

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <div style="font-size: 24px; text-align: center;">13</div>								
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI <div style="text-align: center;">Caroline M</div>		OFFICE USE ONLY Date Received <div style="font-size: 24px; color: blue;">Received</div> <div style="font-size: 24px; color: blue;">APR 6 2023</div> <div style="font-size: 24px; color: blue;">LISD / Supt Ofc</div> Date Hand-delivered or Date Postmarked <div style="display: flex; justify-content: space-between;"> <div>Receipt #</div> <div>Amount \$</div> </div> Date Processed Date Imaged								
	NICKNAME LAST SUFFIX <div style="text-align: center;">Mindy Bumgarner</div>										
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <div style="font-size: 10px;">Change of Address <input type="checkbox"/></div>		ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 5150 Kensington Ct. Flower Mound, TX 75022									
5 CANDIDATE / OFFICEHOLDER PHONE		AREA CODE PHONE NUMBER EXTENSION (940) 205-2201									
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <div style="text-align: center;">Caroline M</div>										
	NICKNAME LAST SUFFIX <div style="text-align: center;">Mindy Bumgarner</div>										
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)				STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 5150 Kensington Ct. Flower Mound TX 75022							
8 CAMPAIGN TREASURER PHONE				AREA CODE PHONE NUMBER EXTENSION (940) 205-2201							
9 REPORT TYPE											
<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> January 15</div> <div style="width: 50%;"><input checked="" type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input type="checkbox"/> July 15</div> <div style="width: 50%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded Modified Reporting Limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>											
10 PERIOD COVERED											
<div style="display: flex; justify-content: space-between;"> <div>Month Day Year 1 / 19 / 2023</div> <div>THROUGH</div> <div>Month Day Year 4 / 6 / 2023</div> </div>											
11 ELECTION											
<div style="display: flex; justify-content: space-between;"> <div>ELECTION DATE Month Day Year 5 / 6 / 2023</div> <div>ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special </div> </div>											
12 OFFICE											
<div style="display: flex; justify-content: space-between;"> <div>OFFICE HELD (If any) None</div> <div>13 OFFICE SOUGHT (If known) LISD Board of Trustees Place 6</div> </div>											
14 NOTICE FROM POLITICAL COMMITTEE(S)											
<div style="display: flex;"> <div style="width: 20%;"> <input type="checkbox"/> Additional Pages </div> <div style="width: 80%;"> <div style="font-size: 8px;">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.</div> <table border="1" style="width: 100%; border-collapse: collapse; font-size: 8px;"> <tr> <td style="width: 20%;">COMMITTEE TYPE</td> <td>COMMITTEE NAME</td> </tr> <tr> <td><input type="checkbox"/> GENERAL</td> <td>COMMITTEE ADDRESS</td> </tr> <tr> <td><input type="checkbox"/> SPECIFIC</td> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td>COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table> </div> </div>				COMMITTEE TYPE	COMMITTEE NAME	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS
COMMITTEE TYPE	COMMITTEE NAME										
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS										
<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME										
	COMMITTEE CAMPAIGN TREASURER ADDRESS										

GO TO PAGE 2

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3****19 FILER NAME***Caroline 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	\$ 1,245.90
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 type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
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	\$ 39,429.76
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	\$

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

Caroline Bumgarner

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)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 40,675.66
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 39,429.76
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,245.90
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

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.

Cl. Bumgarner

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

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

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Caroline Bumgarner, and my date of birth is 5/31/85.

My address is 5150 Kensington Ct., Flower Mound, TX, 75022, USA.
(street) (city) (state) (zip code) (country)

Executed in Denton County, State of Texas, on the 6 day of April, 20 23.
(month) (year)

Cl. Bumgarner
Signature of Candidate/Officeholder (Declarant)

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
2 FILER NAME Caroline Mindy Bumgarner		3 Filer ID (Ethics Commission Filers)
4 Date 3/8/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marcus Moffitt 6 Contributor address; City; State; Zip Code 2709 Crater Lake Lane Denton , TX 76210	7 Amount of contribution (\$) 239.70
8 Principal occupation / Job title (See Instructions) Real Estate		9 Employer (See Instructions)
Date 3/15/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richard Hayes Contributor address; City; State; Zip Code 1221 Sycamore Bend Rd. Denton TX 76201	Amount of contribution (\$) 239.70
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Hayes, Berry, White & Vanzant, LLP
Date 3/15/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Todd Baird Contributor address; City; State; Zip Code 5370 Kensington Ct., Flower Mound, TX 75022	Amount of contribution (\$) 95.70
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 3/15/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arthur Sayre Contributor address; City; State; Zip Code 1603 Fairway Dr. , Corinth, TX, 76210	Amount of contribution (\$) 239.70
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**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 Caroline Mindy Bumgarner		3 Filer ID (Ethics Commission Filers)
4 Date 3/16/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stacey Langley 6 Contributor address; City; State; Zip Code 800 Carter Ct., Flower Mound, TX 75028	7 Amount of contribution (\$) 95.70
8 Principal occupation / Job title (See Instructions) Executive Compensation		9 Employer (See Instructions) CSG Systems, Inc.
Date 3/16/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeff Varnell Contributor address; City; State; Zip Code 1601 East Sandy Lake Rd., Coppell, TX 75019	Amount of contribution (\$) 239.70
Principal occupation / Job title (See Instructions) Broker		Employer (See Instructions) Coppell Realty
Date 3/20/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeanne Phillips Contributor address; City; State; Zip Code 2033 Sage Dr., Garland, TX 75040	Amount of contribution (\$) 95.70
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) BAE Systems
Date	Full name of contributor <input type="checkbox"/> 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 PERSONAL FUNDS

SCHEDULE **G**

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 G: <div style="font-size: 1.5em; margin-left: 100px;">7</div>		2 FILER NAME Caroline Mindy Bumgarner		3 Filer ID (Ethics Commission Filers)	
4 Date 1/26/23		5 Payee name Sticker You			
6 Amount (\$) 121.89 <small>Reimbursement from political contributions intended</small>		7 Payee address; City; State; Zip Code 336 Forest Ave Amsterdam, NY 12010			
8 PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising		(b) Description Name Badges	
		(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 1/26/23		Payee name Denton County Republican Party			
Amount (\$) 2,000.00 <small>Reimbursement from political contributions intended</small>		Payee address; City; State; Zip Code 2921 Country Club Rd., Suite #102, Denton, 76210			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertisement		Description Table for event	
		<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 1/29/23		Payee name Amazon			
Amount (\$) 115.99 <small>Reimbursement from political contributions intended</small>		Payee address; City; State; Zip Code 410 Terry Ave N, Seattle, WA , 98109			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertisement		Description Stress balls	
		<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					

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE **G**

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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 G:	2 FILER NAME Caroline Mindy Bumgarner		3 Filer ID (Ethics Commission Filers)
4 Date 1/29/23	5 Payee name Sticker You		
6 Amount (\$) 115.99 <small>Reimbursement from political contributions intended</small>	7 Payee address; City; State; Zip Code 336 Forest Ave Amsterdam, NY 12010		
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertisement		(b) Description Labels
	(c) Check if travel outside of Texas. Complete Schedule T. 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 1/29/23	Payee name Tom Thumb		
Amount (\$) 6.99 <small>Reimbursement from political contributions intended</small>	Payee address; City; State; Zip Code 4301 Cross Timbers Rd., Flower Mound, TX 75022		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE		Description Water for block walkers
	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 2/13/23	Payee name Godaddy		
Amount (\$) 115.00 <small>Reimbursement from political contributions intended</small>	Payee address; City; State; Zip Code 2150 E. Warner Rd, Tempe, AZ 8524		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertisement		Description website
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			
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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE **G**

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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 G:	2 FILER NAME Caroline Mindy Bumgarner		3 Filer ID (Ethics Commission Filers)
4 Date 2/22/23	5 Payee name Fed Ex		
6 Amount (\$) 33.83 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 2701 Cross Timbers Rd. Unit 208, Flower Mound, TX, 75028		
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertisement	(b) Description Cards	
	<input type="checkbox"/> (c) 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 3/3/23	Payee name Primal Fundraising		
Amount (\$) 4,000.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 51 Rainey St, # 1216, Austin, TX 78701		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting	Description Fundraiser assistance	
	<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 3/9/23	Payee name Signs PQ LLC		
Amount (\$) 8,442.43 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1821 Meadow Ridge Dr., Flower Mound, TX 75028		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertisement	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			

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE **G**

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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 G:	2 FILER NAME Caroline Mindy Bumgarner	3 Filer ID (Ethics Commission Filers)
4 Date 3/9/23	5 Payee name Griffin Communications	
6 Amount (\$) 10,150.00 <small>Reimbursement from political contributions intended</small>	7 Payee address; City; State; Zip Code 7111 Harvest Trail Dr., Austin, TX 78736	
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description Consulting
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 3/16/23	Payee name I-360	
Amount (\$) 1,650.00 <small>Reimbursement from political contributions intended</small>	Payee address; City; State; Zip Code 2300 Clarendon Blvd. Ste 800, Arlington, VA 22201	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description Block walking consulting
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Candidate / Officeholder name Office sought Office held		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 3/17/23	Payee name All Sorts Mail	
Amount (\$) 525.30 <small>Reimbursement from political contributions intended</small>	Payee address; City; State; Zip Code 3335 Keller Springs Rd, Ste 104, Carrollton, TX 75006	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertisement	Description Push cards
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Candidate / Officeholder name Office sought Office held		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

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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 G:	2 FILER NAME Caroline Mindy Bumgarner		3 Filer ID (Ethics Commission Filers)
4 Date 3/27/23	5 Payee name Community Impact Newspaper		
6 Amount (\$) 3,850.00 <small>Reimbursement from political contributions intended</small>	7 Payee address; City; State; Zip Code 7460 Warren Pkwy #160, Frisco, TX 75034		
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertisement		(b) Description ads
	<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 4/3/23	Payee name Griffin Communications		
Amount (\$) 6,288.04 <small>Reimbursement from political contributions intended</small>	Payee address; City; State; Zip Code 7111 Harvest Trail Dr., Austin, TX 78736		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting		Description Consulting fees
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Candidate / Officeholder name Office sought Office held			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Date 4/3/23	Payee name Facebook		
Amount (\$) 75.00 <small>Reimbursement from political contributions intended</small>	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) Advertisement		Description ads
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Candidate / Officeholder name Office sought Office held			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
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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 G:	2 FILER NAME Caroline Mindy Bumgarner		3 Filer ID (Ethics Commission Filers)
4 Date 4/5/23	5 Payee name All Sorts Mail		
6 Amount (\$) 350.20 <small>Reimbursement from political contributions intended</small>	7 Payee address; City; State; Zip Code 3335 Keller Springs Rd, Ste 104, Carrollton, TX 75006		
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertisement		(b) Description Push Cards
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			
Date 4/5/22	Payee name Facebook		
Amount (\$) 75.00 <small>Reimbursement from political contributions intended</small>	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) Advertisement		Description Ads
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>		
Candidate / Officeholder name Office sought Office held			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Date 4/6/23	Payee name Google		
Amount (\$) 50.00 <small>Reimbursement from political contributions intended</small>	Payee address; City; State; Zip Code 1600 Amphitheater Parkway, Mountain View, CA, 94043		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertisement		Description Ads
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>		
Candidate / Officeholder name Office sought Office held			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE **G**

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 G:		2 FILER NAME Caroline Mindy Bumgarner		3 Filer ID (Ethics Commission Filers)	
4 Date 4/6/23		5 Payee name Neil Rosekrans LLC.			
6 Amount (\$) 1,335.00 <small>Reimbursement from political contributions intended</small>		7 Payee address; City; State; Zip Code 1133 E. Greythorn Drive, Scottsdale, AZ 85262			
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting		(b) Description Ads		
	<small>(c) Check if travel outside of Texas. Complete Schedule T.</small>		<small>Check if Austin, TX, officeholder living expense</small>		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date 4/6/23		Payee name Anedot			
Amount (\$) 54.10 <small>Reimbursement from political contributions intended</small>		Payee address; City; State; Zip Code 5555 Hilton Ave, Baton Rouge, LA 70112			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fundraising expense		Description fees		
	<small>Check if travel outside of Texas. Complete Schedule T.</small>		<small>Check if Austin, TX, officeholder living expense</small>		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date		Payee name			
Amount (\$) <small>Reimbursement from political contributions intended</small>		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	<small>Check if travel outside of Texas. Complete Schedule T.</small>		<small>Check if Austin, TX, officeholder living expense</small>		
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