# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 1

	Guide explains ho	ow to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages fil	led:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST BUDDY	MI	OFFICE	USE ONLY
	NICKNAME	LAST	SUFFIX	Date Received	
A CANDIDATE		BONNER	SUFFIX	Rec	eived
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS		DREXEL DR	CITY; STATE; ZIP CODE		4 2021
Change of Address	LEWI	SVILLE, TX	75067	LISD /	Supt Ofc
5 CANDIDATE/	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-delivered	or Date Postmarked
OFFICEHOLDER PHONE	(469)6	47-0911		Date Halla delivered	or Date Postmarked
6 CAMPAIGN TREASURER	MS/MRS/MR	FIRST	Mf	Receipt #	Amount \$
NAME	NICKNAME	LAST	SUFFIX	Date Processed	
		Buck	SUPPIX	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS		(NO PO BOX PLEASE); APT / SU	, •,	STATE;	ZIP CODE
(Residence or Business)	1400 /	MOCEASIN #1	6 LEWISVILLE	TX 75	067
8 CAMPAIGN TREASURER	AREA CODE	PHONE NUMBER	EXTENSION		
PHONE	(214)	208-5940			
9 REPORT TYPE	January 15	30th day before ele	ection Runoff	15th day after treasurer app (Officeholder	pointment
	July 15	8th day before elec	tion Exceeded Modified Reporting Limit		(Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year	Month	Day Year	
	ŀ	01/2021	THROUGH	15 / 200	21
11 ELECTION	ELECTION D	ATE	ELECTION TYPE		
	Month Day	Year Primary	Runoff Other	0	
	5/01	2021 General	Special Sulfa	ool Bon	RD
12 OFFICE	OFFICE HELD (if any	)	13 OFFICE SOUGHT (if known)		
14 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTI THE CANDIDATE / OFFIC CONSENT. CANDIDATE	CE OF POLITICAL CONTRIBUTIONS ACCEPOLDER. THESE EXPENDITURES AS AND OFFICEHOLDERS ARE REQUIRE	CCEPTED OR POLITICAL EXPENDITURES MA MAY HAVE BEEN MADE WITHOUT THE CANDI D TO REPORT THIS INFORMATION ONLY IF TH	DE BY POLITICAL COMM	MITTEES TO SUPPORT ER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME	S TO REPORT THIS INFORMATION ONLY IF TH	TEY RECEIVE NOTICE OF S	SUCH EXPENDITURES.
		COMMITTEE ADDRESS			
Additional Pages	GENERAL	SOMMITTEE ADDRESS			
	SPECIFIC	COMMITTEE CAMPAIGN TREAS	SURER NAME		
	3	COMMITTEE CAMPAIGN TREA	SURER ADDRESS		
		GO TO P	AGE 2		

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

DR. DU	DDY BONNER		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLI PLEDGES, LOANS, OR GU CONTRIBUTIONS MADE E	TICAL CONTRIBUTIONS (OTHER THI JARANTEES OF LOANS, OR LECTRONICALLY)	\$ 73300
	2. TOTAL POLITICAL CONT (OTHER THAN PLEDGES, L	<b>TRIBUTIONS</b> LOANS, OR GUARANTEES OF LOANS	\$ 47 <b>35</b> 00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLIT	TCAL EXPENDITURE.	\$ 326.90
	4. TOTAL POLITICAL EXPE	NDITURES	\$ (3679.40
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIL OF REPORTING PERIOD	BUTIONS MAINTAINED AS OF THE LA	AST DAY \$ 997.17
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT LAST DAY OF THE REPORT	T OF ALL OUTSTANDING LOANS AS O	OF THE \$
	uired to be reported by me under Title 15	De Pard	andidate or Officeholder
	Please con	nplete either option below	»:
(1) Affidavit	CLAUDETTE R. SKINNER Notary Public, State of Texas Comm. Expires 03-20-2025 Notary ID 126846644		
	pefore me by Academy hand and seal of office.	borner this the	15th day of July
Signature of officer administerio	ng oath Printed name of o	officer administering oath	Title of officer administering oath
(2) Unsworn Declaration	1	OR	
My name is			2
My address is		, and my date of birth is	
my douless is			,,
Executed in	(street) County, State of		state) (zip code) (country) , 20 n) (year)
		Signature of Candid	date/Officeholder (Declarant)

