



# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2


<b>14 C/OH NAME</b> Benjamin Bumgarner	<b>15 Filer ID (Ethics Commission Filers)</b>
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<b>16 NOTICE FROM POLITICAL COMMITTEE(S)</b>  <input type="checkbox"/> 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  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS


<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$55.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$10655.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$371.97
	4. TOTAL POLITICAL EXPENDITURES	\$15,996.46
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$4,644.02
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$0.00

**18 AFFIDAVIT**

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.




AFFIX NOTARY STAMP / SEAL ABOVE



Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Benjamin Bumgarner, this the 4<sup>th</sup> day of April, 2019, to certify which, witness my hand and seal of office.



Signature of officer administering oath

Linda Proskey

Printed name of officer administering oath

Notary

Title of officer administering oath

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

<b>19 FILER NAME</b> Benjamin Bumgarner	<b>20 Filer ID (Ethics Commission Filers)</b>
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<b>21 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE	<b>SUBTOTAL AMOUNT</b>
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$10,655.00
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	\$11,103.72
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$4,892.74
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 checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$200.00

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **3**

**2 FILER NAME**

Benjamin  
Burnhamer

**3 Filer ID** (Ethics Commission Filers)

**4 Date**

3/7/19

**5 Full name of contributor**

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

Stan and Sue Partee

**6 Contributor address;**

110 W 22<sup>nd</sup> St.

City; State; Zip Code

Big Spring; TX; 79720

**7 Amount of contribution (\$)**

\$10,000.00

**8 Principal occupation / Job title (See Instructions)**

Owner

**9 Employer (See Instructions)**

Self

**Date**

2/21/19

**Full name of contributor**

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

Walter and Judith Collins

**Contributor address;**

1537 Simmons Road

City; State; Zip Code

Flower Mound; TX; 75022

**Amount of contribution (\$)**

\$100.00

**Principal occupation / Job title (See Instructions)**

Owner

**Employer (See Instructions)**

Self

**Date**

2/21/19

**Full name of contributor**

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

Sharon Gentry

**Contributor address;**

2750 Bob White

City; State; Zip Code

Flower Mound; TX; 75028

**Amount of contribution (\$)**

\$100.00

**Principal occupation / Job title (See Instructions)**

Retired

**Employer (See Instructions)**

Retired

**Date**

3/1/19

**Full name of contributor**

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

Marsha Gavitt

**Contributor address;**

6510 Meadows Crest Lane

City; State; Zip Code

Flower Mound; TX; 75022

**Amount of contribution (\$)**

\$100.00

**Principal occupation / Job title (See Instructions)**

Retired

**Employer (See Instructions)**

Retired

**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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

3

2 FILER NAME

Benjamin Bumgarner

3 Filer ID (Ethics Commission Filers)

4 Date

3/11/19

5 Full name of contributor

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

Richard Lust

7 Amount of contribution (\$)

\$100.00

6 Contributor address;

3805 Ridgecrest Dr.;

City; State; Zip Code

Flower Mound; TX; 75022

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Retired

Date

3/24/19

Full name of contributor

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

Jason Hobbs

Amount of contribution (\$)

~~500.00~~ 5/00

Contributor address;

1000 Saint Francis Lane

City; State; Zip Code

Flower Mound; TX; 75028

Principal occupation / Job title (See Instructions)

IT Senior Manager

Employer (See Instructions)

American Airlines

Date

3/13/19

Full name of contributor

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

Kuo Wei

Amount of contribution (\$)

~~500.00~~ 100

Contributor address;

509 Landwyck Lane

City; State; Zip Code

Flower Mound; TX; 75028

Principal occupation / Job title (See Instructions)

Engineer

Employer (See Instructions)

Raytheon

Date

3/12/19

Full name of contributor

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

Renz Enterprises L.L.C

Amount of contribution (\$)

