

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed: <u>18</u>		OFFICE USE ONLY		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	Date Received RECEIVED		
	NICKNAME	LAST	SUFFIX	APR - 5 2019 12:00 Town of Flower Mound Town Secretary's Office		
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)			
	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded \$500 limit				
	<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)				
	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Final report				
5 ORIGINAL PERIOD COVERED	Month	Day	Year	Month	Day	Year
	<u>2</u>	<u>15</u>	<u>19</u>	THROUGH	<u>4</u>	<u>5</u>
6 EXPLANATION OF CORRECTION		<u>Noticed a few errors and I needed to correct.</u>				

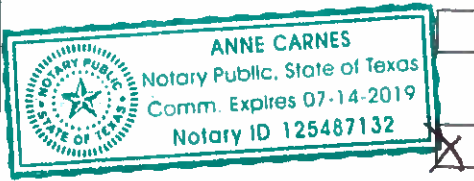
7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

Semiannual reports: I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.



[Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said BEN BUNGARVES, this the 5TH day of APRIL, 2019, to certify which, witness my hand and seal of office.

[Signature] ANNE CARNES, NOTARY PUBLIC.
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

**Remember To Attach Any Part Of The Campaign Finance Report Form
Needed To Report And Explain Corrections**

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: 17																				
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS <u>MR</u> <i>Mr.</i>	FIRST Benjamin	MI C																				
	NICKNAME Ben	LAST Bumgarner	SUFFIX																				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <small>Change of Address</small>	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 5150 Kensington Court; Flower Mound; Texas; 75022																						
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (940) 205-2210																						
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <i>Dr.</i>	FIRST Caroline	MI A																				
	NICKNAME Mindy	LAST Bumgarner	SUFFIX																				
	Date Hand-delivered or Date Postmarked																						
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 5150 Kensington Court; Flower Mound; Texas; 75022																						
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (940) 205-2201																						
9 REPORT TYPE	<table style="width:100%; border:none;"> <tr> <td style="width:25%;">January 15</td> <td style="width:25%; text-align:center;"><input checked="" type="checkbox"/></td> <td style="width:25%;">30th day before election</td> <td style="width:25%;">Runoff</td> </tr> <tr> <td>July 15</td> <td></td> <td>8th day before election</td> <td>Exceeded \$500 limit</td> </tr> <tr> <td colspan="3"></td> <td>15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td colspan="3"></td> <td>Final Report (Attach C/OH -FR)</td> </tr> </table>			January 15	<input checked="" type="checkbox"/>	30th day before election	Runoff	July 15		8th day before election	Exceeded \$500 limit				15th day after campaign treasurer appointment (Officeholder Only)				Final Report (Attach C/OH -FR)				
January 15	<input checked="" type="checkbox"/>	30th day before election	Runoff																				
July 15		8th day before election	Exceeded \$500 limit																				
			15th day after campaign treasurer appointment (Officeholder Only)																				
			Final Report (Attach C/OH -FR)																				
10 PERIOD COVERED	<table style="width:100%; border:none;"> <tr> <td style="width:25%; text-align:center;">Month</td> <td style="width:25%; text-align:center;">Day</td> <td style="width:25%; text-align:center;">Year</td> <td style="width:25%;"></td> </tr> <tr> <td style="text-align:center;">2/15</td> <td style="text-align:center;">2019</td> <td></td> <td></td> </tr> <tr> <td colspan="3" style="text-align:center;">THROUGH</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td style="text-align:center;">Month Day Year</td> </tr> <tr> <td></td> <td></td> <td></td> <td style="text-align:center;">4/4/2019</td> </tr> </table>			Month	Day	Year		2/15	2019			THROUGH							Month Day Year				4/4/2019
Month	Day	Year																					
2/15	2019																						
THROUGH																							
			Month Day Year																				
			4/4/2019																				
11 ELECTION	<table style="width:100%; border:none;"> <tr> <td style="width:40%; text-align:center;">ELECTION DATE</td> <td colspan="2" style="width:60%; text-align:center;">ELECTION TYPE</td> </tr> <tr> <td style="text-align:center;">Month Day Year</td> <td style="width:20%;">Primary</td> <td style="width:20%;">Runoff</td> </tr> <tr> <td style="text-align:center;">5/4/2019</td> <td style="text-align:center;"><input checked="" type="checkbox"/> General</td> <td style="text-align:center;">Special</td> </tr> <tr> <td></td> <td></td> <td style="text-align:center;">Other Description</td> </tr> </table>			ELECTION DATE	ELECTION TYPE		Month Day Year	Primary	Runoff	5/4/2019	<input checked="" type="checkbox"/> General	Special			Other Description								
ELECTION DATE	ELECTION TYPE																						
Month Day Year	Primary	Runoff																					
5/4/2019	<input checked="" type="checkbox"/> General	Special																					
		Other Description																					
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Town Council Place 3																					

OFFICE USE ONLY

Date Received **RECEIVED**

APR - 5 2019

12:50 PM
Town of Flower Mound
Town Secretary's Office

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Benjamin Bumgarner	15 Filer ID (Ethics Commission Filers)
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16 NOTICE FROM POLITICAL COMMITTEE(S) Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.	
	COMMITTEE TYPE GENERAL SPECIFIC	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$80.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$12,628.48
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$381.60
	4. TOTAL POLITICAL EXPENDITURES	\$11,119.75
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$4,669.02
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$0.00

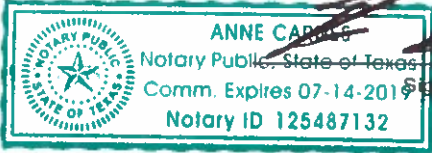
18 AFFIDAVIT **RECEIVED**

APR - 5 2019

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.

