

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:

23

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

DR BUDDY
BONNER

OFFICE USE ONLY

Date Received

Received

JUL 14 2021

LISD / Supt Ofc

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

505 DREXEL DRIVE

LEWISVILLE, TX 75067

☐ Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(409) 647-0911

Date Hand-delivered or Date Postmarked

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

MR ALEX
BUCK

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

(Residence or Business)

1400 MOCCASIN #6 LEWISVILLE TX 75067

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(214) 908-5940

9 REPORT TYPE

☐ January 15

☐ 30th day before election

☐ Runoff

☐ 15th day after campaign
treasurer appointment
(Officeholder Only)

☒ July 15

☐ 8th day before election

☐ Exceeded Modified
Reporting Limit

☐ Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

Month

Day

Year

1/01/2021

THROUGH

7/15/2021

11 ELECTION

ELECTION DATE

Month

Day

Year

5/01/2021

ELECTION TYPE

☐ Primary

☐ Runoff

☒ Other
Description

☐ General

☐ Special

School Board

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

14 NOTICE FROM
POLITICAL
COMMITTEE(S)

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

☐ Additional Pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

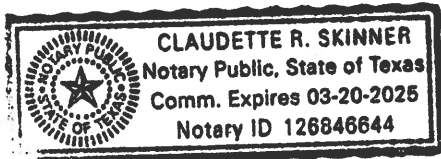
| | | |
|---|---|--|
| 15 C/OH NAME <u>DR. BUDDY BONNER</u> | | 16 Filer ID (Ethics Commission Filers) |
| 17 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ <u>733.00</u> |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ <u>4735.00</u> |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. | \$ <u>326.90</u> |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ <u>13629.40</u> |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ <u>997.11</u> |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ <u>0</u> |

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.

Dr. Buddy Bonner
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Buddy Bonner this the 15th day of July, 2021, to certify which, witness my hand and seal of office.
Claudette R. Skinner Claudette R. Skinner Adm Asst
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.
My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)
Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

Dr. Buddy Bonnell

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

| | | |
|-----|---|-------------|
| 1. | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 4305.00 |
| 2. | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ |
| 3. | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. | <input type="checkbox"/> SCHEDULE E: LOANS | \$ |
| 5. | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 11793.02 |
| 6. | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ |
| 7. | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 8. | <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ 7013.02 |
| 9. | <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ |
| 10. | <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ |
| 11. | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 12. | <input type="checkbox"/> 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

7

2 FILER NAME

DR BUDDY BONNER

3 Filer ID (Ethics Commission Filer)

4 Date

1-13-21

5 Full name of contributor

JULIENNE UHICH

7 Amount of contribution (\$)

\$100.00

6 Contributor address

City

State

Zip Code

2929 FLEET AUSTIN TX 78748

8 Principal occupation / Job title (See instructions)

CONSULTANT

9 Employer (See instructions)

Date

1-17-21

Full name of contributor

Rebecca BONNER

Amount of contribution (\$)

\$5.00

Contributor address

City

State

Zip Code

505 Drexel Dr. Lewisville TX 75067

Principal occupation / Job title (See instructions)

EDUCATOR

Employer (See instructions)

Date

1-18-21

Full name of contributor

Tim Chaffin

Amount of contribution (\$)

\$100.00

Contributor address

City

State

Zip Code

11669 Shannon Dr. Lewisville TX 75077

Principal occupation / Job title (See instructions)

COMPENSATION ADMINISTRATOR

Employer (See instructions)

Date

1-18-21

Full name of contributor

ERIC LONG

Amount of contribution (\$)

\$25.00

Contributor address

City

State

Zip Code

108 RUSSELL HIGHLAND VILLAGE TX 75077

Principal occupation / Job title (See instructions)