## SUBTOTALS - C/OH

## FORM C/OH COVER SHEET PG 3

19 FILER NAME 20 Filer ID (Ethics Com	imission Filers)
21 SCHEDULE SUBTOTALS ( NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 430500
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	\$ 11793.00
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 7013.02
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	\$
2. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

#### SCHEDULE A1

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

2 FILER NAME  2 FILER NAME  3  2 PRINCIPAL PRONCE  4 Date  5 Full name of contributor  1-13-21  4 Date  5 Full name of contributor  6 Contributor address:  City: State Zip Code  2929 FLEET AUSTIN TY 78746  8 Principal occupation / Job title (See Instructions)  CONSULTANT  Date  Full name of contributor  Date  Full name of contributor  Date  Principal occupation / Job title (See Instructions)  Date  Full name of contributor  Date  Principal occupation / Job title (See Instructions)  Date  Full name of contributor  Date  Principal occupation / Job title (See Instructions)  Date  Principal occupation / Job title (See Instructions)	Filer ID (Etnics Commission Filers)  Amount of contribution (S)
A Date 5 Full name of contributor DUL-01-STATE FAC ICE 7  1-13-21 SHULENNE UHUCH 6 Contributor address. City State Zip Code  2929 FLEET AUSTIN TY 78746  3 Principal accupation / Job title (See Instructions) 9 Employer (See Instructions)  Date Full name of contributor DuL-01-STATE FAC ICE  1-17-21 Respecta BOWNER  Contributor address City State Zip Code  506 Deexel De. Lewisville 14 75067  Principal accupation / Job title (See Instructions)  Employer (See Instructions)	Amount of contribution (S)  Amount of contribution (S)
Date 5 Full name of contributor	Amount of contribution (S)
6 Contributor address. City State Zip Code  2929 FLEET AUSTIN TY 78746  Principal occupation / Job title (See Instructions)  Date Full name of contributor Contributor Contributor address  Contributor address  City State Zip Code	Amount of contribution (S)
Date Full name of contributor Contributor Contributor Contributor Contributor Contributor Contributor Contributor andress City State Zip Code  506 Deexel Dr. Lewicy III T 75067  Principal occupation / Job title /See Instructions:  Employer (See Instructions)	Amount of contribution (S)
Date Full name of contributor Coul-st-size and 10#  1-17-21 Respecta BOWNER  Contributor address City State Zip Code  506 Deexel Dr. Lewicylle 14 75067  Principal occupation / Job title /See Instructions:  Employer (See Instructions)	Amount of contribution (S)
Contributor andress City State Zip Code  505 Deexel Dr. Lewisville TY 75067  Principal occupation / Job Hitle / See Instructions:  Employer (See Instructions)	
Contributor andress  City  State Zip Code  Cools Deexel De. Lewisville TY 75067  Principal occupation / Job title /See Instructions:  Employer (See Instructions)	5.00
Principal occupation / Job title /See Instructions)  Employer (See Instructions:	
E. Poyci (See instructions)	
	1
Date Full name of contributor Contributor Contributor	Amount of contribution (\$;
Contributor address City State Zip Code \$ 1669 Shannon Dr. Lewishief Tx 7597	100.00
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  COMPONENTION ADMINISTRATOR	
The state of the s	Amount of contribution (S)
	25 00
100 Russien HIGHLAND VINLAGE IX 75077	
Principal occupation / Job title (See Instructions)  EDVCATOR	
(C) (A) (A) (A) (A)	

## SCHEDULE A1

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

Th	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1
2 FILER NAME	Je Paway Bounes	3 Filer ID (Etnics Commission Filers)
4 Date		7 Amount of contribution (S)
1-18-4	6 Contributor address. City State Zip Code 5203 TIMBER-PARK FROMER-WOUND IX 75028	\$ 20.00
8 Principal occ RETIO	upation / Job title (See Instructions)  9	tions)
Date	Full name of contributor	Amount of contribution (S)
1-19-21	BILLAURENCE Contributor address City State Zip Code	
	228 CHROLMTRAIL HIGHLAND VILLAGE TX 75077	
	patron / Job title (See Instructions) Employer (See Instruct	ons,
ATTORN		
Date	Full name of contributor	Amount of contribution (S)
1-9-21	Contributor address City State Zip Code	\$100,00
	1266 606AN DELEWISHUELY 75077	
211	pation / Job title (See Instructions) Employer (See Instruct	ors
orboardne	granted and development wanage	
Date	Full name of contributor cut-of-state PAC (ID#	Amount of contribution (S)
1-19-21	Pary Durham Contributor address City State Zip Code	\$ 25.00
	622 HIGHEAND WEADOWS, HIGHLAND VILLAGE TX-	/S0-77
Principal occup	cation / Job title (See Instructions, Employer (See Instructions)	
RETIRE	O CONTRACTOR OF THE CONTRACTOR	
**		

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 A 2 FILER NAME 2 FILER NAME

DR BUTDYBONNER

4 Date 5 Full name of contributor | Contributor | State | HOWENAKER Cut-of-state PCC IIC# \_\_\_\_\_\_ Amount of contribution IS Date 12021 Contributor address City State Zip Code \$50.00 Principal occupation / Job title (See Instructions: Employer (See Instructions) ACCOUNTANT 1-21-21 SHAP4 MAMES

Contributor address. City State Zip Code \$ 35.00 Principal occupation / Job title (See Instructions)

Employer (See Instructions) EDUCATOR\_ Principal occupation / Job title (See Instructions)

Employer (See Instructions)

#### SCHEDULE A1

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

Th	e Instruction Guide explains how to complete this form.	1 Total pages Schedule At
2 FILER NAME DR.	BUDDY BONNEP	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	7 Amount of contribution (S)
1/23/21	PAM DRY ANT  6 Contributor adoress. City State Zip Code	25 00
	3513 CASTLEWOOD FLOWER MOUND TX 75020	
EDUCATU	9 Employer (See Instructions)	otions)
	Full name of contributor	Amount of contribution (S.
	Contributor address City State Zip Code	\$100.00
	6624 BRIARPROCEPLAND TEXAS 75024	1 100.
HOMEWA	Employer (See Instructions)	tions,
Date	Full name of contributor	Amount of contribution (\$)
2-1-21	CONSTITUTION CONTRIBUTION AND CONTRIBUTION ADDRESS CITY State Zip Code	\$ 200.00
	917 BYCALIBUR HIGHLAND VILLAGE TX 75077	
Principal occup	eation / Job title (See Instructions)  Employer (See Instructions)	uons;
ticount	WANAGES-	
Date	Full name of contributor cut-of-state PAC (ID#	Amount of contribution (S)
2-6-61	Contributor address City State Zip Code	\$100,00
Principal accur	Eday's LYERTHER HAVAND VILLAGETY ROTT  ation / Job Little (See Instructions)  Finally of (See Instructions)	<u> </u>
Vannie	2. 7.0/01 1000 111311001	ons)