Town of Flower Mound
Town Secretary's Office

AFFIX NOTARY STAMP / SEAL ABOVE



Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said BEN BUMGARNER, this the 5TH day of APRIL, 2019, to certify which, witness my hand and seal of office.

Ann Carnes
Signature of officer administering oath

ANNE CARNES
Printed name of officer administering oath

NOTARY PUBLIC
Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME
Benjamin Bumgarner

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$12,628.48
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$8,175.49
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$2,944.26
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<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: 1 of 3

2 FILER NAME

Benjamin
Bumgarner

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

7 Amount of contribution (\$)

\$10,000.00

6 Contributor address;

City; State; Zip Code

110 W 22nd Street;

Big Spring; TX; 79720

8 Principal occupation / Job title (See Instructions)

Owner

9 Employer (See Instructions)

Self

Date

2/21/19

Full name of contributor

Walter and Judith Collins

Contributor address;

1537 Simmons Road

out-of-state PAC (ID# _____)

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

Sharon Gentry

Contributor address;

2750 Bob White

out-of-state PAC (ID# _____)

City; State; Zip Code
Flower Mound, Texas, 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

Marsha Gavitt

Contributor address;

6510 Meadows Crest Lane

out-of-state PAC (ID# _____)

City; State; Zip Code
Flower Mound, Texas; 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 A1:2 of 3

2 FILER NAME

Benjamin Bumgarner

3 Filer ID (Ethics Commission Filers)

4 Date

3/11/19

5 Full name of contributor

Richard Lust

out-of-state PAC (ID# _____)

6 Contributor address;

3805 Ridgecrest Drive

City; State; Zip Code

Flower Mound; TX; 75022

7 Amount of contribution (\$)

\$100.00

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Retired

Date

3/24/19

Full name of contributor

Jason Hobbs

out-of-state PAC (ID# _____)

Contributor address;

1000 Saint Francis Lane

City; State; Zip Code

Flower Mound; Texas; 75028

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

IT Senior Manager

Employer (See Instructions)

American Airlines

Date

3/13/19

Full name of contributor

Kuo Wei

out-of-state PAC (ID# _____)

Contributor address;

509 Landwyck Lane

City; State; Zip Code

Flower Mound, Texas; 75028

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Engineer

Employer (See Instructions)

Raytheon

Date

3/12/19

Full name of contributor

Renz Enterprises L.L.C.

Contributor address;
2010 South Corinth Street #2205

out-of-state PAC (ID# _____)

City; State; Zip Code

Flower Mound; Texas; 75022

Amount of contribution (\$)

\$5.00

Principal occupation / Job title (See Instructions)

Owner

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 of 3

2 FILER NAME

Benjamin Bumgarner

3 Filer ID (Ethics Commission Filers)

4 Date

3/28/19

5 Full name of contributor

out-of-state PAC (ID# _____)

Tim Whisenant

7 Amount of contribution (\$)

\$50.00

6 Contributor address;

City; State; Zip Code

2120 Helmsford

Flower Mound; TX; 75028

8 Principal occupation / Job title (See Instructions)

N/A

9 Employer (See Instructions)

N/A

Date

4/4/19

Full name of contributor
Tolly Peterson

out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$25.00

Contributor address;

N/A

City; State; Zip Code
N/A

Principal occupation / Job title (See Instructions)

N/A

Employer (See Instructions)

N/A

Date

3/1/19

Full name of contributor

out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$1,948.48

Caroline Bumgarner

Contributor address;

5150 Kensington Court

City; State; Zip Code
Flower Mound; Texas; 75022

Principal occupation / Job title (See Instructions)

Psychologist

Employer (See Instructions)

DFW Psychological

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.

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: 1 of 8		2 FILER NAME Benjamin Bumgarner		3 Filer ID (Ethics Commission Filers)	
4 Date 3/28/19		5 Payee name Lowe's			
6 Amount (\$) \$96.94		7 Payee address; City, State; Zip Code 6200 Long Prairie Rd; Flower Mound; TX 75028			
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 T-Post	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
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 <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 4/2/19		Payee name Google Ads			
Amount (\$) \$311.91		Payee address; City, State; Zip Code 1600 Amphitheatre Parkway, Mountain View, CA 94043			
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 Web Ads	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

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: 2 of 8		2 FILER NAME Benjamin Bumgarner		3 Filer ID (Ethics Commission Filers)	
4 Date 3/27/19		5 Payee name Community Activity Center			
6 Amount (\$) \$360.00		7 Payee address; City; State; Zip Code 1200 Gerault Rd, Flower Mound, TX 75028			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Rent Room for 3/31	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
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) Advertising Expense		Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Golf Sponsorship for tournament	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 3/7/19		Payee name Community Activity Center			
Amount (\$) \$50.00		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 space at Blue Bonnet Park for Meet and Greet	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Office held					

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: 3 of 8		2 FILER NAME Benjamin Bumgarner		3 Filer ID (Ethics Commission Filers)	
4 Date 3/25/19		5 Payee name State Draft House			
6 Amount (\$) \$243.02		7 Payee address; City; State; Zip Code 1050 Flower Mound RD. Unit 280; 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 and greet	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 3/27/19		Payee name Signs Central & T-Shirts			
Amount (\$) \$465.48		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	
Date 2/8/19		Payee name Wells Fargo			
Amount (\$) \$15.00		Payee address; City; State; Zip Code 420 Montgomery Street; San Francisco; CA; 94104			
PURPOSE OF EXPENDITURE		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 Wells Fargo Account Fee	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
				Office held	

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: 4 of 8		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 Road; 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 Meet and Greet Food	
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 4 th St. ; Justin; TX; 76247			
PURPOSE OF EXPENDITURE		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 FMARC			
Amount (\$) \$300.00		Payee address; City; State; Zip Code P.O. Box 270188; Flower Mound; TX 75027-0188			
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 Tables at Republican Debate	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

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

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Gift/Awards/Memorials Expense
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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: 5 of 8		2 FILER NAME Benjamin Bumgarner		3 Filer ID (Ethics Commission Filers)	
4 Date 3/12/19		5 Payee name Renz Enterprises			
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	
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	
Date 3/22/19		Payee name Facebook			
Amount (\$) \$25.00		Payee address; City; State; Zip Code 71 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	
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)		Description	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

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: 6 of 8		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 Prairic Road; 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	
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; 75022			
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	
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	

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: 7 of 8		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. Greythom Dr.; Scottsdale; AZ; 85262			
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 Online AD Campaign	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 3/24/19		Payee name Paypal			
Amount (\$) \$3.20		Payee address; City; State; Zip Code 2211 N 1 st St.; San Jose; CA; 95131			
PURPOSE OF EXPENDITURE		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	
Date 3/13/19		Payee name Paypal			
Amount (\$) \$3.20		Payee address; City; State; Zip Code 2211 N 1 st St.; San Jose; CA; 95131			
PURPOSE OF EXPENDITURE		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	

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: 8 of 8		2 FILER NAME Benjamin Bumgarner		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 1 st St.; San Jose; CA; 95131			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Paypal fee for Renz Enterprises	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 3/28/19		Payee name Paypal			
Amount (\$) \$1.75		Payee address; City; State; Zip Code 2211 N. 1 st St; San Jose; CA; 95131			
PURPOSE OF EXPENDITURE		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 Whisenant	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 4/4/19		Payee name Paypal			
Amount (\$) \$1.03		Payee address; City; State; Zip Code 2211 N. 1 st St.; San Jose; CA; 95131			
PURPOSE OF EXPENDITURE		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 Holly Peterson	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

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 G: 1 of 2		2 FILER NAME Benjamin Bumgarner		3 Filer ID (Ethics Commission Filers)	
4 Date 2/8/19		5 Payee name Signs on the Cheap			
5 Amount (\$) \$1,934.15 Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 11525a Stonehollow Dr; Austin; TX; 78758			
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	
Date 3/7/19		Payee name Vistaprint			
Amount (\$) \$132.05 Reimbursement from political contributions intended		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		(b) 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	
Date 1/19/19		Payee name UZ Marketing			
Amount (\$) \$834.77 Reimbursement from political contributions intended		Payee address; City; State; Zip Code 5900 Bingle Rd.; Houston; TX; 77092			
PURPOSE OF EXPENDITURE		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	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G: 2 of 2	2 FILER NAME Benjamin Bumgarner		3 Filer ID (Ethics Commission Filers)
4 Date 3/3/19	5 Payee name Staples		
5 Amount (\$) \$43.29 Reimbursement from political contributions intended	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 <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name		Office sought	Office held
Date	Payee name		
Amount (\$) Reimbursement from political contributions intended	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name		Office sought	Office held
Date	Payee name		
Amount (\$) Reimbursement from political contributions intended	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name		Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: 1

2 FILER NAME

Benjamin Bungamer

3 Filer ID (Ethics Commission Filers)

4 Date
4/4/19

5 Name of person from whom amount is received

Benjamin Bungamer

8 Amount (\$)

\$200.00

6 Address of person from whom amount is received;
5150 Kensington Court; Flower Mound; TX; 75022

City;

State;

Zip Code

7 Purpose for which amount is received
Refund by CAC for deposit

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

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED