

# 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: **4**

|  |                              |                        |                 |                        |
|--|------------------------------|------------------------|-----------------|------------------------|
| <b>3</b> CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR<br><b>Mrs.</b> | FIRST<br><b>Brenda</b> | MI<br><b>K.</b> | <b>OFFICE USE ONLY</b> |
|  | NICKNAME                     | LAST<br><b>Bundick</b> | SUFFIX          |                        |

|   |                                       |       |        |          |
|---|---------------------------------------|-------|--------|----------|
| <b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS | ADDRESS / PO BOX; APT / SUITE #;      | CITY; | STATE; | ZIP CODE |
| <input type="checkbox"/> Change of Address        | <b>26724 FM 362, Waller, TX 77484</b> |       |        |          |

|   |           |                       |           |
|---|-----------|-----------------------|-----------|
| <b>5</b> CANDIDATE / OFFICEHOLDER PHONE | AREA CODE | PHONE NUMBER          | EXTENSION |
|   |           | <b>(832) 600 7949</b> |           |

|                                  |                              |                         |                 |                        |
|----------------------------------|------------------------------|-------------------------|-----------------|------------------------|
| <b>6</b> CAMPAIGN TREASURER NAME | MS / MRS / MR<br><b>Mrs.</b> | FIRST<br><b>Carolyn</b> | MI<br><b>D.</b> | <b>OFFICE USE ONLY</b> |
|                                  | NICKNAME                     | LAST<br><b>Riley</b>    | SUFFIX          |                        |
| Date Received                    |                              |                         |                 |                        |
| <b>Waller County Elections</b>   |                              |                         |                 |                        |

|   |  |       |        |          |
|---|--|-------|--------|----------|
| <b>7</b> CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS NO PO BOX PLEASE); APT / SUITE #; | CITY; | STATE; | ZIP CODE |
|   | <b>29263 Bunting Rd. Waller, TX 77484</b>        |       |        |          |

|                                   |           |                       |           |
|-----------------------------------|-----------|-----------------------|-----------|
| <b>8</b> CAMPAIGN TREASURER PHONE | AREA CODE | PHONE NUMBER          | EXTENSION |
|                                   |           | <b>(713) 306 0979</b> |           |

|                      |  |  |  |  |
|----------------------|--|--|--|--|
| <b>9</b> REPORT TYPE | <input type="checkbox"/> January 15 <input 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 checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)              |  |  |  |

|                          |                       |         |                       |
|--------------------------|-----------------------|---------|-----------------------|
| <b>10</b> PERIOD COVERED | Month    Day    Year  | THROUGH | Month    Day    Year  |
|                          | <b>01 / 26 / 2018</b> |         | <b>02 / 24 / 2018</b> |

|                    |                       |   |  |
|--------------------|-----------------------|---|--|
| <b>11</b> ELECTION | ELECTION DATE         | ELECTION TYPE   |  |
|                    | Month    Day    Year  |   |  |
|                    | <b>03 / 06 / 2018</b> | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description<br><input type="checkbox"/> General <input type="checkbox"/> Special |  |

|                  |  |
|------------------|--|
| <b>12</b> OFFICE | OFFICE HELD (if any)                   |
|                  | <b>Justice of the Peace Precinct 2</b> |

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME Brenda K. Bundick 15 Filer ID (Ethics Commission Filers)

16 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.

|   |                |                                      |
|---|----------------|--------------------------------------|
| <input type="checkbox"/> GENERAL<br><br><input type="checkbox"/> SPECIFIC | COMMITTEE TYPE | COMMITTEE NAME                       |
|   |                | COMMITTEE ADDRESS                    |
|   |                | COMMITTEE CAMPAIGN TREASURER NAME    |
|   |                | COMMITTEE CAMPAIGN TREASURER ADDRESS |

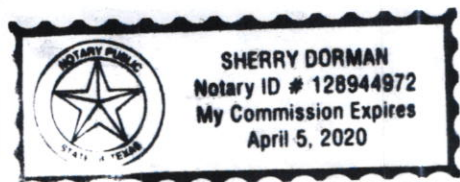
Additional Pages

|                         |   |          |
|-------------------------|---|----------|
| 17 CONTRIBUTION TOTALS  | 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$       |
|                         | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)                                  | \$       |
| EXPENDITURE TOTALS      | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED   | \$       |
|                         | 4. TOTAL POLITICAL EXPENDITURES   | \$ 95.25 |
| CONTRIBUTION BALANCE    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD                                    | \$ .00   |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD                         | \$ .06   |

18 AFFIDAVIT

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 K. Bundick  
Signature of Candidate or Officeholder



AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Brenda K. Bundick, this the 26 day of Feb., 2018, to certify which, witness my hand and seal of office.

Sherry Dorman Signature of officer administering oath  
Sherry Dorman Printed name of officer administering oath  
Notary Title of officer administering oath

**SUBTOTALS - C/OH**

**FORM C/OH  
COVER SHEET PG 3**

|   |   |  |
|---|---|--|
| 19 FILER NAME<br><i>Brenda K. Bundick</i> |   | 20 Filer ID (Ethics Commission Filers) |
| 21 SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE |   | SUBTOTAL<br>AMOUNT                     |
| 1.  | <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                      | \$                                     |
| 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              | \$                                     |
| 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             | \$ <i>95.<sup>25</sup></i>             |
| 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 | \$                                     |

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

# 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

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)

The Instruction Guide explains how to complete this form.

|   |  |  |
|---|--|--|
| <b>1</b> Total pages Schedule G:<br><p style="text-align:center;">1</p>   | <b>2</b> FILER NAME<br><p style="text-align:center;">Brenda K. Bundrick</p>  | <b>3</b> Filer ID (Ethics Commission Filers)   |
| <b>4</b> Date<br><p style="text-align:center;">02/22/18</p>   | <b>5</b> Payee name<br><p style="text-align:center;">Waller Times</p>  |  |
| <b>6</b> Amount (\$)<br><p style="text-align:center;">95.25</p><br><input type="checkbox"/> Reimbursement from political contributions intended | <b>7</b> Payee address; City; State; Zip Code<br><p style="text-align:center;">2323 main st. Waller, TX 77484</p>                |  |
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b>   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br><p style="text-align:center;">Advertising Expense</p> | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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   |
| Date  | Payee name   |  |
| Amount (\$)<br><br><input type="checkbox"/> Reimbursement from political contributions intended   | Payee address; City; State; Zip Code   |  |
| <b>PURPOSE OF EXPENDITURE</b>   | Category (See Categories listed at the top of this schedule)   | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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 (\$)<br><br><input type="checkbox"/> Reimbursement from political contributions intended   | Payee address; City; State; Zip Code   |  |
| <b>PURPOSE OF EXPENDITURE</b>   | Category (See Categories listed at the top of this schedule)   | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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

### 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            | 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.

|  |   |  |
|--|---|--|
| <b>1</b> Total pages Schedule F4:                                    | <b>2</b> FILER NAME   | <b>3</b> Filer ID (Ethics Commission Filers)   |
| <b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD   |   | <b>\$</b>  |
| <b>5</b> Date  | <b>6</b> Payee name   |  |
| <b>7</b> Amount (\$)   | <b>8</b> Payee address; City; State; Zip Code                             |  |
| <b>9</b> TYPE OF EXPENDITURE   | <input 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<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| <b>11</b> 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                                      |  |
| <b>TYPE OF EXPENDITURE</b>   | <input type="checkbox"/> Political <input type="checkbox"/> Non-Political |  |
| <b>PURPOSE OF EXPENDITURE</b>  | Category (See Categories listed at the top of this schedule)              | <b>Description</b><br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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   |

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