

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <div style="text-align: center; font-size: 24pt;">17</div>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST <b>BRENDA</b>	MI
	NICKNAME	LAST <b>GUNTER</b>	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <b>26 W. CONCHO AVE. SAN ANGELO, TX 76903</b>		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE <b>( 325 )</b>	PHONE NUMBER <b>655-6791</b>	EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST <b>RAYMOND</b>	MI
	NICKNAME	LAST <b>MEZA</b>	SUFFIX
7 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>3126 OLD MOUNTAIN TRL., SAN ANGELO TX 76904</b>		
8 CAMPAIGN TREASURER PHONE	AREA CODE <b>( 325 )</b>	PHONE NUMBER <b>234-5500</b>	EXTENSION
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)		
	<input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year     Month Day Year <b>4 / 1 / 21</b> THROUGH <b>4 / 22 / 21</b>		
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month Day Year <b>5 / 1 / 21</b>	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) <b>MAYOR</b>		13 OFFICE SOUGHT (if known) <b>MAYOR</b>
14 NOTICE FROM POLITICAL COMMITTEE(S)  Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL	COMMITTEE ADDRESS	
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

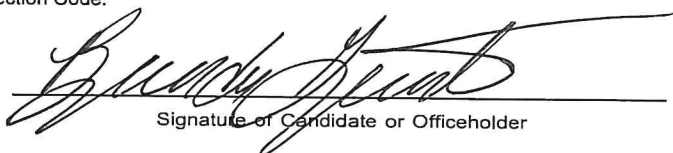
15 C/OH NAME  
BRENDA GUNTER

16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 17,325.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 14,272.03
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 16,131.69
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 15,000.00

18 SIGNATURE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

  
Signature of Candidate or Officeholder

Please complete either option below:

## (1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

## (2) Unsworn Declaration

My name is BRENDA GUNTER, and my date of birth is                     .

My address is 635 S. BISHOP ST., SAN ANGELO, TX, 76901, TOM GREEN.

(street) (city) (state) (zip code) (country)

Executed in TOM GREEN County, State of TEXAS, on the 23RD day of APRIL, 2021.

  
Signature of Candidate/Officeholder (Declarant)

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3****19 FILER NAME****BRENDA GUNTER****20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE****SUBTOTAL  
AMOUNT**

1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 17325-
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 CONTRIBUTIONS	\$ 14272.03
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>15</b>
2 FILER NAME <b>BRENDA GUNTER</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>04/09/2021</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>HUGH STONE</b> 6 Contributor address; City; State; Zip Code <b>3471 KNICKERBOCKER RD., STE. 513 SAN ANGELO TX 76904</b>	7 Amount of contribution (\$) <b>200.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>04/09/2021</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>IKE C. SUGG</b> Contributor address; City; State; Zip Code <b>18 W. CONCHO AVE., SAN ANGELO, TX. 76903</b>	Amount of contribution (\$) <b>2,000.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/09/2021</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>RUSS WEATHERFORD</b> Contributor address; City; State; Zip Code <b>PO BOX 462 VERIBEST, TX 76886</b>	Amount of contribution (\$) <b>1,000.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/09/2021</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>JOSEPH &amp; BARBARA RALLO</b> Contributor address; City; State; Zip Code <b>5233 BEVERLY DR. SAN ANGELO, TX 76901</b>	Amount of contribution (\$) <b>300.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		



**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3
2 FILER NAME BRENDA GUNTER		3 Filer ID (Ethics Commission Filers)
4 Date 04/08/2021	5 Full name of contributor out-of-state PAC (ID#: _____) GB & KM JOHNSON 6 Contributor address; City; State; Zip Code 1326 PASEO DE VACA SAN ANGELO, TX 76901	7 Amount of contribution (\$)  50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/09/2021	Full name of contributor out-of-state PAC (ID#: _____) JORGE & SHEILA VELARDE Contributor address; City; State; Zip Code 1518 DARLENE ST., SAN ANGELO, TX 76904	Amount of contribution (\$)  400.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/09/2021	Full name of contributor out-of-state PAC (ID#: _____) HOUSLEY COMMUNICATIONS Contributor address; City; State; Zip Code P.O. BOX 2899 SAN ANGELO, TX 76902	Amount of contribution (\$)  500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/09/2021	Full name of contributor out-of-state PAC (ID#: _____) MATTHEW & PAIGE CARTER Contributor address; City; State; Zip Code 117 N. MILTON ST., SAN ANGELO, TX 76901	Amount of contribution (\$)  250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>13</b>
2 FILER NAME <b>BRENDA GUNTER</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>04/13/2021</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>FRED KEY</b> 6 Contributor address; City; State; Zip Code <b>2632 VISTA DEL ARROYO SAN ANGELO, TX 76904</b>	7 Amount of contribution (\$) <b>1,000.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>04/14/2021</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>MICHELLE TAYLOR-CHINN</b> Contributor address; City; State; Zip Code <b>1726 AMHURT DR., SAN ANGELO, TX 76901</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/14/2021</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>M/M JACK H. SRADER</b> Contributor address; City; State; Zip Code <b>6006 KINGSBRIDGE DR., SAN ANGELO, TX 76901</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/14/2021</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>WILLIAM KEVIN COLLINS</b> Contributor address; City; State; Zip Code <b>5610 GREY CHARLES CT., SAN ANGELO, TX 76904</b>	Amount of contribution (\$) <b>250.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

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The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

13

2 FILER NAME

BRENDA GUNTER

3 Filer ID (Ethics Commission Filers)

4 Date

04/14/2021

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

J. STANLEY MAYFIELD

6 Contributor address;

City;

State;

Zip Code

2564 LIDENWOOD DR. SAN ANGELO, TX 76904

7 Amount of contribution (\$)

1,000.00

8 Principal occupation / Job title (See Instructions)

1

9 Employer (See Instructions)

Date

04/14/2021

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

MARTHA R. VISNEY

Contributor address;

City;

State;

Zip Code

126 CRESTWOOD DR. SAN ANGELO, TX 76903

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/14/2021

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

ROBERT B. NOREN

Contributor address;

City;

State;

Zip Code

409 BURLINGTON RD., SAN ANGELO, TX 76901

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/14/2021

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

DEBORAH WILLIAMS

Contributor address;

City;

State;

Zip Code

5826 DEARBORN RD., SAN ANGELO, TX 76901

Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

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2 FILER NAME <b>BRENDA GUNTER</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>04/15/2021</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>NICK &amp; KELLI HANNA</b> 6 Contributor address; City; State; Zip Code <b>11674 US HWY 87 S., WALL, TX 76957</b>	7 Amount of contribution (\$)  <b>100.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>04/22/2021</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>MONTI &amp; LISA EADY</b> Contributor address; City; State; Zip Code <b>3210 BRIARGROVE LN., SAN ANGELO, TX 76904</b>	Amount of contribution (\$)  <b>100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/14/2021</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>ELLEN MCDONALD</b> Contributor address; City; State; Zip Code <b>2030 PUTTER DR., SAN ANGELO, TX 76904</b>	Amount of contribution (\$)  <b>100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/14/2021</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>CHRISTINE BRININSTOOL</b> Contributor address; City; State; Zip Code <b>1523 BUTLER DR., SAN ANGELO, TX 76904</b>	Amount of contribution (\$)  <b>1,000.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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2 FILER NAME BRENDA GUNTER		3 Filer ID (Ethics Commission Filers)
4 Date 04/14/2021	5 Full name of contributor out-of-state PAC (ID#: T. MARK WHITE 6 Contributor address; City; State; Zip Code P. O. BOX 3210 SAN ANGELO, TX 76902	7 Amount of contribution (\$)  100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/14/2021	Full name of contributor out-of-state PAC (ID#: JOY HARDY Contributor address; City; State; Zip Code 2604 DOUGLAS DR., SAN ANGELO, TX 76904	Amount of contribution (\$)  100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/14/2021	Full name of contributor out-of-state PAC (ID#: GEORGE W. HARRISON Contributor address; City; State; Zip Code 2033 BEATY RD., SAN ANGELO, TX 76904	Amount of contribution (\$)  100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/14/2021	Full name of contributor out-of-state PAC (ID#: PAMELA S. LEE Contributor address; City; State; Zip Code 2601 DOUGLAS DR., SAN ANGELO, TX. 76904	Amount of contribution (\$)  100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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2 FILER NAME <b>BRENDA GUNTER</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>04/14/2021</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>KAY KEEN</b> 6 Contributor address; City; State; Zip Code <b>2047 PUTTER DR., SAN ANGELO, TX 76904</b>	7 Amount of contribution (\$) <b>100.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>04/14/2021</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>CHERYL CORDOVA</b> Contributor address; City; State; Zip Code <b>3109 OAK MOUNTAIN TR., SAN ANGELO, TX 76904</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/14/2021</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>LEN P. MERTZ</b> Contributor address; City; State; Zip Code <b>1510 S. MADISON, SAN ANGELO, TX 76901</b>	Amount of contribution (\$) <b>200.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/14/2021</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>ELTA JOYCE MCAFEE</b> Contributor address; City; State; Zip Code <b>2636 VISTA DEL ARROYO SAN ANGELO TX 76901</b>	Amount of contribution (\$) <b>250.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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2 FILER NAME <b>BRENDA GUNTER</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>04/14/2021</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>DUDRA D. BUTLER</b> 6 Contributor address; City; State; Zip Code <b>1701 CORDELL DR., SAN ANGELO, TX 76901</b>	7 Amount of contribution (\$) <b>50.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>04/14/2021</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>DENNIS GRAFA</b> Contributor address; City; State; Zip Code <b>1520 PASEO DE VACA SAN ANGELO, TX 76901</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/14/2021</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>MORT L. MERTZ</b> Contributor address; City; State; Zip Code <b>2618 PARKVIEW DR., SAN ANGELO, TX 76904</b>	Amount of contribution (\$) <b>1,000.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/14/2021</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>STEVEN L. HENDERSON</b> Contributor address; City; State; Zip Code <b>2552 LINDENWOOD DR., SAN ANGELO, TX 76904</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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2 FILER NAME <b>BRENDA GUNTER</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>04/14/2021</b>	5 Full name of contributor out-of-state PAC (ID#: <b>RODNEY &amp; BEVERLY MAYBERRY</b> 6 Contributor address; City; State; Zip Code <b>4229 PINION RIDGE DR., SAN ANGELO, TX 76904</b>	7 Amount of contribution (\$) <b>500.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>04/14/2021</b>	Full name of contributor out-of-state PAC (ID#: <b>DAVID &amp; SUSAN KINNEY</b> Contributor address; City; State; Zip Code <b>910 W. WASHINGTON DR., SAN ANGELO, TX 76903</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/14/2021</b>	Full name of contributor out-of-state PAC (ID#: <b>G B &amp; K M JOHNSON</b> Contributor address; City; State; Zip Code <b>1326 PASEO DE VACA SAN ANGELO TX 76901</b>	Amount of contribution (\$) <b>75.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/14/2021</b>	Full name of contributor out-of-state PAC (ID#: <b>CHASE &amp; MARY HOLLAND</b> Contributor address; City; State; Zip Code <b>5621 WOODBINE LN., SAN ANGELO, TX</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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2 FILER NAME BRENDA GUNTER		3 Filer ID (Ethics Commission Filers)
4 Date 04/14/2021	5 Full name of contributor out-of-state PAC (ID#: _____) KAY KEEN 6 Contributor address; City; State; Zip Code 2047 PUTTER DR., SAN ANGELO, TX 76904	7 Amount of contribution (\$)  100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/14/2021	Full name of contributor out-of-state PAC (ID#: _____) CHERYL CORDOVA Contributor address; City; State; Zip Code 3109 OAK MOUNTAIN TR., SAN ANGELO, TX 76904	Amount of contribution (\$)  100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/14/2021	Full name of contributor out-of-state PAC (ID#: _____) LEN P. MERTZ Contributor address; City; State; Zip Code 1510 S. MADISON, SAN ANGELO, TX 76901	Amount of contribution (\$)  200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/14/2021	Full name of contributor out-of-state PAC (ID#: _____) ELTA JOYCE MCAFEE Contributor address; City; State; Zip Code 2636 VISTA DEL ARROYO SAN ANGELO TX 76901	Amount of contribution (\$)  250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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2 FILER NAME BRENDA GUNTER		3 Filer ID (Ethics Commission Filers)
4 Date 04/14/2021	5 Full name of contributor out-of-state PAC (ID#: _____) RAYMOND MEZA 6 Contributor address; City; State; Zip Code 3126 OLD MOUNTAIN TRL., SAN ANGELO, TX 76904	7 Amount of contribution (\$) 1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/14/2021	Full name of contributor out-of-state PAC (ID#: _____) B E CLEERE Contributor address; City; State; Zip Code 910 AUSTIN SAN ANGELO, TX 76903	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/14/2021	Full name of contributor out-of-state PAC (ID#: _____) JM & CJ LEWIS Contributor address; City; State; Zip Code 6557 SPY GLASS RD., SAN ANGELO, TX 76904	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/14/2021	Full name of contributor out-of-state PAC (ID#: _____) RICK & GLENDA BACON Contributor address; City; State; Zip Code 7706 FM 2288 SAN ANGELO, TX 76906	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>13</b>
2 FILER NAME <b>BRENDA GUNTER</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>04/05/2001</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>LT. GEN RONNIE &amp; MARIA HAWKINS</b> 6 Contributor address; City; State; Zip Code <b>5073 PECAN RIDGE RD., SAN ANGELO, TX 76904</b>	7 Amount of contribution (\$) <b>500.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>04/05/2021</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>TONY &amp; VANNA JONES</b> Contributor address; City; State; Zip Code <b>3402 GREEN MEADOW DR., SAN ANGELO, TX 76904</b>	Amount of contribution (\$) <b>300.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/06/2021</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>MICHAEL &amp; JAN DUNCAN</b> Contributor address; City; State; Zip Code <b>1703 CHRISTOVAL RD., SAN ANGELO, TX 76903</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/07/2021</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>TED &amp; DEBBIE WEATHERFORD</b> Contributor address; City; State; Zip Code <b>7464 SPILLWAY RD., SAN ANGELO, TX 76904</b>	Amount of contribution (\$) <b>250.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>13</b>
2 FILER NAME <b>BRENDA GUNTER</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>04/09/2021</b>	5 Full name of contributor out-of-state PAC (ID#: <b>STEPHEN R. BOSTER</b> 6 Contributor address; City; State; Zip Code <b>611 S. JEFFERSON SAN ANGELO, TX 76901</b>	7 Amount of contribution (\$) <b>300.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>04/09/2021</b>	Full name of contributor out-of-state PAC (ID#: <b>KIM &amp; LON ALBERT</b> Contributor address; City; State; Zip Code <b>32 YUCCA LN., SAN ANGELO, TX 76901</b>	Amount of contribution (\$) <b>1,500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/09/2021</b>	Full name of contributor out-of-state PAC (ID#: <b>CHRIS &amp; JEAN CORNELL</b> Contributor address; City; State; Zip Code <b>1519 S. MADISON SAN ANGELO, TX 76901</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/09/2021</b>	Full name of contributor out-of-state PAC (ID#: <b>HECTOR &amp; GUIMEL ACTON</b> Contributor address; City; State; Zip Code <b>1309 DORAL RD., SAN ANGELO, TX 76904</b>	Amount of contribution (\$) <b>250.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
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.

<b>1</b> Total pages Schedule F1: 1	<b>2</b> FILER NAME BRENDA GUNTER	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 04/23/2021	<b>5</b> Payee name MCLAUGHLIN ADVERTISING	
<b>6</b> Amount (\$) 14,272.03	<b>7</b> Payee address; City; State; Zip Code 115 S. PARK ST. SAN ANGELO, TX 76901	
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	<b>(b)</b> Description PRODUCTION DESIGN OF DIGITAL MARKETING MATERIAL
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	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		
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	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		

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