9 Employer (See Instru	ctions)
Date 08/22/2022	Full name of contributor Marie L		C (IO#:)	Amount of contribution (\$) \$105.58
	Contributor address; 6804 Gabion Dr	city; AUSTIN	State; Zip Code TX 78749	
Principal occu	pation / Job tille (See Instructions)		Employer (See Instruc	ctions)
Date 8/23/2022	Full name of contributor out-of-state PAC (ID#:) Genevieve Karim			Amount of contribution (\$) \$26.63
	Contributor address;	city; AUSTIN	State; Zip Code TX 78723	
Principal occu	pation / Job title (See Instructions)		Employer (See Instru	clions)
Date	Full name of contributor Mollie Tower	out-of-state PA	C (ID#:)	Amount of contribution (\$) \$52.95
8/23/2022	Contributor address; 40 N IH 35 APT 11D1	city; AUSTIN	State; Zip Code TX. 78701	\$32.95
Principal occu	pation / Job title (See Instructions)		Employer (See Instruc	ctions)
	ATTACH ADDIT If contributor is out-of-state PAC		OF THIS SCHEDULE AS ruction guide for additiona	

SCHEDULE A1

The	e Instruction Guide explains how	to complete th	is form.		1 Total pages Schedule A1:	
2 FILER NAME CANDACE HU					3 Filer ID (Ethics Commission Filers)	
4 Date 08/26/2022	5 Full name of contributor out-of-state PAC (ID#:) Sharyn Vane			7 Amount of contribution (\$) \$21.37		
	6 Contributor address;	And the second of the second o				
B Principal occ	upation / Job title (See Instructions)		9 Emp	loyer (See Instruc	tions)	
Date 08/26/2022	Full name of contributor Yza Rodriguez	out-of-state PAC (ID#:)			Amount of contribution (\$) \$10.84	
	Contributor address;	city; AUSTIN	Stete; TX			
Principal occu	pation / Job title (See Instructions)		Empl	oyer (See Instruct	ions)	
Date 8/26/2022	Full name of contributor out-of-state PAC (ID#) Candy Porter			Amount of contribution (\$) \$10.84		
	Contributor address; 1600 Barton Springs Road	City;	State;	Zip Code 78704		
Principal occu	I pation / Job title (See Instructions)		Emp	loyer (See Instruc	l tions)	
Date	Full name of contributor Jiraporn Chanpheng)	Amount of contribution (\$)	
8/27/2022	Contributor address; 11050 Tangleridge Cir	city; AUSTIN		Zip Code 78736	002.50	
Principal occu	pation / Job tille (See Instructions)	·····	Empl	oyer (See Instruct	ions)	
			J			
	ATTACH ADDI If contributor is out-of-state PA			SCHEDULE AS		

SCHEDULE A1

The	Instruction Guide explains how to comple	ete this form.	1 Total pages Schedule A1:
2 FILER NAME CANDACE HU	VTER		3 Filer ID (Ethics Commission Filers)
4 Date	6 Full name of contributor out-of-se Lisa Flores	7 Amount of contribution (\$) \$21.37	
10/09/2022	6 Contributor address; City; 5510 Gloucester Ln	*	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	1 xlions)
Date 09/08/2022	Full name of contributor out-of-s April Clark	tate PAC (ID#:)	Amount of contribution (\$) \$210.84
¥1		State; Zip Code	
Principal occur	ation / Job title (See Instructions)	Employer (See Instruct	tions)
Date 09/10/2022	Full name of contributor out-of-s Laura Wilder	Amount of contribution (\$) \$105.58	
	Contributor address; City; 4600 Mueller AUSTII	State; Zip Code	
Principal occur	ation / Job title (See Instructions)	Employer (See Instruc	ctions)
Date 09/11/2022	Full name of contributor out-of-s Jessica Skye Howell	state PAC (ID#:)	Amount of contribution (\$)
071172022	Contributor address; City; PO Box 684 Manchac	State; Zip Code	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	tions)
	ATTACH ADDITIONAL CO	DPIES OF THIS SCHEDULE AS ee Instruction guide for additional	