EDUCATOR

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 7 |
| 2 FILER NAME DR. BUDDY BOUNER | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 1-18-21 | 5 Full name of contributor JIM GRABER <input type="checkbox"/> out-of-state PAC ID# | 7 Amount of contribution (S) \$ 20.00 |
| 6 Contributor address 5203 TIMBER PARK FLOWER MOUND TX 75028 | | |
| 8 Principal occupation / Job title (See Instructions) RETIRED | | 9 Employer (See Instructions) |
| Date 1-19-21 | Full name of contributor BIL LAURENCE <input type="checkbox"/> out-of-state PAC ID# | Amount of contribution (S) \$ 100.00 |
| Contributor address 228 CHERRY TRAIL HIGHLAND VILLAGE TX 75077 | | |
| Principal occupation / Job title (See Instructions) ATTORNEY | | Employer (See Instructions) |
| Date 1-19-21 | Full name of contributor PAIGE ROCKSTOWN <input type="checkbox"/> out-of-state PAC ID# | Amount of contribution (S) \$ 100.00 |
| Contributor address 1266 LOGAN DR LEWISVILLE TX 75077 | | |
| Principal occupation / Job title (See Instructions) onboarding specialist and development manager | | Employer (See Instructions) |
| Date 1-19-21 | Full name of contributor BUDY DURHAM <input type="checkbox"/> out-of-state PAC ID# | Amount of contribution (S) \$ 25.00 |
| Contributor address 622 HIGHLAND MEADOWS, HIGHLAND VILLAGE TX 75077 | | |
| Principal occupation / Job title (See Instructions) RETIRED | | Employer (See Instructions) |
| <p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p> | | |

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

7

2 FILER NAME

DR BUDDY BONNER

3 Filer ID (Ethics Commission Filer)

4 Date

1-20-21

5 Full name of contributor

CHRIS PATTON

☐ out-of-state PAC ID#

7 Amount of contribution (\$)

6 Contributor address

City

State

Zip Code

603 SANTA FE HIGHLAND VILLAGE TX 75077

\$100.00

8 Principal occupation / Job title (See Instructions)

HOME MAKER

9 Employer (See Instructions)

Date

1-20-21

Full name of contributor

MICHAEL CASTLEBERRY

☐ out-of-state PAC ID#

Amount of contribution (\$)

Contributor address

City

State

Zip Code

145 BAIRD HIGHLAND VILLAGE TX 75077

\$50.00

Principal occupation / Job title (See Instructions)

ACCOUNTANT

Employer (See Instructions)

Date

1-21-21

Full name of contributor

SHARI MAYES

☐ out-of-state PAC ID#

Amount of contribution (\$)

Contributor address

City

State

Zip Code

1530 GLENMORE DR HEWISVILLE TX 75067

\$35.00

Principal occupation / Job title (See Instructions)

EDUCATOR

Employer (See Instructions)

Date

1-21-21

Full name of contributor

JOSH MOUSDER

☐ out-of-state PAC ID#

Amount of contribution (\$)

Contributor address

City

State

Zip Code

40 REMINGTON TERRACE HIGHLAND VILLAGE TX 75077

\$50.00

Principal occupation / Job title (See Instructions)

EDUCATOR

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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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

2 FILER NAME

DR. BUDDY BONNER

3 Filer ID (Ethics Commission Filers)

4 Date

1/23/21

5 Full name of contributor

PAM BRYANT

7 Amount of contribution (\$)

25.00

6 Contributor address

City

State

Zip Code

3513 CASTLEWOOD FLOWER MOUND TX 75020

8 Principal occupation / Job title (See Instructions)

EDUCATOR

9 Employer (See Instructions)

Date

1-23-21

Full name of contributor

JULIE FOUGATH

Amount of contribution (\$)

\$100.00

Contributor address

City

State

Zip Code

6624 PRIMA PRIDE PLAND TEXAS 75024

Principal occupation / Job title (See Instructions)

HOME MAKER

Employer (See Instructions)

Date

2-1-21

Full name of contributor

CEIS WANNING

Amount of contribution (\$)

\$200.00

Contributor address

City

State

Zip Code

917 EXCALIBUR HIGHLAND VILLAGE TX 75077

Principal occupation / Job title (See Instructions)

ACCOUNT MANAGER

Employer (See Instructions)

Date

2-2-21

Full name of contributor

PAM NELSEN

Amount of contribution (\$)

\$100.00

Contributor address

City

State

Zip Code

8005 ALBERTA HIGHLAND VILLAGE TX 75077

Principal occupation / Job title (See Instructions)

WOLNTEER

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

2 FILER NAME

DR. BUDDY BONNER

3 Filer ID (Ethics Commission Filer)

7

4 Date

2-7-21

5 Full name of contributor

ALEX BARK

6 Contributor address

806 LAKE BREEZE HIGHLAND VILLAGE TX 75077

City

State

Zip Code

7 Amount of contribution (S)

\$1000.00

8 Principal occupation / Job title (See Instructions)

COMMERCIAL REAL ESTATE

9 Employer (See Instructions)

Date

2-8-21

Full name of contributor

ALISON STAMBY

Contributor address

1132 BREEZEWOOD LEWISVILLE TX 75077

City

State

Zip Code

Amount of contribution (S)

\$50.00

Principal occupation / Job title (See Instructions)

TEACHATOR

Employer (See Instructions)

Date

2-8-21

Full name of contributor

Deborah Dennis

Contributor address

810 GREEN VALLEY HIGHLAND VILLAGE TX 75077

City

State

Zip Code

Amount of contribution (S)

\$100.00

Principal occupation / Job title (See Instructions)

HOMEMAKER

Employer (See Instructions)

Date

2-8-21

Full name of contributor

DEBBIE PICKETS

Contributor address

108 ELKSGOW CT HIGHLAND VILLAGE TX 75077

City

State

Zip Code

Amount of contribution (S)

50.00

Principal occupation / Job title (See Instructions)

RETIRED

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

7

2 FILER NAME

DR. BUDDY BONNER

3 Filer ID (Ethics Commission Filers)

4 Date

2-9-21

5 Full name of contributor

Rob Myer

7 Amount of contribution (\$)

\$50.00

6 Contributor address

City

State

Zip Code

3212 PARKHURST HIGHLAND VILLAGE TX 75077

8 Principal occupation / Job title (See Instructions)

EDUCATOR

9 Employer (See Instructions)

Date

2-10-21

Full name of contributor

GUNNY MARSHALL

Amount of contribution (\$)

\$100.00

Contributor address

City

State

Zip Code

1364 NUÑEZ KYLE TX 76040

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

Date

2-19-21

Full name of contributor

DAVID TAYLOR

Amount of contribution (\$)

\$50.00

Contributor address

City

State

Zip Code

2504 PINEWOOD FLOWER MOUND TX 75028

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

Date

2-22-21

Full name of contributor

MARK ABELTUGUE

Amount of contribution (\$)

\$500.00

Contributor address

City

State

Zip Code

2205 GISHOURNE FLOWER MOUND TX 75028

Principal occupation / Job title (See Instructions)

MEDIA / COMMUNICATIONS CONSULTANT

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

7

2 FILER NAME

DR. BUDDY BANNER

3 Filer ID (Ethics Commission Filers)

4 Date

3-10-21

5 Full name of contributor

LAURA DUMKE

☐ out-of-state PAC ID#

7 Amount of contribution (\$)

\$25.00

6 Contributor address

City

State

Zip Code

2001 BIRCHSTADT HIGHLAND VILLAGE TX 75017

8 Principal occupation / Job title (See Instructions)

REALTOR

9 Employer (See Instructions)

Date

3-15-21

Full name of contributor

ROB MYER

☐ out-of-state PAC ID#

Amount of contribution (\$)

\$50.00

Contributor address

City

State

Zip Code

3212 PARKWAY HIGHLAND VILLAGE TX 75077

Principal occupation / Job title (See Instructions)

EDUCATOR

Employer (See Instructions)

Date

3-16-21

Full name of contributor

MARY REGAN

☐ out-of-state PAC ID#

Amount of contribution (\$)

\$50.00

Contributor address

City

State

Zip Code

3128 MIMON BLVD FLOWER MOUND TX 75022

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-21-21

Full name of contributor

Allison Smith

☐ out-of-state PAC ID#

Amount of contribution (\$)

\$50

Contributor address

City

State

Zip Code

152 Red Oak Ln Flowermound Tx 75028

Principal occupation / Job title (See Instructions)

Educator

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:

3

2 FILER NAME

MR BUDDY BONNER

3 Filer ID (Ethics Commission Filers)

4 Date

3/24/21

5 Full name of contributor

KIM JONES

☐ out-of-state PAC (ID# _____)

7 Amount of contribution (\$)

\$50

6 Contributor address:

City:

State:

Zip Code

904 Abrams RICHARDSON TX 75081

8 Principal occupation / Job title (See Instructions)

Educator

9 Employer (See Instructions)

Date

3/24/21

Full name of contributor

Stephane Hall

☐ out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$50

Contributor address:

City:

State:

Zip Code

2324 ASPERMONT LEWISVILLE TX 75067

Principal occupation / Job title (See Instructions)

Educator

Employer (See Instructions)

Date

3/24/21

Full name of contributor

Stephen Debnar

☐ out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$50

Contributor address:

City:

State:

Zip Code

2705 Rockbrook LEWISVILLE TX 75067

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Date

3/20/21

Full name of contributor

DIANA BREWER

☐ out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$100

Contributor address:

City:

State:

Zip Code

2613 Chancellor Fm TX 75088

Principal occupation / Job title (See Instructions)

Educator

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:

3

2 FILER NAME

Dr. Buddy Bonner

3 Filer ID (Ethics Commission Filers)

4 Date

3/28/21

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

Cathy McAllister

7 Amount of contribution (\$)

\$200

6 Contributor address;

City;

State;

Zip Code

4008 Oak Grove Flower Mound, TX 75028

8 Principal occupation / Job title (See instructions)

Educator

9 Employer (See instructions)

Date

4/2/21

Full name of contributor

☐ out-of-state PAC (ID# _____)

Matt Gallery

Amount of contribution (\$)

~~\$50~~ \$100

Contributor address;

City;

State;

Zip Code

430 TORRINGTON AUSTIN TX 78737

Principal occupation / Job title (See instructions)

SALES

Employer (See instructions)

Date

4/3/21

Full name of contributor

☐ out-of-state PAC (ID# _____)

Kyle Smith

Amount of contribution (\$)

\$50

Contributor address;

City;

State;

Zip Code

152 Red Oak Flower Mound TX 75028

Principal occupation / Job title (See instructions)

Educator

Employer (See instructions)

Date

7/29

Full name of contributor

☐ out-of-state PAC (ID# _____)

Joe Irich

Amount of contribution (\$)

\$100

Contributor address;

City;

State;

Zip Code

724 W Main St LAWVILLE TX 75067

Principal occupation / Job title (See instructions)

Insurance

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:

3

2 FILER NAME

Dr. BUDDY BONNER

3 Filer ID (Ethics Commission Filers)

4 Date

3/30

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

Dean Vochert

7 Amount of contribution (\$)

\$100

6 Contributor address,

City,

State,

Zip Code

2038 Lone Creek Lewisville TX 75067

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Date

4/16

Full name of contributor

☐ out-of-state PAC (ID# _____)

Sharon Boyd

Amount of contribution (\$)

\$50

Contributor address,

City,

State

Zip Code

453 Frankie, Lewisville TX 75067

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID# _____)

Amount of contribution (\$)

Contributor address,

City,

State

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID# _____)

Amount of contribution (\$)

Contributor address,

City,

State

Zip Code

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: <u>1</u> |
| 2 FILER NAME <u>DR BRUDY BONNER</u> | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <u>4/23/2021</u> | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>ROB MYER</u> | 7 Amount of contribution (\$) <u>\$100.00</u> |
| 6 Contributor address; City; State; Zip Code <u>3212 PARKHURST HIGHLAND VILLAGE TX</u> | | |
| 8 Principal occupation / Job title (See Instructions) <u>Educator</u> | | 9 Employer (See Instructions) <u>unknown</u> |
| Date <u>4/23/2021</u> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Stena Glassman</u> | Amount of contribution (\$) <u>\$20.00</u> |
| Contributor address; City; State; Zip Code <u>1144 BRITANNY PLACE, LEWISVILLE, TX 75067</u> | | |
| Principal occupation / Job title (See Instructions) <u>unknown</u> | | Employer (See Instructions) |
| Date <u>4/25/2021</u> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>NICK POONEY</u> | Amount of contribution (\$) <u>\$25.00</u> |
| Contributor address; City; State; Zip Code <u>1828 LARK LN ARROYO, TX 76026</u> | | |
| Principal occupation / Job title (See Instructions) <u>educator</u> | | Employer (See Instructions) |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: | Amount of contribution (\$) |
| | Contributor address; City; State; Zip Code | |
| 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.

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 | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | 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) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages, Schedule F1: **6** 2 FILER NAME: **DR BUDDY BONNER** 3 Filer ID (Ethics Commission Filers):

4 Date: **1-29-21** 5 Payee name: **DATCU**

6 Amount (\$): **\$5412** 7 Payee address: **1001 S. EDMONDS** City: **LEWISVILLE TX** State: **TX** Zip Code: **75067**

8 (a) Category (See Categories listed at the top of this schedule): **FEES** (b) Description: **BANKING FEES**
(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officer/holder living expense.

9 Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name: Office sought: Office held:

Date: **1-22-21** Payee name: **CGI MARKETING**
Amount (\$): **\$268.75** Payee address: **1301 JUSTIN RD STE 201** City: **LEWISVILLE TX** State: **TX** Zip Code: **75077**

PURPOSE OF EXPENDITURE: **PRINTING EXPENSE** Description: **CARDS & BADGE**
☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officer/holder living expense.

Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name: Office sought: Office held:

Date: **3-5-21** Payee name: **CGI MARKETING**
Amount (\$): **\$771.04** Payee address: **1301 JUSTIN ROAD STE 201** City: **LEWISVILLE TX** State: **TX** Zip Code: **75077**

PURPOSE OF EXPENDITURE: **PRINTING EXPENSE** Description: **BANNER**
☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officer/holder 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 NEEDED

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/Corations Made By
Candidate/Officerholder/Political Committee
Debit 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

Stipendation/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 6 | | 2 FILER NAME DR BUDDY PENNAR | | 3 Filer ID (Ethics Commission Filer) | |
| 4 Date 3-1-21 | | 5 Payee name DATCH MASTERCARD | | | |
| 6 Amount (\$) \$3,429.18 | | 7 Payee address 1601 S. EDMONDS LEWISVILLE TX 75067 | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | | (b) Description CHARGED ITEMIZED / NOT ITEMIZED | | |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule F | | <input type="checkbox"/> Check if Austin TX officerholder living expense | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officerholder name | | Office sought | |
| Date | | Payee name | | | |
| Amount (\$) | | Payee address | | | |
| City | | State | | | |
| Zip Code | | Category (See Categories listed at the top of this schedule) | | | |
| Description | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule F <input type="checkbox"/> Check if Austin TX officerholder living expense | | | |
| PURPOSE OF EXPENDITURE | | Candidate / Officerholder name | | Office sought | |
| Office held | | | | | |
| Date | | Payee name | | | |
| Amount (\$) | | Payee address | | | |
| City | | State | | | |
| Zip Code | | Category (See Categories listed at the top of this schedule) | | | |
| Description | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule F <input type="checkbox"/> Check if Austin TX officerholder living expense | | | |
| PURPOSE OF EXPENDITURE | | Candidate / Officerholder name | | Office sought | |
| Office held | | | | | |
| Date | | Payee name | | | |
| Amount (\$) | | Payee address | | | |
| City | | State | | | |
| Zip Code | | Category (See Categories listed at the top of this schedule) | | | |
| Description | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule F <input type="checkbox"/> Check if Austin TX officerholder living expense | | | |
| PURPOSE OF EXPENDITURE | | Candidate / Officerholder name | | Office sought | |
| Office held | | | | | |

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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.

1 Total pages Schedule F1: **6** 2 FILER NAME **DR. BUDDY BONNER** 3 Filer ID (Ethics Commission Filers)

4 Date **3/23/21** 5 Payee name **PRINT PLACE**

6 Amount (\$) **\$67.32** 7 Payee address: City: State: Zip Code
1130 Avenue H ARLINGTON TX 76011

8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description
PRINTING EXPENSE **SIGNS**
(c) ☐ Check if travel outside of Texas. Complete Schedule T ☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date **4/2/21** Payee name **Metro Mailer**
Amount (\$) **3590.00** Payee address: City: State: Zip Code
5719 E ROSEDALE #809 FW TX 76112

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Description
ADVERTISING **MAILER**
☐ Check if travel outside of Texas. Complete Schedule T ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date **4/2/21** Payee name **FIRST GRAPHIC SERVICES**
Amount (\$) **\$1001.00** Payee address: City: State: Zip Code
229 GARVON ST GARLAND TX 75040

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Description
PRINTING EXPENSE **SIGNS**
☐ Check if travel outside of Texas. Complete Schedule T ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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.

| | | | | | |
|--|---|--|---|---------------------------------------|--|
| 1 Total pages Schedule F1: 6 | | 2 FILER NAME DR Buddy Bonner | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 4/16/21 | | 5 Payee name CASTLE HILLS MASTER ASSOCIATION | | | |
| 6 Amount (\$) \$300 | | 7 Payee address, City, State, Zip Code 4400 SH 121 Ste 900 LEWISVILLE TX 75056 | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) ADVERTISING | | (b) Description MAILER | | |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | | | | |
| Date 4/10/21 | | Payee name PRINT PLACE | | | |
| Amount (\$) \$606.42 | | Payee address, City, State, Zip Code 1130 AVENUE H ARLINGTON TX 76011 | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) PRINTING EXPENSE | | Description SIGNS | | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | | | | |
| Date 4/17 | | Payee name TAYLOR WILLIAMS / TAYLOR'D TEES | | | |
| Amount (\$) \$225.00 | | Payee address, City, State, Zip Code 708 oaksidge LAKE Dallas TX 75065 | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) PRINTING EXPENSE | | Description CLOTHING | | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T | | <input type="checkbox"/> 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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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 | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | 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) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

| | | | | | |
|--|--|---|---|---------------------------------------|--|
| 1 Total pages Schedule F1: 2 | | 2 FILER NAME DR. BUDDY BONNER | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 5/3/2021 | | 5 Payee name NORTH TEXAS FACT OR TRUTH, HONEST, & INTEGRITY | | | |
| 6 Amount (\$) 196.56 | | 7 Payee address; City; State; Zip Code 1805 COUNTRYSIDE, CARROLLTON TEXAS 75007 | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) ADVERTISING | | (b) Description MAILER | | |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |

| | | | | | |
|--|---|---|---|---------------------------|--|
| Date 5/3/2021 | | Payee name PRINT PLACE | | | |
| Amount (\$) \$106.05 | | Payee address; City; State; Zip Code 1130 AVENUE H ARLINGTON TX 76011 | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) PRINTING EXPENSE | | Description SIGNS | | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> 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 5/17/2021 | | Payee name DAVID WYLLIE | | | |
| Amount (\$) \$100.00 | | Payee address; City; State; Zip Code ARROYO, TX 76226 | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) CONSULTING EXPENSE | | Description DATA SERVICES | | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> 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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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 | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | 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) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

| | | | | | |
|--|---|---|---|---------------------------------------|--|
| 1 Total pages Schedule F1: 6 | | 2 FILER NAME DR. BUDDY BONNER | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 5/20/2013 | | 5 Payee name STARBUCKS | | | |
| 6 Amount (\$) \$40 | | 7 Payee address; City; State; Zip Code 745 CROSSLIMBERS FLOWER MOUND TX 75028 | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) GIFTS/AWARDS/EXPENSE | | (b) Description PRECINCT CHAIR CARDS | | |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | | | | |
| Date 05012021 | | Payee name DATUM MASTER CARD | | | |
| Amount (\$) \$1637.61 | | Payee address; City; State; Zip Code 1601 EDMONDS LANE LEWISVILLE TX 75067 | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) CREDIT CARD PAYMENT | | Description CHARGES ITEMIZED/NON-ITEMIZED | | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | | | | |
| Date | | Payee name | | | |
| Amount (\$) | | Payee address; City; State; Zip Code | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | | Description | | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | | | | |
| Date | | Payee name | | | |
| Amount (\$) | | Payee address; City; State; Zip Code | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | | Description | | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | | | | |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | | | | |

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 | Fees | 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 | | 2 FILER NAME DR. BUDDY BONNER | | 3 Filer ID (Ethics Commission Filers) | |
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | | | | \$ 2762.00 | |
| 5 Date 1-22-21 | | 6 Payee name FIRST GRAPHIC SERVICES | | | |
| 7 Amount (\$) \$ 2762.00 | | 8 Payee address 229 GARVON ST | | City GARLAND TX | State TX |
| 9 TYPE OF EXPENDITURE | | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | | | |
| 10 PURPOSE OF EXPENDITURE | | (a) Category (See Categories listed at the top of this schedule) | | (b) Description | |
| | | ADVERTISING EXPENSE | | SIGNS & BRACKETS | |
| | | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 11 Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought | |
| | | | | Office held | |
| Date 2-6-21 | | Payee name TRACTOR SUPPLY | | | |
| Amount (\$) \$ 456.00 | | Payee address 1200 S LOOP 208 | | City DENTON TX | State TX |
| TYPE OF EXPENDITURE | | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | | | |
| PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule) | | Description | |
| | | ADVERTISING EXPENSE | | POSTS | |
| | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T | | <input type="checkbox"/> Check if Austin, TX, officeholder 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 NEEDED | | | | | |

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 | Fees | 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/Officerholder/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 | 2 FILER NAME DR. BUDDY BONNER | 3 Filer ID (Ethics Commission Filers) |
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | | \$ |
| 5 Date 4/1/21 | 6 Payee name DATCH MASTERCARD | |
| 7 Amount (\$) \$2162.61 | 8 Payee address: City State Zip Code 1601 S. EDMONDS LEWISVILLE TX 75067 | |
| 9 TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | |
| 10 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
| | CREDIT CARD PAYMENT CHARGED ITEMIZED/NON-ITEMIZED | |
| (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officerholder living expense | | |
| 11 Complete ONLY if direct expenditure to benefit C/OH | | |
| Candidate / Officerholder name Office sought Office held | | |
| Date | Payee name | |
| Amount (\$) | Payee address: City State Zip Code | |
| TYPE OF EXPENDITURE | <input type="checkbox"/> Political <input type="checkbox"/> Non-Political | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officerholder living expense | |
| Candidate / Officerholder name Office sought Office held | | |
| Complete ONLY if direct expenditure to benefit C/OH | | |
| | | |
| | | |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | |

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/Officeholder/Political Committee

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.

| | | | | | | |
|--|---|--|---|--|--|--|
| 1 Total pages Schedule F4: <div style="text-align: center; font-size: 1.5em;">3</div> | 2 FILER NAME <div style="text-align: center; font-size: 1.2em;">DR. BUDDY BONNER</div> | 3 Filer ID (Ethics Commission Filers) | | | | |
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | | <div style="font-size: 1.5em;">\$</div> | | | | |
| 5 Date <div style="text-align: center; font-size: 1.2em;">7-13-2021</div> | 6 Payee name <div style="text-align: center; font-size: 1.2em;">DATUM MASTER CARD</div> | | | | | |
| 7 Amount (\$) <div style="text-align: center; font-size: 1.2em;">\$1637.61</div> | 8 Payee address; City; State; Zip Code <div style="text-align: center; font-size: 1.2em;">1601 EDMONDS LEWISVILLE TX 75007</div> | | | | | |
| 9 TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | | | | | |
| 10 PURPOSE OF EXPENDITURE | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> (a) Category (See Categories listed at the top of this schedule) <div style="text-align: center; font-size: 1.2em;">credit card payment</div> </td> <td style="width: 50%; vertical-align: top;"> (b) Description <div style="text-align: center; font-size: 1.2em;">itemized / non-itemized</div> </td> </tr> <tr> <td colspan="2" style="vertical-align: top;"> (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense </td> </tr> </table> | | (a) Category (See Categories listed at the top of this schedule) <div style="text-align: center; font-size: 1.2em;">credit card payment</div> | (b) Description <div style="text-align: center; font-size: 1.2em;">itemized / non-itemized</div> | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| (a) Category (See Categories listed at the top of this schedule) <div style="text-align: center; font-size: 1.2em;">credit card payment</div> | (b) Description <div style="text-align: center; font-size: 1.2em;">itemized / non-itemized</div> | | | | | |
| (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | | | | |
| 11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table style="width: 100%;"> <tr> <td style="width: 33%;">Candidate / Officeholder name</td> <td style="width: 33%;">Office sought</td> <td style="width: 33%;">Office held</td> </tr> </table> | | | Candidate / Officeholder name | Office sought | Office held | |
| Candidate / Officeholder name | Office sought | Office held | | | | |

| | | | | | | |
|--|---|-------------|-----------------|-------------------------------|---------------|-------------|
| Date | Payee name | | | | | |
| Amount (\$) | Payee address; | City; | State; Zip Code | | | |
| TYPE OF EXPENDITURE | <input type="checkbox"/> Political <input type="checkbox"/> Non-Political | | | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | | Description | | | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table style="width: 100%;"> <tr> <td style="width: 33%;">Candidate / Officeholder name</td> <td style="width: 33%;">Office sought</td> <td style="width: 33%;">Office held</td> </tr> </table> | | | | Candidate / Officeholder name | Office sought | Office held |
| Candidate / Officeholder name | Office sought | Office held | | | | |

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