~~500.00~~ 5

Contributor address;  
2010 South Corinth Street #2205

City; State; Zip Code

Corinth; TX; 76210

Principal occupation / Job title (See Instructions)

Self-Employed

Employer (See Instructions)

Self-Employed

**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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **3**

**2 FILER NAME**

Benjamin Bumgarner

**3 Filer ID** (Ethics Commission Filers)

**4 Date**

3/28/19

**5 Full name of contributor**

Tim Whisenant

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

**6 Contributor address;**

2120 Helmsford

City: State: Zip Code

Flower Mound; TX; 75028

**7 Amount of contribution (\$)**

~~\$1000~~ **\$50**

**8 Principal occupation / Job title (See Instructions)**

N/A

**9 Employer (See Instructions)**

N/A

**Date**

**Full name of contributor**

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

**Contributor address;**

City: State: Zip Code

**Amount of contribution (\$)**

**Principal occupation / Job title (See Instructions)**

**Employer (See Instructions)**

**Date**

**Full name of contributor**

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

**Contributor address;**

City: State: Zip Code

**Amount of contribution (\$)**

**Principal occupation / Job title (See Instructions)**

**Employer (See Instructions)**

**Date**

3/1/19

**Full name of contributor**

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

**Contributor address;**

City: State: Zip Code

**Amount of contribution (\$)**

\$

**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

### 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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	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 F1: # 9		2 FILER NAME Benjamin Bumgarner		3 Filer ID (Ethics Commission Filers)	
4 Date 3/3/19		5 Payee name Staples			
6 Amount (\$) \$43.29		7 Payee address; City; State; Zip Code 200 N Kimball Ave Suite 221, Southlake, TX 76092			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense  Business Cards	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 3/24/19		Payee name Denton Swag - Renz Enterprises			
Amount (\$) \$1,283.00		Payee address; City; State; Zip Code 2010 South Corinth St. #2205 ; Corinth; TX; 76210			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising		Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense  Advertising - Website	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 3/28/19		Payee name Lowe's			
Amount (\$) \$96.94		Payee address; City; State; Zip Code 6200 Long Prairie Rd; Flower Mound; TX 75028			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising		Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense  T-Posts	
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

### 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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	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 F1: 9		2 FILER NAME Benjamin Bumgarner		3 Filer ID (Ethics Commission Filers)	
4 Date 4/2/19		5 Payee name Google Ads			
6 Amount (\$) \$311.91		7 Payee address; City; State; Zip Code 1600 Amphitheatre Parkway, Mountain View, CA 94043			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising		(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense  Web AD	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 3/27/19		Payee name Community Activity Center			
Amount (\$) \$360.00		Payee address; City; State; Zip Code 1200 Gerault Rd, Flower Mound, TX 75028			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Event Expense		Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense  Rent Room for 3/31	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 4/3/19		Payee name Chamber of Commerce Flower Mound			
Amount (\$) \$150.00		Payee address; City; State; Zip Code 700 Parker Square Suite 100; Flower Mound; TX 75028			
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  Golf Sponsorship	
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

### 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: <b>9 0 0</b>		2 FILER NAME <b>Benjamin Bumgarner</b>		3 Filer ID (Ethics Commission Filers)	
4 Date 1/19/19		5 Payee name UZ Marketing			
6 Amount (\$) \$834.77		7 Payee address; City; State; Zip Code 5900 Bingle Rd; Houston, TX; 77092			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense  Signs	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 3/7/19		Payee name Community Activity Center			
Amount (\$) \$50.00		Payee address; City; State; Zip Code 1200 Gerault Road; Flower Mound; TX 75028			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Event Expense		Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Expense. <del>to rent</del> <b>to rent Bluebonnet Park for meet and greet</b>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 3/7/19		Payee name Vistaprint			
Amount (\$) \$132.05		Payee address; City; State; Zip Code 95 Hayden Ave; Lexington, MA; 02421-7942			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense  Business Cards	
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

### 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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 9 0 0	<b>2</b> FILER NAME Benjamin Bumgarner	<b>3</b> Filer ID (Ethics Commission Filers)			
<b>4</b> Date 3/25/19	<b>5</b> Payee name State Draft House				
<b>6</b> Amount (\$) \$243.02	<b>7</b> Payee address; City; State; Zip Code 1050 Flower Mound Rd, Unit 280 ; Flower Mound; TX 75028				
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/ Beverage Expense	<b>(b)</b> Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense  Food for Meet & Greet			
	<table border="0" style="width: 100%;"> <tr> <td style="width: 20%;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width: 40%;">Candidate / Officeholder name</td> <td style="width: 20%;">Office sought</td> <td style="width: 20%;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
<b>Date</b> 3/27/19	<b>Payee name</b> Signs Central & T-Shirts				
<b>Amount (\$)</b> \$465.48	<b>Payee address; City; State; Zip Code</b> 4841 Rippy Road; Flower Mound; TX 75028				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Advertising Expense	<b>Description</b> Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense  Signs			
	<table border="0" style="width: 100%;"> <tr> <td style="width: 20%;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width: 40%;">Candidate / Officeholder name</td> <td style="width: 20%;">Office sought</td> <td style="width: 20%;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
<b>Date</b> 2/8/19	<b>Payee name</b> Signs on the Cheap				
<b>Amount (\$)</b> 1,934.15	<b>Payee address; City; State; Zip Code</b> 11525a Stonehollow Dr, Austin, TX 78758				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Advertising Expense	<b>Description</b> Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense  Facebook Ads			
	<table border="0" style="width: 100%;"> <tr> <td style="width: 20%;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width: 40%;">Candidate / Officeholder name</td> <td style="width: 20%;">Office sought</td> <td style="width: 20%;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
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**

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## 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: 9		2 FILER NAME Benjamin Bumgarner		3 Filer ID (Ethics Commission Filers)	
4 Date 3/11/19		5 Payee name Cristina's Fine Mexican Restaurant			
6 Amount (\$) \$66.19		7 Payee address; City; State; Zip Code 6242 Cross Timbers Rd. ; Flower Mound, TX, 75022			
8 <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense  Signs	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 3/7/19		Payee name Outlaw Burger			
Amount (\$) \$700.00		Payee address; City; State; Zip Code 111 West 4th St.; Justin; TX 76247			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense  Food for Meet and Greet	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 3/12/19		Payee name FMARK			
Amount (\$) \$300.00		Payee address; City; State; Zip Code P.O.Box 270188; Flower Mound; TX; 75027-0188			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) Event Expense		Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense  Tables for Republican Debate	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### 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: 9 5 0		2 FILER NAME Benjamin Bumgarner		3 Filer ID (Ethics Commission Filers)	
4 Date 3/12/19		5 Payee name Renz Enterprises LLC.			
6 Amount (\$) \$1,370.00		7 Payee address; City; State; Zip Code 2010 South Corinth St. #2205; Corinth; TX; 76210			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense  Website	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 3/15/19		Payee name Signs Central & T-Shirts			
Amount (\$) \$1,904.48		Payee address; City; State; Zip Code 4841 Rippy Road; Flower Mound; TX 75028			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense  Signs	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 3/22/19		Payee name Facebook			
Amount (\$) \$25.00		Payee address; City; State; Zip Code 1 Hacker Way; Menlo Park; CA; 94025			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense  Facebook Ads	
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

### 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: 9		2 FILER NAME Benjamin Bumgarner		3 Filer ID (Ethics Commission Filers)	
4 Date 3/22/19		5 Payee name Black Walnut Cafe			
6 Amount (\$) \$50.55		7 Payee address; City; State; Zip Code 2945 Long Prairie Rd. ; Flower Mound; TX 75022			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Food/ Beverage Expense		(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Food for Meet & Greet	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 3/22/19		Payee name Signs Central & T-Shirts			
Amount (\$) \$279.29		Payee address; City; State; Zip Code 4841 Rippy Road; Flower Mound; TX 75028			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Signs	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 3/18/19		Payee name Facebook			
Amount (\$) \$25.00		Payee address; City; State; Zip Code 1 Hacker Way; Menlo Park; CA; 94025			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Facebook Ads	
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

