CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT				COVER SH	ORM C/OH HEET PG 1	
The C/OH Instruction G	uide explains how t	to complete this form.	1 Filer ID (Ethics	s Commission Filers)	2 Total pages file	ed: 13
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST  Caroline		мі М	OFFICE	USE ONLY
NAME	NICKNAME	LAST		SUFFIX	Date Received	
4 CANDIDATE /	Mindy  ADDRESS / PO BOX;	Bumgarner  APT / SUITE #:	CITY; STATE	; ZIP CODE	Red	eived
OFFICEHOLDER MAILING ADDRESS	5150 Kensin	gton Ct. Flo	ower Mound,	TX 75022	APR	<b>6</b> 2023
Change of Address					LISD /	Supt Ofc
5 CANDIDATE/ OFFICEHOLDER PHONE	( 940 )	205-2201	EXTEN	NSION	Date Hand-delivered	
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST Caroline		М	Receipt #	Amount \$
NAME	NICKNAME	LAST	•••••	SUFFIX	Date Processed	
	Mindy	Bumgarner	•		Date Imaged	
7 CAMPAIGN TREASURER ADDRESS	street address ( 5150 Kensii	no po box please); apt / s ngton Ct.	SUITE#; CI	ry; F <b>lower Mou</b> n	state; d TX	ZIP CODE 75022
(Residence or Business)						
8 CAMPAIGN TREASURER PHONE	( 940 )	205-2201	EXTER	NSION		
9 REPORT TYPE	January 15	30th day before	election F	Runoff	15th day aff treasurer ap (Officeholde	
	July 15	8th day before el		Exceeded Modified Reporting Limit	Final Repor	t (Attach C/OH - FR)
10 PERIOD COVERED	Month 1	Day Year / 19 / 2023	THROUGH	Month 4	Day Year	023
11 ELECTION	ELECTION DA			ELECTION TYPE		
	Month Day	Year Primary		Other Description		
	5 / 6	/ 2023 General	Special			
12 OFFICE	OFFICE HELD (If any) None			Board of Tr	ustees Place 6	
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	E OF POLITICAL CONTRIBUTIONS EHOLDER. THESE EXPENDITURE B AND OFFICEHOLDERS ARE REQU	S MAY HAVE BEEN MAI	DE WITHOUT THE CAN	IDIDATE'S OR OFFICEHOL	DER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME				
Additional Pages	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN TR	EASURER NAME			
		COMMITTEE CAMPAIGN TI	REASURER ADDRESS	<b>S</b>		
	GO TO PAGE 2					

#### **SUBTOTALS - C/OH**

### FORM C/OH COVER SHEET PG 3

19 FILER NAME Caroline Bungarner 20 Filer ID (Et	hics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,245.90
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	s \$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 39,429.76
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF (	С/ОН \$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNS TO FILER	<b>ED</b> \$

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 2

15 C/OH NAME	ine Bumgamer	16 Filer ID (Ethics Commission Filers)				
17 CONTRIBUTION TOTALS	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 OF REPORTING PERIOD	DAY \$ 1,245.90				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$ ()				
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.						
	Signature of Ca	ndidate or Officeholder				
1						
	Please complete either option below	18 8				
(1) Affidavit						
NOTARY STAMP/SEA	-					
Sworn to and subscribed	before me bythis the	day of,				
20, to certify	which, witness my hand and seal of office.					
Signature of officer administer	ring oath Printed name of officer administering oath	Title of officer administering oath				
OR						
(2) Unsworn Declaration	on -					
My name is Cavolin	e Bungavnev, and my date of birth is	5/31/85				
	censington Ct. Four Mound	75023, USA				
Executed in Denton	(street) (city) (s County, State of YXAS , on the day of month	tate) (zip code) (country) , 20 12.3 ) (year)				
	Signature of Candid	date/Officeholder (Declarant)				

#### **MONETARY POLITICAL CONTRIBUTIONS**

#### SCHEDULE A1

if the requested information is not applicable, <b>DO NOT include this page in the report.</b>					
The	instruction Guide explains how to complete this form	n.	1 Total pages Schedule A1: Q		
2 FILER NAME Caroline	Mindy Bumgarner		3 Filer ID (Ethics Commission Filers)		
4 Date 3/8/23	5 Full name of contributor		7 Amount of contribution (\$) 239.70		
	6 Contributor address; City; St 2709 Crater Lake Lane Denton, T	ate; Zip Code			
8 Principal occu Real Es	pation / Job title (See Instructions)	Employer (See Instructi	ons)		
Date 3/15/23	Full name of contributor		Amount of contribution (\$) 239.70		
Contributor address; City; State; Zlp Code 1221 Sycamore Bend Rd. Denton TX 76201					
Principal occur Lawyer		Employer (See Instruction Hayes, Berry, V	ons) White & Vanzant, LLP		
Date	Full name of contributor  ut-of-state PAC (ID#:	Amount of contribution (\$)			
3/15/23	Contributor address; City; St 5370 Kensington Ct., Flower Moune	ate; Zip Code d, TX 75022	95.70		
Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructi Retired	ons)		
Date 3/15/23	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)		
3/13/23	Contributor address; City; St 1603 Fairway Dr. , Corinth, TX, 762	tate; Zip Code	239.70		
Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructi Retired	ions)		
***************************************	ATTACH ADDITIONAL COPIES OF T If contributor is out-of-state PAC, please see Instruction				

#### **MONETARY POLITICAL CONTRIBUTIONS**

SCHEDULE **A1** 

If the requested information is not applicable, <b>DO NOT include this page in the report.</b>						
The	Instruction Guide explains how to complete this	1 Total pages Schedule A1:				
2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
Caroline	Mindy Bumgarner					
4 Date 3/16/23	5 Full name of contributor out-of-state PAC Stacey Langley	7 Amount of contribution (\$)				
3/10/23	6 Contributor address; City;		95.70			
3	800 Carter Ct., Flower Mound, T	X 75028				
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)			
Executi	ve Compensation	CSG Systems,	Inc.			
Date	Full name of contributor out-of-state PAC  Jeff Varnell	Amount of contribution (\$)				
3/16/23	Contributor address; City;	State; Zip Code	239.70			
	1601 East Sandy Lake Rd., Cop	pell, TX 75019				
Principal occupation / Job title (See Instructions)  Broker  Employer (See Instruct Coppell Realty			ions)			
Date	Full name of contributor out-of-state PAC (ID#:)  Jeanne Phillips		Amount of contribution (\$)			
3/20/22	Contributor address; City;		95.70			
	2033 Sage Dr., Garland, TX 750	State; Zip Code				
Principal occup Engine	pation / Job title (See Instructions)	Employer (See Instruct BAE Systems	· · · · · · · · · · · · · · · · · · ·			
8						
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)			
	Contributor address; City;	State; Zip Code				
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

ordatourar aymon	The Instruction Guide explains how to complete this form.				
1 Total pages Schedule G:	2 FILER NAME		3 Filer ID (Ethics C	commission Filers)	
7	Caroline Mindy Bumgarner		-		
4 Date	5 Payee name		I		
1/26/23	Sticker You				
6 Amount (\$)	7 Payee address;		04-4-	7:- 0-4-	
121.89	r rayee address,	City;	State;	Zip Code	
Reimbursement from political contributions intended	336 Forest Ave Amsterdam, NY 12010				
8	Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF	Advertising	Name Badges			
EXPENDITURE					
	(c) Check if travel outside of Texas. Complete Schedule T.		n, TX, officeholder living exp		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	(	Office held	
Date	Payee name				
1/26/23	Denton County Republican Party				
Amount (\$)	Payee address;	City;	State;	Zip Code	
2,000.00	2,000.00 2921 Country Club Rd., Suite #102, Denton, 76210				
Reimbursement from political contributions intended				.,,,	
PURPOSE	Category (See Categories listed at the top of this schedule)	Description			
OF	Advertisement	Table for event			
EXPENDITURE	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
	Candidate / Officeholder name	Office sought	<u> </u>	Office held	
Complete ONLY if direct expenditure to benefit C/C		·			
Date	Payee name				
1/29/23	Amazon		×		
Amount (\$)	Payee address;	City;	State;	Zip Code	
115.99	410 Terry Ave N, Seattle, WA, 9	8109			
Reimbursement from political contributions intended					
PURPOSE	Category (See Categories listed at the top of this schedule)	Description Stress balls			
OF	Advertisement	Stress balls			
EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living ex	mense	
	Candidate / Officeholder name	Office sought	<del></del>	Office held	
Complete ONLY if direct expenditure to benefit C/OH	22				
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEED	DED		

SCHEDULE G

	EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/BankIng Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Polit Credit Card Payment	Fees Food/Beverage Expense By Gift/Awards/Memorials Expense ical Committee Legal Services	Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense		Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule G:	2 FILER NAME	1011 10 00	inplote this form.	3 Filor ID (Ethion (	Commission Filam)	
i Total pages Schedule G.				3 Filer ID (Ethics (	Commission Filers)	
4 Date	Caroline Mindy Bumgarner 5 Payee name			1		
1/29/23	Sticker You					
6 Amount (\$)	7 Payee address;		City;	State;	Zip Code	
115.99  Reimbursement from political contributions intended	336 Forest Ave Amsterdam, NY 12010					
8	Category (See Categories listed at the top of this schedule)					
PURPOSE OF EXPENDITURE	Advertisement					
	(c) Check if travel outside of Texas. Complete Scher	dule T.	Check if Austin,	n, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	C	Office sought	Of	fice held	
Date	Payee name					
1/29/23	Tom Thumb					
				- 14 - 14 - 1 - 1 - 1 - 1		
Amount (\$) 6.99	Payee address;		City;	State;	Zip Code	
Reimbursement from political contributions intended	4301 Cross Timbers Rd., Flower	Mound	l, TX 75022			
DUDDOCE	Category (See Categories listed at the top of this s	schedule)	Description			
PURPOSE OF			TT	. 1 1 11		
EXPENDITURE	EVENT EXPENSE Water for block walkers					
	Check if travel outside of Texas. Complete Sci	hedule T.	Check if Austi	n, TX, officeholder living e	pense	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	(	Office sought	0	ffice held	
Date	Payee name					
2/13/23	Godaddy					
Amount (\$)	Payee address;		City;	State;	Zip Code	
115.00	2150 E. Warner Rd, Tempe, AZ	7 8524	-	<b>J.</b>	<b>2.</b> p <b>3</b> 343	
Reimbursement from political contributions intended	2100 E. Warner Rd, Tempe, Az					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this s  Advertisment	schedule)	Description website			
	Check if travel outside of Texas. Complete Sch	hedule T.	Check if Austin	n, TX, officeholder living ex	pense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought	0	ffice held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

#### 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		Fees Office Overhead/Rental Expense T Food/Beverage Expense Polling Expense T Gift/Awards/Memorials Expense T		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
1 Total pages Schedule G:	2 FILER NA Carolin	ме e Mindy Bumgarne	er		3 Filer ID (Ethics Commission Filers)
4 Date 2/22/23	5 Payee nar Fed Ex	me			
6 Amount (\$) 33.83 Reimbursement from political contributions intended	7 Payee ad 2701 Cro	dress; oss Timbers Rd. Unit 2	208, Flov	city; ver Mound, TX	State; Zip Code X, 75028
8		(See Categories listed at the top of this so	chedule)	(b) Description	
PURPOSE OF EXPENDITURE	Advertis	sement		Cards	
	(c)	Check if travel outside of Texas. Complete Sci	hedule T.	Check if Austin,	, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candida	ate / Officeholder name	0	ffice sought	Office held
Date	Payee na	me			
3/3/23	Prima	I Fundraising			
Amount (\$) 4,000.00  Reimbursement from political contributions intended	Payee ad 51 Ra	dress; niney St, # 1216, Au	ustin, T	City; X 78701	State; Zip Code
Interided	Catego	ry (See Categories listed at the top of th	is schedule)	Description	
PURPOSE OF	Consulting Fundraise			er assistance	
EXPENDITURE		Check if travel outside of Texas. Complete	Schedule T.	Check if Au	stin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	لسسا	ate / Officeholder name	0	ffice sought	Office held
Date	Payee na	me			
3/9/23	Signs	PQ LLC			
Amount (\$) 8,442.43  Reimbursement from political contributions intended	Payee ad	· · · · · · · · · · · · · · · · · · ·	, Flowe	city; er Mound, TX	State; Zip Code 《 <b>75028</b>
PURPOSE OF EXPENDITURE	Catego	(See Categories listed at the top of the Advertisement	is schedule)	Description Signs	
		Check if travel outside of Texas. Complete			stin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candid	ate / Officeholder name	0	ffice sought	Office held
	AT	TACH ADDITIONAL COPIES	OF THIS S	CHEDULE AS NEE	DED

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politi		Office Over Polling Exp Printing Exp		Solicitation/Fundraising Transportation Equipment Travel In District Travel Out Of District Other (enter a category no	t & Related Expense
Credit Card Payment	The Instruction Guide explains	how to co	mplete this form.		
1 Total pages Schedule G:	2 FILER NAME			3 Filer ID (Ethics C	Commission Filers)
	Caroline Mindy Bumgarne	r			
4 Date	5 Payee name				
3/9/23	Griffin Communications				
6 Amount (\$) 10 150 00	7 Payee address;		City;	State;	Zip Code
10,150.00 Reimbursement from political contributions intended	,				
	Category (See Categories listed at the top of this schedule)	•)	(b) Description		
OF EXPENDITURE	Consulting Expense		Consulting		
	(c) Check if travel outside of Texas. Complete Scho	edule T.	Check if Austin,	TX, officeholder living exper	nse
9	Candidate / Officeholder name	C	Office sought	Off	fice held
Complete ONLY if direct expenditure to benefit C/OH					
Date	Payee name				
3/16/23	I-360	-14 (Sec. 14 - 16) (Sec. 14 - 16)			
Amount (\$)	Payee address;		City;	State;	Zip Code
1,650.00	2300 Clarendon Blvd. Ste 800, A	Arlingto	• •		
Reimbursement from political contributions intended			,		
PURPOSE	Category (See Categories listed at the top of this	schedule)	Description		
OF	Consulting Expense		Block well	king consultin	g
EXPENDITURE	Consulting Expense  Check if travel outside of Texas. Complete S.	ichedula T	•		
	Check if travel outside of Texas. Complete S  Candidate / Officeholder name		Check if Austi Office sought	in, TX, officeholder living ex	rpense ffice held
Complete ONLY if direct expenditure to benefit C/O					
Date	Payee name				
3/17/23	All Sorts Mail	BARRATURE TO THE PARTY OF THE P			-
Amount (\$)	Payee address;		City;	State;	Zip Code
525.30	3335 Keller Springs Rd, Ste 10	04, Carı	rolltoon, TX 750	006	
Reimbursement from political contributions intended	, 5-1-1, 5-5				
	Category (See Categories listed at the top of this	schedule)	Description Push cards		
PURPOSE OF	Advertisment		Push cards		
EXPENDITURE	Check if travel outside of Texas. Complete S	ichedule T	Chark if August	in, TX, officeholder living ex	pense
	Candidate / Officeholder name		Office sought		ffice held
Complete ONLY if direct expenditure to benefit C/OH		,	<u> </u>		
	ATTACH ADDITIONAL COPIES C	OF THIS S	CHEDULE AS NEED	DED	

#### SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politi Credit Card Payment	Fees Of Food/Beverage Expense Programmer Of Grift/Awards/Memorials Expense Programmer Of Fees	ffice Overlolling Experinting Exp		Solicitation/Fundraising Transportation Equipmen Travel In District Travel Out Of District Other (enter a category n	nt & Related Expense
Oldar dyllaria	The Instruction Guide explains ho	w to cor	mplete this form.	T	
1 Total pages Schedule G:	2 FILER NAME			3 Filer ID (Ethics (	Commission Filers)
	Caroline Mindy Bumgarner				
4 Date 3/27/23	5 Payee name Community Impact Newspa	aper			
6 Amount (\$)	7 Payee address;		City;	State;	Zip Code
3,850.00 Reimbursement from political contributions intended	7460 Warren Pkwy #160, Frisco, TX 75034				
8 PURPOSE	Category (See Categories listed at the top of this schedule)		(b) Description		
OF EXPENDITURE	Advertisement		ads		
	(c) Check if travel outside of Texas. Complete Schedul	le T.	Check if Austin,	TX, officeholder living exp	ense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	0	Office sought	0	ffice held
Date	Payee name				
4/3/23	Griffin Communications				
Amount (\$)	Payee address;		City;	State:	Zip Code
6,288.04	7111 Harvest Trail Dr., Austin,	TY 78	•	otate,	Zip Oddc
Reimbursement from political contributions intended	7111 Harvest Hall Dr., Austri,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
PURPOSE	Category (See Categories listed at the top of this sch	nedule)	Description		
OF EXPENDITURE	Consulting	Consulting	fees		
	Check if travel outside of Texas. Complete Scheo		n, TX, officeholder living e	xpense	
Complete ONLY if direct	Candidate / Officeholder name	C	Office sought Office held		
Complete ONLY if direct expenditure to benefit C/O	Н				
Date	Payee name				
4/3/23	Facebook		The second second second		
Amount (\$)	Payee address;		City;	State;	Zip Code
75.00	1 Hacker Way, Menlo Park, CA 9	94025	5		
Reimbursement from political contributions intended					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this school Advertisment	edule)	Description ads		
	Check if travel outside of Texas. Complete Scheo			n, TX, officeholder living e	xpense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	C	Office sought	0	ffice held
	ATTACH ADDITIONAL COPIES OF	THIS S	CHEDULE AS NEED	ED	

SCHEDULE G

	EXPENDITURE CATEGOI	RIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politi Credit Card Payment	Fees Offic Food/Beverage Expense Polli by Gift/Awards/Memorials Expense Print	n Repayment/Reimbursement to Overhead/Rental Expense ng Expense ing Expense tries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
Gredit Card Fayment	The Instruction Guide explains how	to complete this form.	
1 Total pages Schedule G:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Caroline Mindy Bumgarner		<u> </u>
4 Date	5 Payee name		
4/5/23	All Sorts Mail		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
350.20 Reimbursement from political contributions intended	3335 Keller Springs Rd, Ste 104, 0	Carrolltoon, TX 750	006
-	Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Advertisement	Push Cards	
	(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	Payee name	1985 D. C. C. C.	
4/5/22	Facebook		
Amount (\$)	Payee address;	City;	State; Zip Code
75.00	1 Hacker Way, Menlo Park, CA		•
Reimbursement from political contributions intended	The state of the s		
PURPOSE	Category (See Categories listed at the top of this sched	dule) Description	
OF EXPENDITURE	Advertisment	Ads	
LAFERDITURE	Check if travel outside of Texas. Complete Schedu		tin, TX, officeholder living expense
	Candidate / Officeholder name	Office sought	Office held
Complete ONLY if direct expenditure to benefit C/O	Н	-	
Date	Payee name		
4/6/23	Google		
Amount (\$)	Payee address;	City;	State; Zip Code
50.00	1600 Amphitheater Parkway, Mou	untain View, CA, 94	1043
Reimbursement from political contributions intended	•	, =, -	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sched Advertisment	fule) Description Ads	
EXI FIADITALE	Check if travel outside of Texas. Complete Schedu	le T. Check if Aust	tin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDULE AS NEE	DED

#### 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		Fees Office Overhead/Rental Expense T Food/Beverage Expense Polling Expense T Gift/Awards/Memorials Expense Printing Expense T		Solicitation/Fundraisi Transportation Equipm Travel In District Travel Out Of District Other (enter a category	ent & Related Expense	
1 Total pages Schedule G:	2 FILER NA				3 Filer ID (Ethics	Commission Filers)
Total pages conodule c.		e Mindy Bumgarne	er		Canon	Commission Facts)
4 Date	5 Payee nar	ne				
4/6/23	Neil Rosek	rans LLC.				
6 Amount (\$)	7 Payee add	dress;		City;	State;	Zip Code
1,335.00 Reimbursement from political contributions intended	1133 E. (	Greythorn Drive, Scott	sdale, <i>i</i>	AZ 85262		
8 PURPOSE	Category (See 0	Categories listed at the top of this schedule	*)	(b) Description		
OF EXPENDITURE	Consultin	ng		Ads		
	(c)	Check if travel outside of Texas. Complete Sch	edule T.	Check if Austin,	TX, officeholder living ex	quense
9 Complete ONLY if direct expenditure to benefit C/OH	Candida	ate / Officeholder name		Office sought		Office held
Date	Payee nar	me				
4/6/23	Anedot					
Amount (\$)	Payee add	dress;		City;	State;	Zip Code
54.10  Reimbursement from political contributions intended	5555 H	ilton Ave, Baton Rouge,	LA 701	12		
PURPOSE	Categor	y (See Categories listed at the top of this	schedule)	Description		
OF EXPENDITURE	Fundrais	ing expense		fees		
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/C		ate / Officeholder name		Office sought		Office held
Date	Payee nar	me				
Amount (\$)	Payee ad	dress;	Aut and and	City;	State;	Zip Code
Reimbursement from political contributions intended						
PURPOSE OF EXPENDITURE	Categor	y (See Categories listed at the top of this	schedule)	Description		
LAI LIVEITOIL		Check if travel outside of Texas. Complete S	Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candid	ate / Officeholder name	1	Office sought		Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						