#### SCHEDULE A1

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Т	he Instruction Guide explains how to complete this	s form.	1 Total pages Schedule Ay
2 FILER NAM	DR. BUDDY BONUSE		3 Filer ID (Etnics Commission Filers
4 Date	5 Full name of contributor	C   C=	7 Amount of contribution (S)
2-7-21	ACTEX POWER  6 Contributor address. City	State Zip Code	£1000.00
Proceeds 19 19 19 19 19 19 19 19 19 19 19 19 19	GOG LANEBREEZE HIGHLANDVILL	AGETY 75077	
	Cupation ( Job title (See Instructions)  PCLAL PEAL ESTATE	9 Employer (See Instruct:	ons)
Date	Full name of contributor cur-of-state ====	HC#	
	ALLETON STAMPEN		Amount of contribution (S)
		State Zip Code	\$50.00
Principal occi	1132 Parecre WOOD LEWIS VILLE TO	Employer   See Instruction	
PARAT	OP-	Zimproyer (See Instruction	n;s,
Date	Full name of contributor	s:C=	Amount of contribution (S)
-6-21			4 m
	Bio Granila and	State Zip Code	100.00
Principal occu	BIO GREEN VICIENT HIGHLAND VIN	MGE   K 15011	
TOMEWA		Employer (See Instruction	rs)
Date	Full name of contributor cut-of-state P40.	(10#	Amount of contribution (S)
82	Contributor address City		
	108 ELASSOW CT HIGHLAND VILL	State Zip Code	5000
	11214101-000	Employer (See instruction	
Principal occu	pation / Job title (See Instructions)	Elliployer (See Instruction	

## SCHEDULE A1

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

	e Instruction Guide explains how to complete this form	1 Total pages Schedule A1
FILER NAM	2. KOUDINGER	3 Filer ID (Ethics Commission Filers
4 Date	5 Full name of contributor cyclot-state P-C IIC#	7 Amount of contribution (\$)
2-9-21	Rob Myth  6 Contributor address. City: State Zip Code	\$50.00
	3212 PARKHORET HIGHLAND VILLAGE TX 75077	
Principal occ	upation / Job title (See Instructions)  9 Employer (See Instructions)	tions)
Date	Full name of contributor	Amount of contribution (\$)
2-10-21	GNNY MARGHALL  Contributor address City State Zip Code	travao
Danasa	1364 NEURPEZ KYYE TK 18640	
PETIPE	pation / Job title (See Instructions)	ions;
	Full name of contributor cut-of-state FHC (IC#	
2-19-4	DAVID TAY UDD  Contributor address City State Zip Code	Amount of contribution (S)
		"30.
Principal occu	2504 FUESTWAD TRANSA MOUNTY 7528: patien / Job title (See Instructions)  Employer (See Instructions)	
PETIPE	- projet occ matract	ions,
Date	Full name of contributor cut-of-state P4C (ID#	Amount of contribution (S)
-22-21	MKARZI U6CIF  Contributor address City. State Zip Code	\$500.80
	2206 GISBOUTHE FLOWER MOUND TX 75020	+ SOO
Principal occur	cation / Job title (See Instructions) Employer (See instructions)	
	(COMMONICATIONS CONSULTART	

#### SCHEDULE A1

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

	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1
FILER NAME	BUDGE BONNER	3 Filer ID (Ethics Cammission Filers)
Date	5 Full name of contributor	7 Amount of contribution (S)
3-10-21	6 Contributo: adoress. City State Zip Code	\$75,E
	2001 DIERSAMS HIGHLANDVILLAGE TX 75017	
Principal occu	pation / Job title (See Instructions)  9 Employer (See Instructions)	ions
Date	Full name of contributor cut-of-state FAC riC=	Amount of contribution (S)
75-21	Kob MyGA  Contributor address City State Zip Code	\$50.00
	MACIATERNICAT MATLANDVILLACEL X 75077	
DYAT	ation ( Job title (See Instructions)  Employer (See Instructions)	ons;
Date	Full name of contributor	Amount of contribution (S)
-16-21	MARY REGAN  Contributor address City State Zip Code	\$50 ®
Principal occup	3128 MIGNION PLACE FLOWER WOUND TY 75022  ation / Job title (See Instructions) Employer (See Instructions)	One
	- P. O. O. C. M. S. M. S. M. S	50.51
Date	Full name of contributor cut-of-state PAC IIC#	Amount of contribution (S)
5-21-21	Allison Swith Contributor acdress City State Zip Code	\$50
	152 Red Oaklu Flower Royd Tr 75029	
	Employer (See Instructions)  Employer (See Instructions)	ons;