SCHEDULE A1

The	e Instruction Guide explains how	/ to complete th	is form.	1 Total pages Schedule A1:
2 FILER NAME CANDACE HU				3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Michelle Dickens		AC (ID#:)	7 Amount of contribution (\$) \$52.95
09/01/2022	6 Contributor address; 10413 Corbett CV	city; AUSTIN.	State; Zip Code TX 78736	002.00
8 Principal occu	upation / Job title (See Instructions)		9 Employer (See Instruct	tions)
Date 09/03/2022	Full name of contributor Jennifer Balkan	out-of-state PAC (ID#:)		Amount of contribution (\$) \$52.95
	Contributor address; 3109 Lafayette Avenue	City;	State; Zip Code TX 78722	
Principal occu	pation / Job title (See Instructions)		Employer (See Instruct	lions)
Date 09/06/2022	Full name of contributor out-of-state PAC (ID#) Nadia Khan			Amount of contribution (\$) \$105.58
	Contributor address; 1406 Broadmoor Dr	City;	State; Zip Code TX 78723	
Principal occu	I upation / Job title (See Instructions)		Employer (See Instruc	tions)
Date 09/07/2022	Full name of contributor Carolynn Reed		AC (ID#:)	Amount of contribution (\$) \$52.95
09/07/2022	Contributor address;	City;	State; Zip Code	V02.70
	1608 Sanchez St	AUSTIN	TX 78702	
Principal occu	I upation / Job title (See Instructions)		Employer (See Instruct	ions)
	ATTACH ADDI If contributor is out-of-state PA		S OF THIS SCHEDULE AS I struction guide for additional	

SCHEDULE A1

The	Instruction Guide explains how	w to complete thi	is form.		1 Total pages Schedule A1:
2 FILER NAME CANDACE HU	NTER				3 Filer ID (Ethics Commission Filers)
4 Date 09/11/022	5 Full name of contributor out-of-state PAC (ID#:) Jennifer Loving			7 Amount of contribution (\$) \$52.95	
	6 Contributor address;		State;		
8 Principal occu	I pation / Job title (See Instructions)		9 Emplo	oyer (See Instruc	l lions)
Date 09/12/2022	Full name of contributor Kate Hayes		AC (ID#:) Amount of contribution (\$) \$105.58		
	Contributor address; 1709 Broadmoor Drive.	City;	State;	Second And And	
Principal occur	n pation / Job title (See Instructions)		Emplo	yer (See Instruct	ions)
Date 09/12/2022	Full name of contributor out-of-state PAC (ID#:) Valerie TurulloIs			Amount of contribution (\$) \$26.63	
	Contributor address; 4701 Quicksilver Blvd.	City	State:		
Principal occuj	pation / Job title (See Instructions)		Emplo	oyer (See Instruc	tions)
Date	Full name of contributor Jessica Huynh	out-of-state PA	.C (ID#:)	Amount of contribution (\$)
09/12/2022	Contributor address; 4809 Plum Peach Bend	City; AUSTIN		Zip Code 78723	\$52.95
Principal occupation / Job title (See Instructions) Employer (See Instruction					ions)
	ATTACH ADD If contributor is out-of-state PA	ITIONAL COPIES AC, please see Inst			

SCHEDULE A1

The	Instruction Guide explains how	to complete this	s form.		1 Total pages Schedule A1:		
2 FILER NAME CANDACE HU	NTER				3 Filer ID (Ethics Commission Filers)		
4 Date 09/13/022	5 Full name of contributor out-of-state PAC (ID#:) Jennifer Martin			7 Amount of contribution (\$) \$26.63			
09/13/022	6 Contributor address;	City; AUSTIN.		Zip Code 78724			
8 Principal occu	1 pation / Job title (See Instructions)		9 Em	bloyer (See Instruc	i tions)		
Date 09/13/2022	Tanis West		Zip Code	Amount of contribution (\$) \$26.63			
Principal occuj	Principal occupation / Job title (See Instructions) Employer (See Instructions)						
Date 09/13/2022	Full name of contributor out-of-state PAC (ID#) Melissa Tester			Amount of contribution (\$) \$52.95			
	Contributor address; 4112 scales st			Zip Code 78723			
Principal occuj	pation / Job title (See Instructions)		Emj	bloyer (See Instruc	lions)		
Date	Full name of contributor Emily Sawyer				Amount of contribution (\$)		
09/13/2022	Contributor address; 1105 Liverpool St	city; PITTBURGH		Zip Code 15233	\$105.55		
Principal occu	Principal occupation / Job title (See Instructions) Employer (See Instructions)						
			1				
	ATTACH ADDI If contributor is out-of-state PA	TIONAL COPIES C, please see Instr					

SCHEDULE A1

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The	Instruction Guide explains ho	ow to complete thi	s form.		1 Total pages Schedule A1:
2 FILER NAME CANDACE HUI	NTER			A THE AND THE STREET	3 Filer ID (Ethics Commission Filers)
4 Date 09/14/2022	6 Full name of contributor Emily Herrington	7 Amount of contribution (\$) \$21.37			
071472022	6 Contributor address; 1210 Cloverleaf dr	City	State;	Zip Code 78723	
8 Principal occu	pation / Job title (See Instructions	;)	9 Empl	loyer (See Instruc	tions)
Date 09/24/2022	Full name of contributor Elizabeth McQueen	out-of-state PAG			Amount of contribution (\$) \$52.95
	Contributor address; 1413 Concordia Ave	City;	State;		
Principal occup	ation / Job title (See Instructions)	Emple	oyer (See Instruc	lions)
Date 09/24/2022	Erin Calver			D#:) Amount of contribution (\$52.95	
	Contributor address; 3209 Breeze Terrace	city; AUSTIN	State;	Zip Code 78722	
Principal occup	ation / Job title (See Instructions		Empl	loyer (See Instruc	i tions)
Date	Full name of contributor Jen Spencer)	Amount of contribution (\$) \$158.21
09/30/2022	Contributor address:	City;		Zip Code	\$156.21
	2902 Breeze Ter	AUSTIN	TX	78722	
Principal occup	ation / Job title (See Instructions)	Emple	oyer (See Instruct	ions)
	ATTACH ADE If contributor is out-of-state P	DITIONAL COPIES AC, please see Inst			

SCHEDULE A1

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The	Instruction Guide explains how	to complete thi	s form.		1 Total pages Schedule A1:
2 FILER NAME CANDACE HU					3 Filer ID (Ethics Commission Filers)
4 Date 10/03/2022	0/03/2022			7 Amount of contribution (\$) \$105.58	
	6 Contributor address; 8101 Cobblestone Dr.	city; AUSTIN.		o Code 78735	
8 Principal occu	pation / Job title (See Instructions)		9 Employer	(See Instructio	ns)
Date 10/03/2022	Full name of contributor Joy Butler		C (ID#:		Amount of contribution (\$) \$105.58
	Contributor address;	city; AUSTIN	State; Zij	o Code	
Principal occuj	pation / Job title (See Instructions)		Employer	(See Instruction	ns)
Date 10/04/2022	Full name of contributor Mary Rincon				Amount of contribution (\$) \$105.90
	Contributor address; 9311 Rowlands Sayle road	City;	State; Zip	o Code 3744	
Principal occuj	pation / Job title (See Instructions)		Employer	· (See Instructio	ns)
Date	Full name of contributor Kim Hansen	out-of-state PAC	C (ID#:		Amount of contribution (\$)
10/07/2022	Contributor address; 4004 Teaff Street	city; AUSTIN	State; Zip	AND INCOMENTATION OF A DECK	\$21.37
Principal occuj	pation / Job title (See Instructions)		Employer	(See Instruction	ıs)
	ATTACH ADDIT If contributor is out-of-state PAC	FIONAL COPIES C, please see Insti			

SCHEDULE A1

The	Instruction Guide explains how to complete this fo	rm.	1 Total pages Schedule A1:
2 FILER NAME CANDACE HU	NTER		3 Filer ID (Ethics Commission Filers)
4 Date	Lara Wilder		7 Amount of contribution (\$) \$105.58
10/09/2022	6 Contributor address; City; S 4600 Mueller Boulevard Apt-1057 AUSTIN 78735	State; Zip Code	
8 Principal occu	pation / Job title (See Instructions) 9	Employer (See Instructio	ons)
Date	Full name of contributor out-of-state PAC (ID/ Education Austin	؛)	Amount of contribution (\$)
09/07/2022	Contributor address; City; S 8716 N MOPAC EXPWY AUSTIN T	State; Zip Code	\$2500.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instructio	ins)
Date	Full name of contributor out-of-state PAC (ID)	۹ <u>ــــــــــــــــــــــــــــــــــــ</u>	Amount of contribution (\$)
	Contributor address; City; S	State; Zip Code	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor out-of-state PAC (ID)	د	Amount of contribution (\$)
	Contributor address; City; S	State; Zip Code	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructio	ins)
	ATTACH ADDITIONAL COPIES OF If contributor is out-of-state PAC, please see Instruct		

SCHEDULE F1

EXPENDITU	RECATE	CORIES E	OP POY 8/	-1
EXPENDINO	LEOMIE	GORIES	UK BUA OL	a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		EventExpense Fees Food/BeverageExpense Gitl/Awards/MemorialsExpense Legal Services The Instruction Guide explain	Loan Repa Office Ove Polling Ex Printing Ex SalariesM	ayment/Reimbursement rhead/Rental Expense pense xpense Vages/Contract Labor	Solicitation/Fundrals Transportation Equip Travel In District Travel Out Of Distric Other (enter a catego	oment & Related Expense it	
1 Total pages Schedule F1:	2 FILER N Hunter, Ca				3 Filer ID (Ethic	s Commission Filers)	
4 Date 07/25/2022	5 Payee na Wix,com						
6 Amount (\$) \$270.84	7 Payee ad	ldrøss;		City;	State;	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Categor other	y (See Categories listed at the top of this	schedule)	(b) Description Campaign site			
	(c)	Check if travel outside of Texas. Complete S	chedule T.	dule T. Check if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		late / Officeholder name		Office sought		Office held	
Date 07/25/2022	Payee na Wix.com	ime					
Amount (\$) \$9.90	Payee ad	ldress;		City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	Category other	/ (See Categories listed at the top of this s	chedule)	Description Campaign site			
		Check if travel outside of Texas. Complete Si	chedule T.	Check if Austin, TX, officeholder living expense			
Complete <u>QNLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held	
Date 08/01/2022	Payee na	ame					
Amount (\$) \$86.60	Payee ad Check Mar	^{idress;} k Typsetting		City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	Category Printing E	(See Categories listed at the top of this s XPENSE	chedule)	Description Campaign Busines	ss Cards		
		Check if travel outside of Texas. Complete Sc	hedule T.	Check if Austir	n, TX, officeholder living	expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held	
	AT	TACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEI	EDED		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 80	TURE CATEGORIES FOR BOX 8(a
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		EXPENDITORE CATE	GORIES	FUR BUX 8(a)			
Consulting Expense Contributions/Donations Made By Candidate/Office Advented Relition Committee Contributions/Donations Made By Candidate/Office Advented Relition Committee Contributions/Donations Made By Candidate/Office Advented Relition Committee Candidate/Office Advented Relition Candidate/Office Advented		Transportation Equi Travel In District Travel Out Of Distri					
1 Total pages Schedule F1:	2 FILER N Hunter, Ca				3 Filer ID (Ethic	es Commission Filers)	
4 Date 08/26/2022	5 Payee na Office De	ame					
6 Amount (\$) \$103.24	7 Payee a	ddress;		City;	State;	Zip Code	
8	200 W	y (See Categories listed at the top of this	schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Printing	Expense		Campaign Office	Supplies		
	(c)	Check if travel outside of Texas. Complete S	chedule T.	T. Check if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held	
Date	Payee na	ame					
08/26/2022	Office Dep	pot					
Amount (\$) \$82.21	Payee a	ldress;		City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	Category Printing	/ (See Categories listed at the top of this s Expense	chedule)	Description Campaign Office	Supplies		
		Check if travel outside of Texas, Complete S	chedule T.	Check if Austi	n, TX, officeholder living	expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held	
Date 08/26/2022	Payeena	ame					
Amount (\$) \$20.53	Payee ac Office Dep			City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	Category Printing E	(See Categories listed at the top of this so Xpense	chedule)	Description Campaign Busines	ss Cards		
		Check if travel outside of Texas. Complete Sc	hedule T.	Check if Austin	n, TX, officeholder living	expanse	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held	
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SCHEDULE F1

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	EXPENDITURE CATEGORIES FOR BOX 8(a)

		EXPENDITURE CATE	GORIES	FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		EventExpense Fees Food/BeverageExpense Gift/Awards/MemorialsExpense Legal Services The Instruction Guide explain	Office Ove Polling Ex Printing E: Salaries/V	kpense Vages/ContractLabor	Travel In District Travel Out Of Distri	pment & Related Expense	
1 Total pages Schedule F1:	2 FILER N Hunter, Ca				3 Filer ID (Ethic	cs Commission Filers)	
4 Date 08/29/2022	5 Payeen Austin Ch						
6 Amount (\$) \$90.62	7 Payee a	ddress;		City;	State;	Zip Code	
8 PURPOSE OF EXPENDITURE	Event Ex		(2	(b) Description Event			
	(c)	Check if travel outside of Texas. Complete S	chedule T.	Check if Aust	eck if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held	
Date	Payee n	ame					
09/07/2022	Check Ma	rk Typesetting					
Amount (\$) \$1438.93	Payee a	ddress;		City;	State;	Zip Code	
PURPOSE OF EXPENDITURE		 V (See Categories listed at the top of this sing Expense 	chedule)	Description Campaign Yard S	igns		
		Check if travel outside of Texas. Complete S	chedule T.	Check if Austi	in, TX, officeholder living	g expense	
Complete <u>QNLY</u> if direct expenditure to benefit C/OH		late / Officeholder name		Office sought		Office held	
Date 09/14/2022	Payee n	ame					
Amount (\$) \$60.00	Payee a Office Dep	Carlos Antes Al		City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	Category Event Exj	r (See Categories listed at the top of this s DENSE	chedule)	Description Campaign Event			
		Check if Iravel outside of Texas. Complete Sc	hedule T.	Check if Austi	n, TX, officeholder living) expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		late / Officeholder name		Office sought		Office held	
	AT	TACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NE	EDED		

SCHEDULE F1

EXPENDITURE	CATEGORIES	FOR BOX 8(a

Committee	Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Polling Expense Printing Expense Salaries/Wages/	ContractLabor	Transportation Equip Travel In District Travel Out Of Distric	
201 G (CONTRACT) (C)				3 Filer ID (Ethic	s Commission Filers)
6 Payee na	me			L	
7 Payee a	ldress;		City;	Slate;	Zip Code
		122			
(0)	Check if travel outside of Texas. Complete S	chedule T.	Check if Austi	n, TX, officeholder living	l expense
					Office held
10 559 6 0.3-3569.94					
Payee a	ldress;		City:	State;	Zip Code
			Description mpaign Bankir	ng Deposit	
	Check if travel outside of Texas. Complete S	chedule T.	Check if Austi	n, TX, officeholder living	expense
					Office held
Payee n	ame				
Payee ad Target	ldress;		City;	State;	Zip Code
0.5			Description npaign Event		
	Check if travel outside of Texas. Complete S	chedule T.	Check if Austi	n, TX, officeholder living	expense
Candid	ate / Officeholder name				Office held
	2 FILER N. Hunter, Ca 5 Payee na Candace H 7 Payee ac (a) Category Loan Rep (c) Candid Candace H Payee na Candace H Payee ac Category Loan Rep Category Loan Rep Category Loan Rep Category Loan Rep Category Loan Rep	Committee Legal Services The Instruction Guide explain 2 FILER NAME Hunter, Candace 5 Payee name Candace Hunter 7 Payee address; (a) Category (See Categories listed at the top of this Loan Repayment/Reimbursement (c) Check if travel outside of Texas, Complete S Candidate / Officeholder name Candace Hunter Payee name Candace Hunter Payee address; Category (See Categories listed at the top of this s Loan Repayment/Reimbursement Check if travel outside of Texas, Complete S Category (See Categories listed at the top of this s Loan Repayment/Reimbursement Check if travel outside of Texas, Complete S Candidate / Officeholder name Candace Hunter Payee address; Category (See Categories listed at the top of this s Candidate / Officeholder name Candace Hunter Payee name	Committee Legal Services Salaries/Wages/A The Instruction Guide explains how to complet 2 FILER NAME Hunter, Candace 6 Payee name Candace Hunter 7 Payee address; (a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement (b) Loan Repayment/Reimbursement (c) Check/ftravet outside of Texas. Complete Schedule T. Candidate / Officeholder name Candace Hunter Payee name Candace Hunter Payee name Candace Hunter Payee address; Calegory (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement Candidate / Officeholder name Candidate / Officeholder name Candidate / Officeholder name Candidate / Officeholder name Candace Hunter Payee name Candace Hunter Payee name Candace Hunter Payee name Payee address; Target Category (See Categories listed at the top of this schedule)<	Committee Legal Services SalarieAfVages/ContractLabor The Instruction Guide explains how to complete this form. 2 2 FILER NAME FileR NAME Hunter, Candace 6 Payee name Candace Hunter 7 Payee address; City; (a) Category (See Categories listed at the top of this schedule) (b) Description Loan Repayment/Reimbursement (b) Description (a) Check if travel outside of Texas. Complete Schedule T. Check if Austi Candace Hunter AISD Trustee, D1 Payee name Candace Hunter Description Payee address; City; City; Category (See Categories listed at the top of this schedule) Description Loan Repayment/Reimbursement Description Candace Hunter Check if travel outside of Texas. Complete Schedule T. Check if aust Candidate / Officeholder name Office sought AISD Trustee, D1 Candace Hunter Check if aust Check if aust Check if aust Candidate / Officeholder name Office sought AISD Trustee, D1 Payee name Candidate /	Committee Legal Services Salaries/Wages/ContractLabor Other (enter a catego The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filor ID (Ethic Hunter, Candace 3 Filor ID (Ethic Hunter, Candace 5 Payee name Candace Hunter City; State: 7 Payee address; City; State: (a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement (b) Description Event (9) Check if tawal existing of Tawas. Complete Schedule T. Check if (Austin, TX, officeholder living Candace Hunter Payee name Candace Hunter Office sought AISD Trustee, D1 Payee name Candace Hunter Payee address; City; State; Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement Description Campaign Banking Deposit Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement Description Campaign Banking Deposit Check if Tawal outside of Tawas. Complete Schedule T Check if Austin, TX, officeholder living Candace Hunter Payee address; City; State; Category (See Categories listed at the top of this schedule) Candace Hunter Description AISD Trustee, D1 Payee name City; State; Category (See Categories liste

SCHEDULE F1

EXPENDIT	JRE CAT	EGORIES	FOR	BOX	8(a)

		EXPENDITURE CATE	GORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment		EventExpense Fees Food/BeverageExpense Gift/Awards/MemorialsExpense LegalServices The Instruction Guide explain	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor ins how 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 3 Filer ID (Ethics Commission Filers) Hunter, Candace 3 Filer ID (Ethics Commission Filers)						s Commission Filers)
4 Date 09/18/2022	5 Payee name Dollar Tree					
6 Amount (\$) \$46.01	7 Payee ad	ldress;		City;	Slate;	Zip Code
8 PURPOSE OF EXPENDITURE	Event Exp			(b) Description Party Supplies		
(C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held
Date 09/30/2022	Payee na Office Dep					
Amount (\$) \$95.97	Payee ad	ldress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE		r (See Categories listed at the top of this so ng Expense	chedule)	Description Campaign Office	Supplies	
	Check if Austin, TX, officeholder living expense				expense	
Complete <u>QNLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
Date 09/30/2022	Payee na	nme				
Amount (\$) \$467.64	Payee ad Check Mai	^{Idress;} k Typesetting		City;	State;	Zip Code
PURPOSE OF EXPENDITURE		(See Categories listed at the top of this so g Expense	hedule)	Description Campaign Push Ca	ards	
		Check if Iravel outside of Texas, Complete Sc	hedule T.	Check if Austin	n, TX, officeholder living	expense
Complete <u>QNLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
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SCHEDULE F1

