

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: 10				
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY Date Received 04/01/2021 @ 4:33 Jhw			
	Brenda						
NICKNAME	LAST	SUFFIX					
Gunter							
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX:	APT / SUITE #:	CITY;	STATE;	ZIP CODE		
	26 West Concho Ave., San Angelo, TX 76903						
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
	(325)	655-6791					
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	Date <u>Hand-delivered</u> or Date Postmarked			
	Raymond			Receipt #	Amount \$		
NICKNAME	LAST	SUFFIX	Date Processed				
Meza			Date Imaged				
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #;	CITY;	STATE;	ZIP CODE	
	3126 Old Mountain Trl., San Angelo, TX					76904	
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
	(325)	234-5500					
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)						
10 PERIOD COVERED	Month	Day	Year	THROUGH	Month	Day	Year
	/	/	2021		03	31	2021
11 ELECTION	ELECTION DATE			ELECTION TYPE			
	Month	Day	Year	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description	
	05	01	2021	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any) Mayor			13 OFFICE SOUGHT (if known) Mayor			
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.						
	COMMITTEE TYPE	COMMITTEE NAME					
	<input type="checkbox"/> GENERAL	TREPAC/Texas Association of Realtors					
	<input checked="" type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS					
		PO Box 2246 Austin, TX 78768-2246					
	COMMITTEE CAMPAIGN TREASURER NAME						
	Deborah Sprangler						
	COMMITTEE CAMPAIGN TREASURER ADDRESS						
	PO Box 2246 Austin, TX 78768-2246						

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

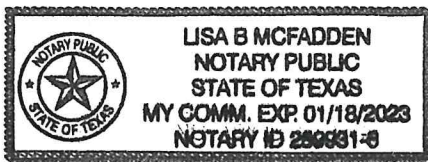
15 C/OH NAME Brenda Gunter		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 17,100.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 17,100.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 4,021.28
	4. TOTAL POLITICAL EXPENDITURES	\$ 4,021.28
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 13,078.72
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 15,000.00

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.

Brenda Gunter
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Brenda Gunter this the 31st day of March, 2021, to certify which, witness my hand and seal of office.

Lisa B. McFadden Lisa B. McFadden Notary
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____ (street) _____ (city) _____ (state) _____ (zip code) _____ (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20_____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

Brenda Gunter

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 17,100.00
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/>	SCHEDULE E: LOANS	\$ 15,000.00
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 4,021.28
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 type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 5
2 FILER NAME Brenda Gunter		3 Filer ID (Ethics Commission Filers)
4 Date 3/11/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ben Stribling 6 Contributor address; City; State; Zip Code 40 W. Twohig San Angelo, TX 76903	7 Amount of contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Real Estate		9 Employer (See Instructions)
Date 3/17/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert Alexander Contributor address; City; State; Zip Code 2530 Live Oak St., San Angelo, TX 76901	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 3/17/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) J. E. Alexander Contributor address; City; State; Zip Code 3308 Foster St., San Angelo, TX 76903	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 3/17/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harold Shelburne Contributor address; City; State; Zip Code 4709 N. Bentwood Dr., San Angelo, TX 76904	Amount of contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) CPA		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 5
2 FILER NAME Brenda Gunter		3 Filer ID (Ethics Commission Filers)
4 Date 3/17/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steve Eustis 6 Contributor address; City; State; Zip Code 1207 S. Bryant San Angelo, TX 76904	7 Amount of contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Real Estate		9 Employer (See Instructions)
Date 3/19/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Freeman Pickett II Contributor address; City; State; Zip Code P. O. Box 60245 San Angelo, TX 76906	Amount of contribution (\$) \$1000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/24/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rebecca Cornell Contributor address; City; State; Zip Code 1408 Grierson St San Angelo, TX 76901	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/25/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lucy Gonzales Contributor address; City; State; Zip Code 4554 Rita Circle San Angelo, TX 76905	Amount of contribution (\$) \$150.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 5
2 FILER NAME Brenda Gunter		3 Filer ID (Ethics Commission Filers)
4 Date 3/26/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laura Elms 6 Contributor address; City; State; Zip Code 3913 Mercedes Ave. San Angelo, TX 76901	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) <i>Teacher</i>		9 Employer (See Instructions)
Date 3/26/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Loretta Koonce Contributor address; City; State; Zip Code P. O. Box 61714 San Angelo, TX 76906	Amount of contribution (\$) \$1000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/26/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) A. F. Curry Contributor address; City; State; Zip Code 1016 Alta Loma San Angelo, TX 76901	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/26/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) C. H. Sugg, Jr. Contributor address; City; State; Zip Code 18 W. Concho Ave. San Angelo, TX 76903	Amount of contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 5
2 FILER NAME Brenda Gunter		3 Filer ID (Ethics Commission Filers)
4 Date 3/29/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bill Elliott 6 Contributor address; City; State; Zip Code P. O. Box 3324 San Angelo, TX 76902	7 Amount of contribution (\$) \$2,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/29/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Binnie Dierschke Contributor address; City; State; Zip Code 3022 Southland San Angelo, TX 76904	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions)
Date 3/29/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kenneth Dierschke Contributor address; City; State; Zip Code 3022 Southland San Angelo, TX 76904	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions)
Date 3/29/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patrick Malloy Contributor address; City; State; Zip Code 3605 Fieldwood Dr. San Angelo, TX 76904	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 5
2 FILER NAME Brenda Gunter		3 Filer ID (Ethics Commission Filers)
4 Date 3/29/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Assoc. of Realtors 6 Contributor address; City; State; Zip Code P. O. Box 2246 Austin, TX 78768	7 Amount of contribution (\$) \$5,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/31/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tom Thompson Contributor address; City; State; Zip Code 3801 Ransom Rd. San Angelo, TX 76903	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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)
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
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LOANS

SCHEDULE E

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 E: 1
2 FILER NAME Brenda Gunter		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 15,000.00
5 Date of loan 02/03/21	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Brenda Gunter	9 Loan Amount (\$) \$15,000.00
6 Is lender a financial Institution? N	8 Lender address; City; State; Zip Code 635 S. Bishop San Angelo TX 76901	10 Interest rate 0
		11 Maturity date n/a
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial Institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1	2 FILER NAME Brenda Gunter	3 Filer ID (Ethics Commission Filers)
4 Date 2/26/21	5 Payee name First National Bank of Mertzon	
6 Amount (\$) \$8.00	7 Payee address; City; State; Zip Code 230 W. Twohig San Angelo TX 76903	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description Base charge fee for checking account
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Brenda Gunter	Office sought Mayor
		Office held Mayor
Date 2/26/21	Payee name McLaughlin Advertising	
Amount (\$) \$3,855.28	Payee address; City; State; Zip Code 115 S. Park St San Angelo TX 76901	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Printed materials & signs
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Brenda Gunter	Office sought Mayor
		Office held Mayor
Date 3/15/21	Payee name Green Sand & Gravel	
Amount (\$) \$158.00	Payee address; City; State; Zip Code 805 W. Avenue N San Angelo TX 76903	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Sand to hold down campaign signs
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Brenda Gunter	Office sought Mayor
		Office held Mayor

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