#### 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:
EL BURDY BONNER	3 Filer ID (Ethics Commission Filers)
Date  5 Full name of contributor	7 Amount of contribution (\$)
904 Albrans RicHARTSON (X75/8)	\$50
Principal occupation / Job title (See Instructions)  9 Employer (See Instructions)	tions)
Date  Full name of contributor  Jout-of-state PAC (10#  Stephone Law  Contributor address: City; State: Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)	ons)
Date  Full name of contributor  Stephen Rober  Contributor address.  City, State: Zip Code	\$ 50
2785, Fochbrod LEWISVILLE TX 75067  Principal occupation / Job title (See Instructions)  Employer (See Instructions)	ons)
Date  Full name of contributor    Cut-of-state PAC (ID#	Amount of contribution (\$)
Principal occupation / Joc title (See instructions)  Employer (See Instructions)	ons)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS ALS	

#### SCHEDULE A1

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

		- g
Th	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Endly BONNEY	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	7 Amount of contribution (\$)
8 Principal occi	1908 Och Cyone FLOWER MOUND, TX 75028  upation / Job title (See Instructions)  9 Employer (See Instructions)	+ 200
Educa	大文	(Cris)
Date	Full name of contributor [] out-of-state PAC (10#)  Math Galley M	Amount of contribution (\$)
72121	Contributor address; City; State, Zip Code	\$50 700
*	430TORANGTON AUSTIN TX 18737	
SA UE	pation / Job title (See Instructions)  Employer (See Instructions)	ons)
Date	Full name of contributor	Amount of contribution (\$)
4/3/21	Contributor addrass, City, State, Zip Code	7 50
Principal occur	152 Red Oak Fromer MOUND TX 75028	
Educa	Employer (See Instruct)	ons)
Date	Full name of contributor	Amount of contribution: (\$)
7/29	Contributor sodress; City; State; Zip Code	1-100
	724 W Main St LAWFULLE TX 75067	
Principal occupi	ation / Job title (See instructions)  Employer (See Instructions)	ons)
1000C	ance.	
		The state of the s

#### SCHEDULE A1

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

T.			
ir	e instruction Guide explains how to complete thi	is form.	1 Total pages Schedule A1:
FILER NAM	BUDDYBONNER		3 Flier ID (Ethics Commission Filar
Date	5 Full name of contributor   Daylof state BA	AC (ID#	7 Amount of contribution (\$)
21	Pean Vechert		· Manager of contribution (2)
130	Dean Vechert 6 Contributor address; City:	State, Zip Code	\$100
	2038 I OVE CREEK LEW	NKIVILLE IX 7508	7
Principal occ		9 Employer (See instruc	
Date	Full name of contributor	C (iD#)	Amount of contribution (\$)
4/1,	Contributor address, City,		
116	Contributor address.	State Zip Code	150
	253 Frankel Lewis VIL	= Ty 75 +61	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	one)
Rel	red		0.13)
Date	Full name of contributor	C (iD#)	Amount of coatribusing (\$)
			(4)
	Contributor address, City,	State Zip Code	
Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor	(10#)	Amount of contribution (\$)
	make commanda and any More had rescribe sent or	The second second	
	Contributor accress, City;	State Zip Code	
Principal occup	Contributor secress, City; atten / Jec title (See Instructions)	State Zip Code  Employer (See Instruction	ons)
Principal occup			ons)
Principal occup			ons)
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#### SCHEDULE A1