If the requested info	ormation is	not applicable, DO NOT i	nclude t	his page in the re	eport.		
		EXPENDITURE CATE	GORIES	FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officetholder/Political Committee Credit Card Payment		Fees Office Offi		pense /ages/ContractLabor	Solicitation/Fundralsing Expense Transportation Equipment & Related Expe Travel In District Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule F1:	2 FILER N Hunter, Ca				3 Filer ID (Ethics	s Commission Filers)	
4 Date 10/05/2022	5 Payee na Check Ma	ame ark Typesetting					
6 Amount (\$) \$46.01	7 Payee a	ddress;		City;	State;	Zip Code	
8 PURPOSE OF EXPENDITURE		y (See Categories listed at the top of this ng Expense	schedule)	(b) Description Campaign Road S	igns		
	(c)	Check if travel outside of Texas. Complete So	chedulo T.	Check if Auslin	n, TX, officeholder living	expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		date / Officeholder name		Office sought		Office held	
Date 10/08/2022	Payee n Home De					•)	
Amount (\$) \$48.26	Payee a	ddress;		City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	Categor Event Ex	y (See Calegories listed at the top of this s pense	chedule)	Description Campaign Event			
		Check if travel outside of Texas. Complete Se	chedule T.	Check if Austin	n, TX, officeholder living	expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		date / Officeholder name		Office sought		Office held	
Date 10/08/2022	Payee n	ame					
Amount (\$) \$36.78	Payee a Taco Caba			City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	1. 2	y (See Categories listed at the top of this s everage Expense	chedule)	Description Campaign Event			
		Check if travel outside of Texas. Complete Se	chedule T.	Check if Austi	n, TX, officeholder living) expense	
Complete <u>QNLY</u> if direct expenditure to benefit C/OF		date / Officeholder name		Office sought		Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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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)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations/Made By Candidate//Officeholder/Political Committee Credit Card Payment		EventExpense Fees Food/BeverageExpense Gift/Awards/MemorialsExpense Legal Services The Instruction Guide explain	Loan Repay Office Overf Polling Exp Printing Exp SalariesWa	ment/Reimbursement head/Rental Expense jense ages/Contract Labor	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 N Hunter, Ca				3 Filer ID (Ethics	s Commission Filers)	
4 Date 09/14/2022	5 Payee n The Goss	ame smess Etsy.com					
6 Amount (\$) \$28.72	7 Payee a	ddross;		City;	State;	Zip Code	
8	(a) Catego	ry (See Categories listed at the top of this	schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Event Expense			Campaign Event			
	(c) Check if travel outside of Texas. Complete Schedule T.		Schedule T.	Check if Austin, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OF		idate / Officeholder name		Office sought		Office held	
Date 10/10/2022	Payee n Donate W						
Amount (\$) \$307.62	Payee a	address;		City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	Categor Fees	Fy (See Categories listed at the top of this s	schedule)	Description Campaign Funding	g Platform		
	Check if travel outside of Texas. Complete Schedule T.		Schedule T.	Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		idate / Officeholder name		Office sought		Office held	
Date 10/08/2022	Payeer	name					
Amount (\$) \$36.78	Payee a Taco Cab	address; pana		City;	State;	Zip Code	
PURPOSE OF EXPENDITURE		ry (See Calegories listed at the top of this s Beverage Expense	schedule)	Description Campaign Event			
	Check if travel outside of Texas. Complete Schedule T.		Schedule T.	Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		idate / Officeholder name		Office sought		Office held	
	A.	TTACH ADDITIONAL COPIE	S OF THIS	SCHEDULE AS NE	EDED		

Revised 8/17/2020