### 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: 9		2 FILER NAME Benjamin Bumgarner		3 Filer ID (Ethics Commission Filers)	
4 Date 3/7/19		5 Payee name Neil Rosekrans LLC.			
6 Amount (\$) \$470.00		7 Payee address; City; State; Zip Code 11383 E Greythorn Drive, Scottsdale, Arizona 85262, US			
8 <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Check if travel outside of Texas. Complete Schedule T Check if Austin, TX, officeholder living expense Set up Online Ad campaign	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 3/24/19		Payee name Paypal			
Amount (\$) 3.20		Payee address; City; State; Zip Code 2211 N 1st St, San Jose, CA 95131			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) Fees		Description Check if travel outside of Texas. Complete Schedule T Check if Austin, TX, officeholder living expense Paypal fee for Jason Hobbs	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 3/13/19		Payee name Paypal			
Amount (\$) 3.20		Payee address; City; State; Zip Code 2211 N 1st St, San Jose, CA 95131			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) Fees		Description Check if travel outside of Texas. Complete Schedule T Check if Austin, TX, officeholder living expense Paypal fee for Kuo Wei	
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

### 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: <b>9</b>		2 FILER NAME <b>Benjamin Bumgarner</b>		3 Filer ID (Ethics Commission Filers)	
4 Date 3/12/19		5 Payee name Paypal			
6 Amount (\$) \$0.45		7 Payee address; City, State, Zip Code 2211 N 1st St, San Jose, CA 95131			
8 <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See Categories listed at the top of this schedule) Fce		(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense  Paypal Fee Renz Enterprises	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 3/28/19		Candidate / Officeholder name		Office sought	
Amount (\$) 1.75		Payee name Paypal			
Amount (\$) 1.75		Payee address; City, State, Zip Code 2211 N 1st St, San Jose, CA 95131			
8 <b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) Fees		Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense  Paypal fee for Tim Whisnant	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date		Candidate / Officeholder name		Office sought	
Amount (\$)		Payee name			
Amount (\$)		Payee address; City, State, Zip Code			
8 <b>PURPOSE OF EXPENDITURE</b>		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					
Date		Candidate / Officeholder name		Office sought	
Amount (\$)		Payee name			
Amount (\$)		Payee address; City, State, Zip Code			
8 <b>PURPOSE OF EXPENDITURE</b>		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					
Date		Candidate / Officeholder name		Office sought	
Amount (\$)		Payee name			
Amount (\$)		Payee address; City, State, Zip Code			
8 <b>PURPOSE OF EXPENDITURE</b>		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					
Date		Candidate / Officeholder name		Office sought	
Amount (\$)		Payee name			
Amount (\$)		Payee address; City, State, Zip Code			
8 <b>PURPOSE OF EXPENDITURE</b>		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					
Date		Candidate / Officeholder name		Office sought	
Amount (\$)		Payee name			
Amount (\$)		Payee address; City, State, Zip Code			
8 <b>PURPOSE OF EXPENDITURE</b>		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					

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# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

**SCHEDULE K**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:

2 FILER NAME

Benjamin Bumgarner

3 Filer ID (Ethics Commission Filers)

4 Date  
4/4/19

5 Name of person from whom amount is received  
Benjamin Bumgarner

8 Amount (\$)  
\$200.00

6 Address of person from whom amount is received; City; State; Zip Code  
5150 Kensington Ct., Flower Mound; TX 75022

7 Purpose for which amount is received  Check if political contribution returned to filer  
Refund by CAC for deposit

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received  Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received  Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received  Check if political contribution returned to filer

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