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

		page in the	report.
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	2 BUDDY BONNER		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor  ut-of-state PAC	(ID#:)	7 Amount of contribution (\$)
4232024	ROB MYER  6 Contributor address; City;		100.00
4	6 Contributor address; City;	State; Zip Code	186.
	3212 PARKHURST HVOLTAN pation / Job title (See Instructions)	DINGAGE TX	
	(===	9 Employer (See Instruc	tions)
Edu	cator	UNGUOUS	_
Date	Full name of contributor  ut-of-state PAC	(ID#:)	Amount of contribution (\$)
11 00 001	Stena Glassman		Amount of contribution (\$)
4232021	Elena Glassman Contributor address; City;	State; Zip Code	F2000
:	1144 Born D.	-	
Principal occup	1144 BATTAN PLACE, LEWIS	SVILLE (X 7\$	067
unlix	QU7-	Employer (See Instruct	ions)
Date			
		(ID#:)	Amount of contribution (\$)
4252021	Nick foodey Contributor address; City;	State; Zip Code	25.00
2	1828 LARTH AROUE,	Tx 76826	×
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)
educa	tor		
Date	Full name of contributor	ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)
	ATTACH ADDITIONAL CODIES OF	THE COURTY	
	ATTACH ADDITIONAL COPIES OF If contributor is out-of-state PAC, please see Instruc	inis SCHEDULE AS NE	EDED porting requirements.

#### SCHEDULE F1

i trie requested in	formation is not applicable, DO NOT in	iclude this page in the re	port,
	EXPENDITURE CATEG		
Advertising Expense Accounting Banking Consulting Excense Contributions/Constions Made Canadate/Officeholder Point India Can Payment	Event Expense Fees Food/Beverage Expense By Giff/Awarrs/Memonals Expense Legal Services	Loan Papayment Pelmbursement Office Overhead/Pental Expense Polling Expense Printing Expense Salaries: Wages/Contract Labor	Splicitation/Fundraising Expense Transportation Equipment & Related Expense Fravel in District Transf Cut to District Cineria Cut to District Cineria Cut to District
	The Instruction Guide explains	how to complete this form.	
1 Total pages Schedule F:	DR BUDDY BONNE	- Canana	3 Flier ID (Ethics Commission Filers)
4 Date 1-29-21	5 Payee name  PATZU		
6 Amount (\$)	7 Payee address	City	State Zip Code
15412	1001 S. EDMONDS	LEWISVILL	E TX 75067
8	(a) Category (See Categories listed at the top of this so	necule (b) Description	
PURPOSE OF EXPENDITURE	(c) Creck firavel outside of Texas Complete Son	BANKINE	
9 Complete ONLY if direct			TK officeroiser trans expense
expedantine to penetit CIO	Candidate / Officeholder name	Office sought	Office held
Date	Payes rame		
1-22-21	COL MARKETING	_	
Amount (S)	Payee address	City	State Zip Code
\$268.75	1301 JUSTIN LO STE 201	LEWEULLETY	·
PURPOSE OF	Category (See Categories) issed at the log of this sone	ecule Description	
EXPENDITURE	TRINTING EXPENSE	CAPED & B	APGE
	Check if traivel outside of Texas. Complete Sche		7 < officeroider living expense
Complete ONLY if direct expenditure to benefit C/CH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
3-5-21	CGL MARKETING		
Amount (S)	Payee address	City	State Zic Code
\$71.04	1301 JUSTIN READSTE 21	LEWBUILLE TX	75077
	Category (See Categories listed at the top of this sched	dule, Description	
PURPOSE OF			
EXPENDITURE	PRINTING EXPENSE	BANNER	
	Check if travel outside of Texas. Complete Sched	ideT Check f Austin T	X officenciaer living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEED!	ED

## SCHEDULE F1

	EXPENDITURE CATEGORIE	S FOR BOX 8(a)	
Favertising Expense ecounting Banking Consulting Expense Contributions/Donations Made Candidate Officencide/Politic Teur Part Paymen	Food/Beverage Expense Polling  By Gift-Awarns/Memorias Expense Porting	acayment Pelmbursement Overhead:Rental Experse Expense g Expense s:Wages/Contract Labor	Scilotation-Eulorarsing Expense Transochation Equipment & Pelated Expens Travel in District Travel Cut Of District Other region a category, not listed above.
Tana and a constant		o complete this form,	
Total pages Spredule Fr	2 FILER NAME THE PULLY PENNER		3 Firek ID (Ethics Commission Filers
3-1-21	5 Payee name		ja
Amount (S)	7 Payee address	City	State Zip Code
3,429 18	1601 S EDMONDS LE	,	7, 222
	(a) Cafegory (See Categories (Isted at the top of inia schedule)	(b) Description	
PURPOSE OF EXPENDITURE	CREDIT CAPP PAYMENT	CHAPGED	ITEMIZED NOW ITEM
	(c) Check the verous side of Texas Complete Schedule T	Creck f Austr	p 7 C officenciaer Mang expense
Complete <u>GNLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office neid
Date	Payee name		
Amount (S	Payee address	Сіту	State Z p Code
	Category (See Categories) step at the lop of this screekle	Description	
PURPOSE OF EXPENDITURE			
OF	Check if the vel dutaine of Texas - Complete Schemille T	Cross 6 Lawrence	7, 4
OF EXPENDITURE  Complete ONLY if direct	Check if the religious of Texas Complete Schedule T Candidate / Officeholder name	Office sought	Office held
OF EXPENDITURE  Complete ONLY if direct	Candidate / Officeholder name		
OF EXPENDITURE  Complete ONLY if direct expenditure to banefit CrOp	Candidate / Officeholder name		
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/Or	Candidate / Officeholder name Payee name	Office sought	Office held
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/Ch  Date  Amount (S)  PURPOSE OF	Candidate / Officeholder name  Payee name  Payee address:	Office sought  City  Description	Office held

#### 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 Cart Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Lcan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarias/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (expense and local and

Other (enter a category not listed above) The Instruction Guide explains how to complete this form 1 Total pages Schedule F1: 3 Filer ID (Etnics Commission Filers) 6 Amount (\$) State Zip Code (b) Description PURPOSE OF SIGNS EXPENDITURE Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name Zip Code PURPOSE OF EXPENDITURE MALER Check if travel outside of Texas Complete Schedule T Check if Austin, TX officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office held expenditure to benefit C/OH Payee name State: Zip Code Category (See Categories listed at the top of this schedule) PURPOSE OF TRINTING EXPENSE 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 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 Politing 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 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 6 Amount (\$) Zip Code PURPOSE OF ADMERTISING EXPENDITURE Check if travel outside of Texas. Complete Schedule T Check if Austin, TX, officencider living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Zip Code PURPOSE 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 Date Payee name Zip Code PURPOSE OF EXPENDITURE RINTING EXPENSE Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expanditure 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/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 co

	The mandellon duide explains now to	complete this form.		
1 Total pages Schedule F1	DR. BUDDY BONNER		3 Filer ID (Ethi	cs Commission Filers)
4 Date 5/3 7(13) 2021	5 Payee name	H. HOURST \$	1.155.60	4.T. /
6 Amount (\$)	7 Payee address;	1 TONES , F	INLEGE	119
196.56		City;	State;	Żip Code
		LTON TEX	MS 7501	7
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
EXPENDITURE	ADVERTISING	MAILER	American and the second	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder livin	g expense
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought	•	Office held
Date	Payee name			
5/3/2021	PRINT PLACE			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$106.0°	1130 AVENUE IT ARIN	Gron Tp	76011	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	PRINTING EXPENSE	SIGNS		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
5/17/2021	DAVID Wylie			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$100.89	ARGYLE, TX 76	226		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF		~		
EXPENDITURE	CONSULTINGEXPENSE	DATA SI	ERVICE	5
	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 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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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 of listed charge)

Credit Card Payment	The Instruction Guide explains how to	complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1			3 Filer ID (Ethics Commission Filers)
4 Date 9/20/20/3	5 Payee name STAPPUCKS		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
P40	145 GROSTIMBERS A	ower Mouri	OTX 75028
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	GIFTS/AWARDS/EXPENSE	PRECINET	CHAIR CORDS
	(c) Check if travel outside of Texas. Complete Schedule T.		n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
05012021	DATEL WASTER CARD		
Amount (\$)	Payee address;	City;	State; Zip Code
#1637.61	1601 HAGTER L	ENISVILLA	E TX 75067
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF	(0.5-1.2.0		/
EXPENDITURE	CARDIT CARD RAY MENT	CHAPGES	ITEMIZEIS/NON-1718N
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
	Catagony		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
8	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense

## EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

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

	EXPENDITURE CAT	EGORIES FOR BOX 10(a)		
Edvertising Experise Accounting/Banking Consulting Expense Contributions/Donations Made 3 Carrificate/Officeholice/Politic		Loan Rabayment/Reimbursement Office Overhead/Rental Excense Polling Expense Printing Expense Salar es/1/ /ages/Contract Labor	Schotation/Fundraising Expense Transconation Sourement & Palated Excens Travel in District Travel Out Of Existrict Other lenters category not listed above.	
	The Instruction Guide expla	ains how to complete this form.	, ,	
1 Total pages Schedule =4	2 FILER NAME DR. BUDDY BONNE	2	3 Filter (D   Ethics Commission Filers)	
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGE		\$ 2762 00	
5 Date  -22-21	6 Payee name FIRST ORAPHC	SERVICES		
7 Amount (S)	8 Payee adoress	City	State Zip Code	
2762 00	229 GARNON ST	GARLAND	TX 75040	
9 TYPE OF EXPENDITURE	Political	Non-Political		
10	(a) Category (See Categories ested at the top of the	(b) Description		
PURPOSE OF EXPENDITURE	ADVERTIGING EXPENSE SIGNS & BRACKETS			
	(C)	e Schedule T - Sheck if Au	san Tx officenciaer wang expense	
11 Complete <u>CNLY</u> if direct expenditure to benefit C/CH	Candidate / Officenoider name	Office sought	Office held	
Date	Payee name			
2-6-21	TRACTOR SUPPLY			
Amount (S)	Payee address	City	State Zip Code	
\$ 450.00	1200 5 LOOP 208	DENTON TX	767.05	
TYPE OF EXPENDITURE	Y Political	Non-Political		
PURPOSE	Category (See Categories listed at the top of th	is scredule Description		
OF EXPENDITURE	ADVERTISING EXPENS	e foots	-	
	Check if travel dutaice of Texas Complet	e Schedule T Check of Aus	stin 34 officencider living expense	
Complete <u>CNLY</u> if direct expenditure to benefit C/CH	Candidate / Officeholder name	Office sought	Office neld	
	ATTACH ADDITIONAL COSTS	05 7110 0 6117711		
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## EXPENDITURES MADE BY CREDIT CARD

#### SCHEDULE F4

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

## EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officenoidat/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overnead/Rental Expense Poilling Expense Printing Expense Salaries/Wages/Contract Lebor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out of District
Other (enter a category not listed above)

	ries/Wages/Contract Labor  to complete this form.	Other (enter a category not listed above)
BONNER	2	3 Filter ID (Ethics Commission Filers)
CHARGED TO	CREDIT CARD	\$
STER-CA	P-D	
	City	State; Zip Code
WONDS (	ewisville	Tx 75067
	n-Political	
rad at the top of this schedul	e) (b) Description	
PAYMENT	- CHARGE	> ITEMIZEIS/NON-ITEMIZ
of Texas Complete Schedule		ishin TX officeholder lying expense
lder name	Office sought	Office reid
	2	
	C(ty)	State: Zip Code
No	n-Political	
ed at the top of this schedule	e) Description	
		er de et managen man
of Texas Complete Schedule	T Check if Au	stin, TX, afficeholder living expense
der name	Office sought	Office held
		L COPIES OF THIS SCHEDULE AS NEI

## **EXPENDITURES MADE BY CREDIT CARD**

SCHEDULE F4

#### If the requested information is not applicable, DO NOT include this page in the report. **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense **Event Expense** Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Polling Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F4: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date 6 Payee name DATEL MASTER CARD 7-13-2021 7 Amount (\$) 8 Payee address; State: Zip Code TYPE OF Political EXPENDITURE Non-Political 10 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE OF EXPENDITURE Check if Austin, TX, officeholder Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date Amount (\$) Payee address; City; State: Zip Code TYPE OF Political Non-Political **EXPENDITURE** Category (See Categories listed at the top of this schedule) Description PURPOSE OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH