

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 13
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI DR BUDDY NICKNAME LAST SUFFIX BOUNDER	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX APT / SUITE # CITY STATE ZIP CODE 505 PREXEL DRIVE LEWISVILLE, TX 75067	Date Received Received MAR 29 2021 LISD / Supt Ofc	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (469) 647-0911	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI MR ALEX NICKNAME LAST SUFFIX BRUCE	Receipt #	Amount \$
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE) APT / SUITE # CITY STATE ZIP CODE 1400 MOCCASIN #6 LEWISVILLE TX 75077	Date Processed	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (214) 900-5940	Date Imaged	
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 1 / 1 / 2021 THROUGH 3 / 22 / 2021		
11 ELECTION	ELECTION DATE Month Day Year 5 / 1 / 2021	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special <u>LOCAL SCHOOL BOARD</u>	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) LEWISVILLE ISD - PLACE ONE	
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.		
<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

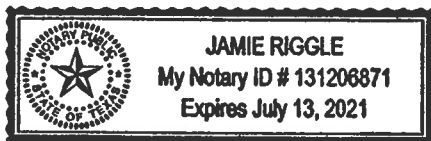
15 C/OH NAME <i>Dr. Buddy Bonner</i>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <i>303.⁰⁰</i>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>3310.⁰⁰</i>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ <i>255.¹⁰</i>
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>7390.99</i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <i>5748.13</i>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <i>0.</i>

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 29th day of March

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 BONNER</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>3310</i>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>0</i>
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ <i>0</i>
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ <i>0</i>
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>3923.09</i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ <i>0</i>
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>0</i>
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ <i>3212.00</i>
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <i>0</i>
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ <i>0</i>
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>0</i>
12.	<input type="checkbox"/> SCHEDULE K: INTEREST CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ <i>0</i>

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:

7

2 FILER NAME

DR BUDDY BONNER

3 Filer ID (Ethics Commission Filers)

4 Date

1-13-21

5 Full name of contributor out-of-state PAC (ID# _____)

JULIENNE UHLICH

7 Amount of contribution (\$)

\$100.00

6 Contributor address: City: State: Zip Code

2929 FLEET AUSTIN TX 78748

8 Principal occupation / Job title (See Instructions)

CONSULTANT

9 Employer (See Instructions)

Date

1-17-21

Full name of contributor out-of-state PAC (ID# _____)

Rebecca BONNER

Amount of contribution (\$)

\$5.00

Contributor address: City: State: Zip Code

605 Drexel Dr. Lewisville TX 75067

Principal occupation / Job title (See Instructions)

EDUCATOR

Employer (See Instructions)

Date

1-18-21

Full name of contributor out-of-state PAC (ID# _____)

Tim Chaffin

Amount of contribution (\$)

\$100.00

Contributor address: City: State: Zip Code

11669 Shannon Dr. Lewisville TX 75077

Principal occupation / Job title (See Instructions)

COMPENSATION ADMINISTRATOR

Employer (See Instructions)

Date

1-18-21

Full name of contributor out-of-state PAC (ID# _____)

ERIC LONG

Amount of contribution (\$)

\$25.00

Contributor address: City: State: Zip Code

108 RUSSELL HIGHLAND VILLAGE TX 75077

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.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 7
2 FILER NAME DR. BUDDY BOWNER		3 Filer ID (Ethics Commission Filers)
4 Date 1-18-21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) JIM GERBER	7 Amount of contribution (\$) \$ 20.00
6 Contributor address: City: State: Zip Code 5203 TIMBER PARK FLOWER MOUND TX 75028		
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions)
Date 1-19-21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) BILL LAURENCE	Amount of contribution (\$) \$ 220.00
Contributor address: City: State: Zip Code 228 CHRYSLER TRAIL HIGHLAND VILLAGE TX 75077		
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions)
Date 1-19-21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) RAIGE PRICKSTOVEN	Amount of contribution (\$) \$ 100.00
Contributor address: City: State: Zip Code 1268 LOGAN DR LEWISVILLE TX 75077		
Principal occupation / Job title (See Instructions) onboarding specialist and development manager		Employer (See Instructions)
Date 1-19-21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rody Durham	Amount of contribution (\$) \$ 25.00
Contributor address: City: State: Zip Code 622 HIGHLAND MEADOWS, HIGHLAND VILLAGE TX 75077		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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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 7
2 FILER NAME DR. BUDDY BONNER		3 Filer ID (Ethics Commission Filers)
4 Date 1-20-21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) CHRIS PATTON	7 Amount of contribution (\$) \$100.00
6 Contributor address: City: State: Zip Code 603 SANTA FE HIGHLAND VILLAGE TX 75077		
8 Principal occupation / Job title (See Instructions) HOME MAKER		9 Employer (See Instructions)
Date 1-20-21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) MICHAEL CASTLEBERRY	Amount of contribution (\$) \$50.00
Contributor address: City: State: Zip Code 145 BAIRD HIGHLAND VILLAGE TX 75077		
Principal occupation / Job title (See Instructions) ACCOUNTANT		Employer (See Instructions)
Date 1-21-21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) SHARI MAYES	Amount of contribution (\$) \$35.00
Contributor address: City: State: Zip Code 1530 GLENMOPE DR HENNINGVILLE TX 75067		
Principal occupation / Job title (See Instructions) EDUCATOR		Employer (See Instructions)
Date 1-21-21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) JOSH MOURRE	Amount of contribution (\$) \$50.00
Contributor address: City: State: Zip Code 40 REMINGTON TERRACE HIGHLAND VILLAGE TX 75077		
Principal occupation / Job title (See Instructions) EDUCATOR		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.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 7
2 FILER NAME DR. BUDDY BONNER		3 Filer ID (Ethics Commission Filers)
4 Date 1/23/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) PAM BRYANT	7 Amount of contribution (\$) 25.⁰⁰
6 Contributor address: City: State: Zip Code 3513 CASTLEWOOD FLOWER MOUND TX 75020		
8 Principal occupation / Job title (See Instructions) EDUCATOR		9 Employer (See Instructions)
Date 1-23-21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) JULIE FOUGHTY	Amount of contribution (\$) \$100.⁰⁰
Contributor address: City: State: Zip Code 6624 BRIAR RIDGE PLAND TEXAS 75024		
Principal occupation / Job title (See Instructions) HOME MAKER		Employer (See Instructions)
Date 2-1-21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) CRIS MANNING	Amount of contribution (\$) \$200.⁰⁰
Contributor address: City: State: Zip Code 917 EXCALIBUR HIGHLAND VILLAGE TX 75077		
Principal occupation / Job title (See Instructions) ACCOUNT MANAGER		Employer (See Instructions)
Date 2-2-21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) PAM NELSON	Amount of contribution (\$) \$100.⁰⁰
Contributor address: City: State: Zip Code 8005 LIVERSHIRE HIGHLAND VILLAGE TX 75077		
Principal occupation / Job title (See Instructions) VOLUNTEER		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.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1 7
2 FILER NAME DR. BUDDY BONNER		3 Filer ID (Ethics Commission Filers)
4 Date 2-7-21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) ALEX BOUCH 6 Contributor address: City: State: Zip Code 806 LAKE BREEZE HIGHLAND VILLAGE TX 75077	7 Amount of contribution (\$) \$1000.00
8 Principal occupation / Job title (See Instructions) COMMERCIAL REAL ESTATE		9 Employer (See Instructions)
Date 2-8-21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) ALLISON STAMEN Contributor address: City: State: Zip Code 1132 BREEZEWOOD LEWISVILLE TX 75077	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) TEACHER		Employer (See Instructions)
Date 2-8-21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Delord Dennis Contributor address: City: State: Zip Code 810 GREEN VALLEY HIGHLAND VILLAGE TX 75077	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) HOMEOWNER		Employer (See Instructions)
Date 2-8-21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) DEBBIE FICHETS Contributor address: City: State: Zip Code 108 GLASGOW CT HIGHLAND VILLAGE TX 75077	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) RETIRED		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.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1 7
2 FILER NAME DR. BUDDY BOWSER		3 Filer ID (Ethics Commission Filers)
4 Date 2-9-21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rob Myer	7 Amount of contribution (\$) \$50.00
6 Contributor address: City: State: Zip Code 3212 PARKHURST HIGHLAND VILLAGE TX 75077		
8 Principal occupation / Job title (See Instructions) EDUCATOR		9 Employer (See Instructions)
Date 2-10-21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) GUNNY MARSHALL	Amount of contribution (\$) \$100.00
Contributor address: City: State: Zip Code 1364 NUÑEZ KY 4E TX 76040		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 2-19-21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) DAVID TAYLOR	Amount of contribution (\$) \$50.00
Contributor address: City: State: Zip Code 2504 PINEWOOD FLOWER MOUND TX 75028		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 2-22-21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) MICHAEL TUGGLE	Amount of contribution (\$) \$500.00
Contributor address: City: State: Zip Code 2205 GIBBORNE FLOWER MOUND TX 75028		
Principal occupation / Job title (See Instructions) MEDIA COMMUNICATIONS CONSULTANT		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 7
2 FILER NAME DR. BUDDY POWNER		3 Filer ID (Ethics Commission Filers)
4 Date 3-10-21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) LAVIA DUMKE	7 Amount of contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code 2001 BIERSTADT HIGHLAND VILLAGE TX 75077	
8 Principal occupation / Job title (See Instructions) REALTOR		9 Employer (See Instructions)
Date 3-15-21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) ROB MYER	Amount of contribution (\$) \$50.00
	Contributor address; City; State; Zip Code 3212 PARKHURST HIGHLAND VILLAGE TX 75077	
Principal occupation / Job title (See Instructions) EDUCATOR		Employer (See Instructions)
Date 3-16-21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) MARY REGAN	Amount of contribution (\$) \$50.00
	Contributor address; City; State; Zip Code 3128 MIGNON RIDGE FLOWER MOUND TX 75022	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3-21-21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Allison Smith	Amount of contribution (\$) \$50
	Contributor address; City; State; Zip Code 152 Red Oak Ln Flower Mound Tx 75028	
Principal occupation / Job title (See Instructions) Educator		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>		

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 2	2 FILER NAME DR. BUDDY BONNER	3 Filer ID (Ethics Commission Filers)
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4 Date 1-29-21	5 Payee name DATU
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6 Amount (\$) \$54.12	7 Payee address; City; State; Zip Code 1001 S. EDMONDS LEWISVILLE TX 75067
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FEES	(b) Description BANKING FEES
	(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	Candidate / Officeholder name	Office sought	Office held
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Date 1-22-21	Payee name CGL MARKETING
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Amount (\$) \$268.75	Payee address; City; State; Zip Code 1301 JUSTIN RD STE 201 LEWISVILLE TX 75077
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	Description CARDS & BADGE
	<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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Date 3-5-21	Payee name CGL MARKETING
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Amount (\$) \$771.04	Payee address; City; State; Zip Code 1301 JUSTIN ROAD STE 201 LEWISVILLE TX 75077
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	Description BANNER
	<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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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 | 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 <u>2</u>	2 FILER NAME <u>DR BUDDY BONNER</u>	3 Filer ID (Ethics Commission Filers)
4 Date <u>3-1-21</u>	5 Payee name <u>DATCH MASTER CARD</u>	
6 Amount (\$) <u>\$3,429.18</u>	7 Payee address, City, State, Zip Code <u>1601 S. EDMONDS LEWISVILLE TX 75067</u>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>CREDIT CARD PAYMENT</u>	(b) Description <u>CHARGED ITEMIZED / NON-ITEMIZED</u>
	(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	Office sought Office held

Date	Payee 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date	Payee 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 <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	Printing 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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 1	2 FILER NAME DR. BUDDY BONNER	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 2762.00
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5 Date 1-22-21	6 Payee name FIRST GRAPHIC SERVICES
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7 Amount (\$) \$ 2762.00	8 Payee address: 229 GARNON ST GARLAND TX 75040	City:	State:	Zip Code:
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political	<input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description SIGNS & BRACKETS
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2-6-21	Payee name TRACTOR SUPPLY
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Amount (\$) \$ 450.00	Payee address: 1200 S LOOP 208 DENTON TX 76205	City:	State:	Zip Code:
--------------------------	---	-------	--------	-----------

TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political	<input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description POSTS
	<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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED