

# 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:

9

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

FIRST

MI

*DR*

*BUDDY*

NICKNAME

LAST

SUFFIX

*BONNER*

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

*505 DREXEL DRIVE*

*LEWISVILLE, TX 75067*

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

*(469) 647-0911*

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

MI

*MR*

*ALEX*

NICKNAME

LAST

SUFFIX

*BOCK*

7 CAMPAIGN TREASURER ADDRESS

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

(Residence or Business)

*1400 MOCCASIN #6 LEWISVILLE TX 75067*

8 CAMPAIGN TREASURER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

*(214) 908-5940*

9 REPORT TYPE

January 15

30th day before election

Runoff

15th day after campaign treasurer appointment (Officeholder Only)

July 15

8th day before election

Exceeded Modified Reporting Limit

Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month

Day

Year

Month

Day

Year

*3 / 23 / 2021*

THROUGH

*4 / 21 / 2021*

11 ELECTION

ELECTION DATE

Month

Day

Year

*5 / 01 / 2021*

ELECTION TYPE

Primary

Runoff

Other

Description

General

Special

*SCHOOL BOARD*

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

*LEWISVILLE ISD PLACE 1*

14 NOTICE FROM POLITICAL COMMITTEE(S)

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

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME Dr. Buddy Bonner 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)	\$ 430. <sup>00</sup> / <sub>-</sub>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1200. <sup>00</sup> / <sub>-</sub>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 66.69
	4. TOTAL POLITICAL EXPENDITURES	\$ 5790.74
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 997.17
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0. <sup>00</sup> / <sub>-</sub>

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.

Dr. Buddy Bonner  
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Dr. Buddy Bonner this the 22nd day of April

20 21, to certify which, witness my hand and seal of office.

Jamie Riggle Signature of officer administering oath  
Jamie Riggle Printed name of officer administering oath  
Board Admin/Notary 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 <i>Dr. Buddy Bonnar</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>850<sup>00</sup></i>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>5789.74</i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ <i>2162.61</i>
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:

3

2 FILER NAME

DR BUDDY BONNER

3 Filer ID (Ethics Commission Filers)

4 Date

3/24/21

5 Full name of contributor

KIM JONES

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

7 Amount of contribution (\$)

\$50

6 Contributor address;

City;

State;

Zip Code

904 ABRAMS RICHARDSON TX 75081

8 Principal occupation / Job title (See Instructions)

Educator

9 Employer (See Instructions)

Date

3/24/21

Full name of contributor

Stephanie Hall

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

Amount of contribution (\$)

\$50

Contributor address;

City;

State;

Zip Code

2324 ASPERMONT LEWISVILLE TX 75067

Principal occupation / Job title (See Instructions)

Educator

Employer (See Instructions)

Date

3/24/21

Full name of contributor

Stephen DeBner

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

Amount of contribution (\$)

\$50

Contributor address;

City;

State;

Zip Code

2705 ROCKBROD LEWISVILLE TX 75067

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Date

3/20/21

Full name of contributor

DIANA BREWER

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

Amount of contribution (\$)

\$100

Contributor address;

City;

State;

Zip Code

2613 CHANCELLOR FM TX 75088

Principal occupation / Job title (See Instructions)

Educator

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.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

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1 Total pages Schedule A1:

3

2 FILER NAME

Dr. Buddy Bonner

3 Filer ID (Ethics Commission Filers)

4 Date

3/28/21

5 Full name of contributor

Cathy McAllister

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

7 Amount of contribution (\$)

\$200

6 Contributor address;

City;

State;

Zip Code

4008 Oak Grove Flower Mound, TX 75028

8 Principal occupation / Job title (See Instructions)

Educator

9 Employer (See Instructions)

Date

4/2/21

Full name of contributor

Matt Gallery

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

Amount of contribution (\$)

~~\$50~~ \$100

Contributor address;

City;

State;

Zip Code

430 TOPPINGTON AUSTIN TX 78737

Principal occupation / Job title (See Instructions)

SALES

Employer (See Instructions)

Date

4/3/21

Full name of contributor

Kyle Smith

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

Amount of contribution (\$)

\$50

Contributor address;

City;

State;

Zip Code

152 Red oak flower MOUND TX 75028

Principal occupation / Job title (See Instructions)

Educator

Employer (See Instructions)

Date

5/29

Full name of contributor

Joe Irich

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

Amount of contribution (\$)

\$100

Contributor address;

City;

State;

Zip Code

724 W Main St LEWISVILLE TX 75067

Principal occupation / Job title (See Instructions)

Insurance

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

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1 Total pages Schedule A1:

3

2 FILER NAME

Dr. Buddy Bonner

3 Filer ID (Ethics Commission Filers)

4 Date

3/30

5 Full name of contributor

Dean Veckert

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

7 Amount of contribution (\$)

\$100

6 Contributor address;

City;

State;

Zip Code

2038 Dove Creek Lewisville TX 75067

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Date

4/16

Full name of contributor

Sharon Boyd

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

Amount of contribution (\$)

\$50

Contributor address;

City;

State;

Zip Code

453 Frankel, Lewisville TX 75067

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

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)

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**

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>2</b>		2 FILER NAME <b>DR. BUDDY BONNER</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>3/23/21</b>		5 Payee name <b>PRINT PLACE</b>			
6 Amount (\$) <b>\$ 67.32</b>		7 Payee address; City; State; Zip Code <b>1130 Avenue H ARLINGTON TX 76011</b>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>PRINTING EXPENSE</b>		(b) Description <b>SIGNS</b>		
	(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 ONLY if direct expenditure to benefit C/OH					
Date <b>4/2/21</b>		Candidate / Officeholder name <b>Metro Mailer</b>			
Amount (\$) <b>3590.00</b>		Payee address; City; State; Zip Code <b>5719 E ROSEDALE #809 FW TX 76112</b>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>ADVERTISING</b>		Description <b>MAILER</b>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH					
Date <b>4/2/21</b>		Candidate / Officeholder name <b>First Graphic Services</b>			
Amount (\$) <b>\$1001.00</b>		Payee address; City; State; Zip Code <b>229 GARVON ST GARLAND TX 75040</b>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>PRINTING EXPENSE</b>		Description <b>SIGNS</b>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH					
Date		Candidate / Officeholder name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <u>2</u>	<b>2</b> FILER NAME <u>DR. BUDDY BONNER</u>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <u>4/16/21</u>	<b>5</b> Payee name <u>CASTLE HILLS MASTER ASSOCIATION</u>	
<b>6</b> Amount (\$) <u>\$300</u>	<b>7</b> Payee address; City; State; Zip Code <u>4400 SH 121 Ste 900 LEWISVILLE TX 75056</u>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <u>ADVERTISING</u>	<b>(b)</b> Description <u>MAILER</u>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
<b>Date</b> <u>4/10/21</u>	<b>Payee name</b> <u>PRINT PLACE</u>	
<b>Amount (\$)</b> <u>\$606.42</u>	<b>Payee address; City; State; Zip Code</b> <u>1130 AVENUE H ARLINGTON TX 76011</u>	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) <u>PRINTING EXPENSE</u>	<b>Description</b> <u>SIGNS</u>
	<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	Office sought      Office held
<b>Date</b> <u>4/17</u>	<b>Payee name</b> <u>TAYLOR WILLIAMS / TAYLOR'D TEES</u>	
<b>Amount (\$)</b> <u>\$225.00</u>	<b>Payee address; City; State; Zip Code</b> <u>708 oakridge LAKE Dallas TX 75065</u>	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) <u>PRINTING EXPENSE</u>	<b>Description</b> <u>CLOTHING</u>
	<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	Office sought      Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

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

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: 1	<b>2</b> FILER NAME DR. PUPPY BONNER	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
<b>5</b> Date 4/1/21	<b>6</b> Payee name DATUM MASTER CARD	
<b>7</b> Amount (\$) \$2162.61	<b>8</b> Payee address; City; State; Zip Code 1601 S. EDMONDS LEWISVILLE TX 75067	
<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule)	<b>(b)</b> Description CHARGED ITEMIZED/NON-ITEMIZED
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>11</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

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