CANDIDAT CAMPAIGI							COV		ORM C/OH HEET PG 1
The C/OH Instruction C	Guide explains how	to comple	te this form.	1 1	Filer ID (Ethic	s Commission Filers)	2 Tot	al pages fil	ed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR MRS	CA	FIRST			мі L		253500 65000	USE ONLY
	NICKNAME	HU	LAST JNTER			SUFFIX	Date Re	Control of the Contro	122,5:15 pm
4 CANDIDATE/ OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX 1801 E. 51st., E		APT / SUITE #; 2.365-253.	сіту; Austin	stat . Texas				NUU 1
Change of Address									
5 CANDIDATE/ OFFICEHOLDER PHONE	(5 1 2)	955-	NUMBER 1133		EXTE	NOISN	Date Ha	and-delivered	or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR MR	CI	FIRST UITLAHUAC		-	МІ	Receipt	H	Amount \$
NAME						faraharanan	Date Pr	ocessed	
	NICKNAME	G	LAST UERRA-MOJA	ARRO		SUFFIX	Date In	aged	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS 6614 HIGHPOI		PLEASE); APT /	SUITE #	AUS	ity; TIN	TE	STATE; EXAS	ZIP CODE 78723
(Residence or Business)									
8 CAMPAIGN TREASURER PHONE	AREA CODE		мимвея 4904		EXTE	NSION			
9 REPORT TYPE	January 15		30th day before	election	F	Runoff		15th day aff treasurer ap (Officeholde	
	July 15	Х	8th day before e	election		xceeded Modified Reporting Limit			t (Attach C/OH - FR)
10 PERIOD	Month	Day	Year			Month	Day	Year	
COVERED	09	22	22		THROUGH	10	28	22	
11 ELECTION	ELECTION DA	\TE				ELECTION TYPE			
	Month Day	Year	Primary		Runoff	Other Description			
	11 / 08	22	✓ Genera	1	Special	Description			=======================================
12 OFFICE	OFFICE HELD (if any)	0				E SOUGHT (if know)		RUSTEE	, DISTRICT 1
14 NOTICE FROM POLITICAL COMMITTEE(S)	CONSENT. CANDIDATES	SAND OFFICE	HESE EXPENDITURE HOLDERS ARE REQU	ES MAY H	<i>AVE BEEN MAD</i>	E WITHOUT THE CANI	DIDATE'S OF	OFFICEHOLI	MITTEES TO SUPPORT DER'S KNOWLEDGE OR SUCH EXPENDITURES,
98	COMMITTEE TYPE	COMMITTI	EE NAME						
Additional Pages	GENERAL	COMMITTE	EE ADDRESS						
	SPECIFIC	COMMITTE	EE CAMPAIGN TR	EASUREI	R NAME				
		соммітті	EE CAMPAIGN TE	REASURE	R ADDRESS				

GO TO PAGE 2

10:02HH

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	T DAY \$
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$
	wear, or affirm, under penalty of perjury, that the accompanying report is tru- quired to be reported by me under Title 15, Election Code.	e and correct and includes all information
100		
	Signature of Car	ndidate or Officeholder
	Please complete either option below	r:
	ANGUARI DAMO GULLBAALUD	
	MICHAEL DAVID SULLIVAN JR. Notary Public, State of Texas	
(1) Affidavit	My Comm. Exp. 08-02-2026	
, , ,	B ID No. 13388892-5	

NOTARY STAMP/SEA		
Sworn to and subscribed	before me by <u>Candace Hunter</u> this the	31st day of October.
20 <u>2</u> 2 , to certify	which, witness my hand and seal of office.	/ 2/1
	Michael Sulliva	Notary Public
Signature of officer administr		Title of officer administering oath
	OR	THE RESIDENCE OF THE PROPERTY OF
W. P. L. C. T. L. C. L.		CHIEF TO BE WITH THE TWENTY
(2) Unsworn Declarat	ion	
My name is	, and my date of birth is	
My address is	1	,
1000		state) (zip code) (country)
Executed in	County, State of, on the day of(month	, 20 (year)
	Signature of Candi	idate/Officeholder (Declarant)

SCHEDULE A1

The	Instruction Guide explains ho	ow to complete th	is form.	1	Total pages Schedule A1:
2 FILER NAME CANDACE HUN	NTER			3	Filer ID (Ethics Commission Filers)
4 Date 09/14/2022	5 Full name of contributor Emily Herrington		AC (ID#:		Amount of contribution (\$) \$21.37
	6 Contributor address; 1210 Cloverleaf dr	City;	State; Z TX 787	Zip Code	
8 Principal occup	pation / Job title (See Instructions	3)	9 Employe	er (See Instructions	s)
Date 09/24/2022	Full name of contributor Elizabeth McQueen		AC (ID#:		Amount of contribution (\$) \$52.95
	Contributor address; 1413 Concordia Ave	City; AUSTIN		Zip Code 78722	
Principal occupa	ation / Job title (See Instructions)	Employe	er (See Instructions)
Date 09/24/2022	Full name of contributor Erin Calver		AC (ID#:		Amount of contribution (\$) \$52.95
	Contributor address; 3209 Breeze Terrace	city: AUSTIN	State; Z		
Principal occupa	ation / Job title (See Instructions,)	Employe	er (See Instructions	5)
Date 09/30/2022	Full name of contributor Jen Spencer		AC (ID#:		Amount of contribution (\$) \$158.21
		city; AUSTIN	State; Zi		
Principal occupa	ation / Job title (See Instructions))	Employe	r (See Instructions))
	ATTACH ADD	DITIONAL COPIES			

SCHEDULE A1

The	Instruction Guide explains how	to complete thi	s form.		1 Total pages Schedule A1:
2 FILER NAME CANDACE HU	NTER				3 Filer ID (Ethics Commission Filers)
4 Date 10/03/2022	6 Full name of contributor Arati Singh	7 Amount of contribution (\$) \$105.58			
10/00/2022	6 Contributor address;	City; AUSTIN.	State;		
8 Principal occu	I pation / Job title (See Instructions)		9 Emplo	yer (See Instruc	tions)
Date 10/03/2022	Full name of contributor Joy Butler	out-of-state PA			Amount of contribution (\$) \$105.58
	Contributor address; 2028 Emma Long St	City; AUSTIN	State;	Zip Code 78723	
Principal occup	I pation / Job title (See Instructions)		Emplo	yer (See Instruc	I ions)
Date 10/04/2022	Full name of contributor Mary Rincon				Amount of contribution (\$) \$105.90
	Contributor address; 9311 Rowlands Sayle road	City;	State;		~
Principal occup	pation / Job title (See Instructions)		Emplo	oyer (See Instruc	tions)
Date	Full name of contributor Kim Hansen	out-of-state PA	AC (ID#:).	Amount of contribution (\$)
10/07/2022	Contributor address; 4004 Teaff Street		State;		\$21.37
Principal occup	pation / Job title (See Instructions)		Emplo	yer (See Instruc	tions)
	ATTACH ADDI If contributor is out-of-state PA	TIONAL COPIES C, please see ins			

SCHEDULE A1

	-55 AM			
The	Instruction Guide explains how	to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME CANDACE HUN	NTER			3 Filer ID (Ethics Commission Filers)
4 Date 10/09/2022	5 Full name of contributor Lara Wilder		C (ID#:)	7 Amount of contribution (\$) \$105.58
E #	6 Contributor address; 4600 Mueller Boulevard Apt-1 78735	City;	State; Zip Code	
8 Principal occup	pation / Job title (See Instructions)		9 Employer (See Instruc	ations)
Date 09/07/2022	Full name of contributor Education Austin		C ((D#:)	Amount of contribution (\$) \$2500,00
00,01,00	Contributor address; 8716 N MOPAC EXPWY	State; Zip Code	φ2300.00	
Principal occup	oation / Job title (See Instructions)		Employer (See Instruct	lions)
Date	Full name of contributor		C (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occup	Leation / Job title (See Instructions)		Employer (See Instruc	I tions)
Date	Full name of contributor		C (ID#:)	Amount of contribution (\$)
	Contributor address;		State; Zip Code	
Principal occupa	vation / Job title (See Instructions)		Employer (See Instructi	ions)
	ATTACH ADDITION ATTACH ADDITION ATTACH ADDITION ATTACH ADDITION ATTACHMENT AT		OF THIS SCHEDULE AS I	

SCHEDULE A1

CANDACE HUNTER Date		Instruction Guide explains how t	o complete m	is ioiiii.	
DAVID ALBERT 6 Contributor address; 110/17/2022 6 Contributor address; 110/1 GROVE BLVD CARINA CARREON-REYES Contributor address; 3103 BREEZE TERRACE Principal occupation / Job title (See Instructions) Date Full name of contributor CARINA CARREON-REYES Contributor address; 3103 BREEZE TERRACE Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (S) \$105.58 Principal occupation / Job title (See Instructions) Date Full name of contributor MATTHEW FEHRENBACHER Contributor address; 2209 ROUNTREE DR AUSTIN Employer (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (S) \$1052.95 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (S) \$1052.95 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (S) \$1052.95 Principal occupation / Job title (See Instructions) Contributor address; City: State: Zip Code AUSTIN TX 78722 Amount of contribution (\$) \$26.63	FILER NAME CANDACE HUN	NTER			3 Filer ID (Ethics Commission Filers)
6 Contributor address; 1101 GROVE BLVD AUSTIN TEXAS 78741 B Principal occupation / Job title (See Instructions) Date Full name of contributor CARINA CARREON-REYES 10/19/2022 Contributor address; City; State; Zip Code \$\frac{1}{2}\$ \$\fra	Date	DAVID ALBERT		, ,	
Date Date CARINA CARREON-REYES City: State: Zip Code State: Stat	0)11/2022	6 Contributor address;	City;	State; Zip Code	
CARINA CARREON-REYES Contributor address; City: State; Zip Code 3103 BREEZE TERRACE AUSTIN TEXAS 78722 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) \$10/19/2022 Full name of contributor MATTHEW FEHRENBACHER Contributor address; City: State; Zip Code 2209 ROUNTREE DR AUSTIN TX 78722 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) \$1052.95 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) \$26.63 Contributor address; City: State; Zip Code 4701 QUICKSILVER BLVD AUSTIN TEXAS 78744	Principal occup	 pation / Job title (See Instructions)		9 Employer (See Instruction	ons)
Contributor address: 3103 BREEZE TERRACE AUSTIN TEXAS 78722 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) \$10/19/2022 Contributor address: City: State; Zip Code 2209 ROUNTREE DR AUSTIN TX 78722 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) \$1052.95 Contributor address: AUSTIN TX 78722 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) \$26.63 Contributor address: City: State; Zip Code 4701 QUICKSILVER BLVD AUSTIN TEXAS 78744		CARINA CARREON-REYES			
Date Full name of contributor out-of-state PAC (ID#:		Contributor address;	City;	State; Zip Code	
MATTHEW FEHRENBACHER Contributor address; City; State; Zip Code 2209 ROUNTREE DR AUSTIN TX 78722 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date 10/27/2022 Full name of contributor out-of-state PAC (ID#:	Principal occup	Leadion / Job title (See Instructions)		Employer (See Instruction	ons)
Contributor address; City; State; Zip Code 2209 ROUNTREE DR AUSTIN TX 78722 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) VALERIE TURULLOLS Contributor address; City; State; Zip Code 4701 QUICKSILVER BLVD AUSTIN TEXAS 78744		MATTHEW FEHRENBACHER			
Date Full name of contributor VALERIE TURULLOLS Contributor address; City; State; Zip Code 4701 QUICKSILVER BLVD Amount of contribution (\$) \$26.63	, , , , , , , , , , , , , , , , , , , ,	Contributor address;	City;	State; Zip Code	
VALERIE TURULLOLS \$26.63 Contributor address; City; State; Zip Code 4701 QUICKSILVER BLVD AUSTIN TEXAS 78744	Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	ions)
Contributor address; City; State; Zip Code 4701 QUICKSILVER BLVD AUSTIN TEXAS 78744		VALERIE TURULLOLS			
Principal occupation / Job title (See Instructions) Employer (See Instructions)	10/2//2022	Contributor address;	City;	State; Zip Code	
	Principal occur	pation / Job title (See Instructions)		Employer (See Instructi	ons)

SCHEDULE A1

The	Instruction Guide explains how to con	mplete this form.	1 Total pages Schedule A1:
2 FILER NAME CANDACE HU	NTER		3 Filer ID (Ethics Commission Filers)
4 Date 9/29/2022	5 Full name of contributor ou INTERNATIONAL BROTHERHOOD OF PAC.	7 Amount of contribution (\$) \$400.00	
	6 Contributor address; C	ity; State; Zip Code	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date		t-of-state PAC (ID#:)	Amount of contribution (\$)
	The state of the s	ity: State; Zip Code	
Principal occup	l pation / Job title (See Instructions)	Employer (See Instructi	ons)
Date		t-of-state PAC (ID#:)	Amount of contribution (\$)
		ity; State; Zip Code	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions) .
Date		t-of-state PAC (ID#:)	Amount of contribution (\$)
	Contributor address; Ci	ly; State; Zip Code	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)
-18-27			
	ATTACH ADDITIONAL If contributor is out-of-state PAC, pleas	. COPIES OF THIS SCHEDULE AS N e see Instruction guide for additional	

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

Event Expense Fees Food/Beverage Expense Git/Awards/Memorials Expense Logal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Pollting Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Total pages Schedule F1:	2 FILER NAME Hunter, Candace		3 Filer ID (Ethic	s Commission Filers)
Date 09/18/2022	5 Payee name Dollar Tree			
Amount (\$) \$46.01	7 Payee address;	City;	State;	Zip Code
	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Event Expense	Party Supplies		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tin, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
09/30/2022	Office Depot			
Amount (\$) \$95.97	Payee address;	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Campaign Office	Supplies	
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
Date 09/30/2022	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$467.64	Check Mark Typesetting			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Campaign Push (Cards	
	Check if travel outside of Texas. Complete Schedule T.	Check if Au	stin, TX, officeholder living	g expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held

SCHEDULE F1

The state of the s	5111	o nor applicable, De He I I	110,000	mo page m ale .	oport.	
		EXPENDITURE CATE	GORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain:	Office Over Polling Exp Printing Ex Salaries/W	kpense Vages/Contract Labor	Travel In District Travel Out Of Distri	ipment & Related Expense
1 Total pages Schedule F1:	2 FILER N		J 11511	mpiere me reim	3 Eiler ID (Ethi	cs Commission Filers)
	Hunter, Ca				3 Filer ID (Can	es Commission Filers)
4 Date 10/05/2022	5 Payee na Check Ma	^{ame} ark Typesetting				
6 Amount (\$) \$46.01	7 Payee ac	ddress;		City;	State;	Zip Code
8	(a) Categor	ry (See Categories listed at the top of this s	schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertisi	ing Expense		Campaign Road S	Signs	
	(c)	Check if travel outside of Texas. Complete Sc	hedule T.	Check if Austi	in, TX, officeholder livin	g expense
9 Complete ONLY if direct expenditure to benefit C/OH		date / Officeholder name		Office sought		Office held
Date	Payee na	ame				
10/08/2022	Home De	pot				
Amount (\$) \$48.26	Payee ad	ldress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category Event Exp	y (See Categories listed at the top of this sc pense	hedule)	Description Campaign Event		
		Check if travel outside of Texas. Complete Sci	:hedule T.	Check if Austin	n, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/OH		date / Officeholder name		Office sought		Office held
Date 10/08/2022	Payee na	ame			417	
Amount (\$)	Payee ad	Charles and the control of the contr		City;	State;	Zip Code
\$36.78	Taco Caba	na				**
	Category	(See Categories listed at the top of this sci	hedule)	Description		
PURPOSE OF EXPENDITURE	Food & Be	everage Expense		Campaign Event		
	1	Check if travel outside of Texas. Complete Sch	nedule T.	Check if Austin	n, TX, officeholder living) expense
Complete ONLY if direct expenditure to benefit C/OH		late / Officeholder name		Office sought		Office held
	AT	TACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEI	EDED	

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

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

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.		**************************************
1 Total pages Schedule F1:	2 FILER NAME Hunter, Candace		3 Filer ID (Ethic	s Commission Filers)
4 Date 09/14/2022	6 Payee name The Gossmess Etsy.com			
6 Amount (\$) \$28.72	7 Payee address;	City;	Slate;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description Campaign Event		
	(c) Check if travel outside of Texas, Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date 10/10/2022	Payee name Donate Way			
Amount (\$) \$307.62	Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Campaign Fundir	ng Platform	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	ı expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date 10/08/2022	Payee name			
Amount (\$) \$36.78	Payee address; Taco Cabana	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food & Beverage Expense	Description Campaign Event		
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX. officeholder livin) expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THI	S SCHEDULE AS NE	EDED	

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
Credi Card Payment

Event Expense Fees Food/Beverage Expense Git/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) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) CANDACE HUNTER 4 Date 6 Payee name 10/13/2022 THUNDERCLOUD SUB 6 Amount (\$) 7 Payee address; City; State: Zip Code \$80.77 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 FOOD/BEVERAGE EXPENSE CAMPAIGN EVENT (SIGN CREW) PURPOSE OF EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name Date THE HOME DEPOT 10/13/2022 Amount (\$) City; State; Zip Code Payee address; \$172.77 Category (See Categories listed at the top of this schedule) Description ADVERTISING EXPENSE STEEL U-POST PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name HEB 10/14/2022 Amount (\$) Payee address; City; State; Zip Code \$91.16 Category (See Categories listed at the top of this schedule) Description FOOD/BEVERAGE EXPENSE PURPOSE CAMPAIGN EVENT (BLOCK WALKING) OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

If the requested inf	ormation i	s not applicable, DO NOT	include	this page in the i	report.	
		EXPENDITURE CATE	GORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Event Expense Feas Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office Ove Polling Ex Printing E Salaries/V	xpense Vages/Contract Labor	Solicitation/Fundrals Transportation Equip Travel In District Travel Out Of Distric Other (enter a catego	ment & Related Expense t
1 Total pages Schedule F1:	2 FILER I	NAME E HUNTER			3 Filer ID (Ethic	s Commission Filers)
4 Date 10/15/2022	5 Payeen WALNUT	ame MARKET/TEXACO				
6 Amount (\$) \$40.92	7 Payee a	address;		City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	Grand Control of the	ry (See Categories listed at the top of this	(b) Description CAMPAIGN EVENT (ROADIE SIGI		NS)	
	(c)	Check if travel outside of Texas. Complete	Schedule T.	Check if Au	stin, TX, officeholder living	expanse

S) expense Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct CANDACE HUNTER AISD SCHOOL BOARD expenditure to benefit C/OH TRUSTEE, DT Payee name Date S & H DONUTS 10/15/2022 City; State; Zip Code Amount (\$) Payee address; \$48.37 Category (See Categories listed at the top of this schedule) Description FOOD/BEVERAGE EXPENSE CAMPAIGN EVENT PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Payee name Date **PAPPASITOS** 10/18/2022 Zip Code Amount (\$) Payee address; City; State; 203.46 Description Category (See Categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE CAMPAIGN EVENT PURPOSE 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 ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

3 Filer ID (
3 43101 125 ((Ethics Commission Filers)		
State	e; Zip Code		
on LEVENT (CANVAS:	SING)		
r if Austin, TX, officeholder	living expense		
ght BOARD	Office held		
State	e; Zip Code		
en EVENT (BLOCK W	/ALKING)		
if Austin, TX, officeholder	living expense		
ght	Office held		
 			
State	e; Zip Code		
on			
EVENT (ICE)			
Check if Austin, TX, officeholder living expense			
ght	Office held		
	EVENT (ICE)		

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

Event Expense Fees Food/Beverage Expense Git/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)

Credit Card Payment	The Instruction Guide explains how to o	complete this form.		
Total pages Schedule F1:	2 FILER NAME CANDACE HUNTER		3 Filer ID (Ethic	s Commission Filers)
Date 10/22/2022	6 Payee name TIFF'S TREATS			
\$ Amount (\$) \$80.00	7 Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE	(b) Description		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	oxpense
Occupied ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date 10/25/2022	Payee name UPS STORE			
Amount (\$) \$145.00	Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OFFICE OVERHEAD/RENTAL EXPENSE	Description CAMPAIGN PO B	зох	
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin, TX, officeholder living expense		
Complete <u>QNLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date 10/27/2022	Payee name CHECK MARK TYPESETTING			
Amount (\$) \$594.29	Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	Description CAMPAIGN POST CARDS		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THI	S SCHEDULE AS NE	EEDED	11

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

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)

Credit Card Payment	The Instruction Guide explains how to	complete this form.		to the Colonia Colonia Colonia Colonia Colonia (Colonia Colonia Coloni
1 Total pages Schedule F1:	2 FILER NAME CANDACE HUNTER		3 Filer ID (Ethic	es Commission Filers)
4 Date 10/27/2022	6 Payee name LYFT			
6 Amount (\$) \$13.65	7 Payee address;	City;	State,	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) TRAVEL IN DISTRICT	(b) Description EVENT (CAMPAIC	GNING)	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	in, TX, officeholder living	j expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name CANDACE HUNTER	Office sought AISD SCHOOL BOAF	RD	Office held
Date 10/27/2022	Payee name LYFT	TRUSTEE, D1		
Amount (\$) \$12.92	Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) TRAVEL IN DISTRICT	Description EVENT (CAMPAIC	GNING)	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
Complete QNLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH CANDACE HUNTER AISD SCHOOL BOARD TRUSTEE, D1			Office held	
Date 10/28/2022	Payee name DONATE WAY			
Amount (\$) \$70.74	Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) SOLICITATION/FUNDRAISING EXPENSE	Description FEES		
	Check if travel outside of Texas. Complete Schedule T.	edule T. Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Office sought AISD SCHOOL BOAR TRUSTEE, D1	ND.	Office held
	ATTACH ADDITIONAL COPIES OF THI	S SCHEDULE AS NEI	EDED	

		¥	

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Con	nmission Filers)	2 Total pages filed:	OFFICE USE O	DNLY
3 CANDIDATE/ OFFICEHOLDER NAME	NICKNAME LAST	MI DALE SUFFIX	Date Received 10 - 31 - 2022	NUV 1 2(1) 5:15 pm
4 ORIGINAL REPORT TYPE	January 15 R July 15 E	Runoff Final report Exceeded modified reporting	Date Hand-delivered or Date P	ostmarked
	30th day before election	imit Other (specify) 15th day after treasurer appointment (officeholder only)	Receipt # Amor	unt \$
6 ORIGINAL PERIOD COVERED	Month Day Year	Month Day Year	Date Imaged	
DOUBLE ENTER	EY ON FORM FI (T)	ACOICABANA) 10/07/22 IN	THE	
		of perjury, that this corrected repo	rt is true and correct.	
	eck ONLY if applicable:			
Semiannu mislead or	al reports: I swear, or affirm, that to misrepre-sent the information	at the original report was made in good occupance in the report.	d faith and without an inte	ent to
☐ date Hear	orts: I swear, or affirm, that I am ned that the report as originally fi n the report as originally filed was	filing this corrected report not later th iled is inaccurate or incomplete. I sw s made in good falth	an the 14th business day ear, or affirm, that any erro	after the or or
		WY DEAR	1 T 1 T 1 T 1 T 1 T 1 T 1 T 1 T 1 T 1 T	
(1) Affidavit	MICHAEL DAVID SULLIVARIAS ON Notary Public, State of Texas My Comm. Exp. 08-02-2026 ID No. 13388892-5	Signature of Candi		
Sworn to and subscribe	\wedge	e Hunter this the	31st day of October	2
20 <u>27</u> , to cert	ify which, witness my hand and seal of c	office Sulliva-	Notary Public	
Signature of officer admini	stering oath Printed nam	me of officer administering oath	Title of officer adminis	tering oath
(2) Unsworn Declara		OR		100
(2) Onsworn Declara	don			1
My name is		, and my date of birth is		
My address is		· · · · · · · · · · · · · · · · · · ·		
	(street)	2 50 5	tate) (zip code) (coun	try)
Executed in	County, State of	, on the day of (month	, 20, (year)	- 1
		(mona)	, (Jour)	

SCHEDULE F1

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

		EXPENDITURE CATE	GORIES F	FOR BOX 8(a)		
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 Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.		Solicitation/Fundraising Expense Transportation Equipment & Related Expen Travel In District Travel Out Of District Other (enter a category not listed above)		
		N. W. W.	13 11014 10 00	implete this form.	0 FD 10 150	O THE PILE OF
1 Total pages Schedule F1: 2 FILER NAME Hunter, Candace					3 Filer ID (Ethics	Commission Filers)
4 Date 09/14/2022		5 Payee name The Gossmess Etsy.com				
6 Amount (\$) \$28.72	7 Payee address; City;				State;	Zip Code
				(b) Description Campaign Event		AND THE RESERVE TO SERVE THE PARTY OF THE PA
	(c)	Check if travel outside of Texas. Complete S	chedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct Candidate / Officeholder name Office sou expenditure to benefit C/OH				Office sought		Office held
Date	Payee na	ame				
10/10/2022	Donate W	ay				
Amount (\$) \$307.62	Payee address; City;				State;	Zip Code
***************************************	Categor	y (See Categories listed at the top of this	schedule)	Description		
PURPOSE OF EXPENDITURE	Fees			Campaign Fundin	g Platform	
		Check if travel outside of Texas. Complete S	emplete Schedule T. Check if Austin, TX, officeholder living expense			
Complete QNLY if direct Candidate / Officeholder name Office expenditure to benefit C/OH			Office sought		Office held	
Date 10/08/2022	Payee n	ame	11			
Amount (\$) \$36.78	Payee a Taco Caba			Gity;	State;	Zip Code
PURPOSE OF EXPENDITURE	1	y (See Categories listed at the top of this everage Expense	schedule)	Description Campaign Event		
	1	Check if travel outside of Texas. Complete S	Schedule T.	Check if Aust	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OI		date / Officeholder name		Office sought		Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

EventExpense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Lebor

Solicitation/Fundralsing Expense Transportation Equipment & Rolated Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F1;	2 FILER NAME Hunter, Candace		3 Filer ID (Ethic	s Commission Filers)		
4 Date 10/05/2022	5 Payee name Check Mark Typesetting		! 			
\$46.01	7 Payee address;	City;	Slate;	Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Campaign Road S	igns			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held		
Date	Payee name					
10/08/2022	Home Depot					
Amount (\$) \$48.26	Payee address;	City;	State;	Zip Code		
2	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF EXPENDITURE	Event Expense	Campaign Event				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense				
0 101 107 111				Office held		
Date 10/08/2022	Payee name					
Amount (\$) \$36.78	Payee address; Taco Cabana	City;	State;	Zip Code		
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF EXPENDITURE	Food & Beverage Expense	Campaign Event				
Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	***************************************	Office held		
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEE	EDED			