CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

OFFICEHOLDER NME Mrs. Amanda Functional formation of the formation	The C/OH Instruction	Guide explains how to co	mplete this form.	1 Filer ID (Ethics Commis 00000061	ssion Filers)	2 Total pages	filed: 5
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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2 2 of 5

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13 C / OH NAME	Cunningham, Amand	a (Mrs.)	14 Filer ID 00000061	(Ethics Commission Filers)		
15 NOTICE FROM POLITICAL COMMITTEE(S)	FROM candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or POLITICAL consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures.					
Additional Pages		COMMITTEE NAME				
	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC SPECIFIC					
		COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDR	ESS			
				1		
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER TH ES OF LOANS, OR CONTRIBUTIONS MADE EL		, \$ 0.00		
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAI	NS)	\$ 0.00		
EXPENDITURE TOTALS				\$ 0.00		
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 200.00		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD			\$ 0.00		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD			\$ 0.00		
17 AFFIDAVIT		l swear, or affirm, under pena true and correct and includes under Title 15, Election Code	all information required			
		Mrs. /	Amanda Cunningham	1		
		Signature	of Candidate or Officeho	older		
AFFIX NO	TARY STAMP / SEAL AB	DVE				
		aid	, this the	day		
of	, 20, to cr	ertify which, witness my hand and seal of office.				
Signature of offic	cer administering	Printed name of officer administering	Title of office	er administering oath		
Forms provided by Te	xas Ethics Commissior	www.ethics.state.tx.us		Version V4.1.0.d378aba		

SUBTOTALS - C/OH	FORM C/OH OVER SHEET PG 3 3 of 5	
18 FILER NAME Cunningham, Amanda (Mrs.)	19 Filer ID 00000061	(Ethics Commission Filers)
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE	1	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE E: LOANS		\$
5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$ 25.00
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTI	ONS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9. X SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$ 175.00	
10. SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

Candidate/Officeholder/Politica		EXPENDITURE CATEGO Event Expense Fees Food/Beverage Expense Citl/Awards/Memorials Expense Legal Services	Loan Repayme Office Overhea Polling Expense Printing Expense	nt/Reimbursement d/Rental Expense e se	Transportation Travel in Distric Travel Out of D	
Credit Card Payment		The Instruction Guide explains	s how to comple	ete this form.		
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Date	5 Payee name					
Amount (\$) \$25.00	7 Payee addre 1505 Geor	ge Dieter Dr. Ste 109	e; Zip Code			
PURPOSE OF EXPENDITURE			chedule) (b)	Check if travel ou		
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		iceholder name	Office sought		Office h	eld
	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment Total pages Schedule F1: Sch: 1/1 Rpt: 4/5 Date L2/09/2024 Amount (\$) \$25.00 PURPOSE OF EXPENDITURE	Accounting/Banking Consulting Expense Contributions/ Donations Made By- Candidate/Officeholder/Political Committee Credit Card Payment Total pages Schedule F1: Sch: 1/1 Rpt: 4/5 Date 5 Payee name Post Net 2/09/2024 7 Payee addres \$25.00 FURPOSE 0F EXPENDITURE (a) Category (s Printing Exp	Advertising Expense Accounting/Banking Consulting Expense Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Credit Card Payment The Instruction Guide explains Total pages Schedule F1: Sch: 1/1 Rpt: 4/5 2 FILER NAME Cunningham, Amanda (Mrs.) Date 5 Payee name Post Net L2/09/2024 7 Payee address; Distributions/ Second Post Net Amount (\$) 7 Payee address; OF EXPENDITURE Citegory (See Categories listed at the top of this se Printing Expense Output (a) Category (See Categories listed at the top of this se Printing Expense Complete ONLY if direct Candidate/Officeholder name	Advertising Expense Accounting/Banking Consulting Expense Candidate/Officeholder/Political Committee Credit Card Payment Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayme Office Overfeas Polling Expense Salaries/Wages Contributions/Donations Made By- Candidate/Officeholder/Political Committee Filler NAME Cunningham, Amanda (Mrs.) Polling Expense Salaries/Wages Total pages Schedule F1: Sch: 1/1 Rpt: 4/5 2 FILER NAME Cunningham, Amanda (Mrs.) The Instruction Guide explains how to complete Countingham, Amanda (Mrs.) Oate 5 Payee name Post Net Total pages Schedule F1: S25.00 7 Payee address; City; State; Zip Code 1505 George Dieter Dr. Ste 109 EI Paso, TX 79936 EI Paso, TX 79936 (b) Printing Expense OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Printing Expense (b)	AccountingBanking Consulting Expense Contributions/ Donations Made By- Candidate/Officeholder/Political Committee Fees Food/Beverage Expense Git/Awards/Memorials Expense Legal Services Office Overhead/Rental Expense Polling Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form. The Instruction Guide explains how to complete this form. Total pages Schedule F1: Sch: 1/1 Rpt: 4/5 2 FILER NAME Cunningham, Amanda (Mrs.) Salaries/Wages/Contract Labor Total pages Schedule F1: Sch: 1/1 Rpt: 4/5 5 Payee name Post Net Salaries/Wages/Contract Labor Date 5 Payee name Post Net State; Zip Code Salaries/Wages/Contract Labor Amount (\$) 7 Payee address; City; State; Zip Code State; Zip Code State; 5 Payee address; City; State; Zip Code State; Check if travel o State; 6 Querter Dr. Ste 109 El Paso, TX 79936 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Printing Expense (b) Description Check if austin, Flyers Complete ONLY if direct Candidate/Officeholder name Office sought	Advertising Expense Accounting/Banking Consuting Expense Consuting Expense Consuting Expense Event Expense Fees Contributions Donations Made By - Candidate/Office/Off

	POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G					
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1	Total pages Schedule G: Sch: 1/1 Rpt: 5/5	2 FILER NAME Cunningham, Amanda (Mrs.)		3 Filer ID (Ethics Commission Filers) 00000061		
4	Date 12/11/2024	5 Payee name All Print				
6	Amount (\$) \$175.00	7 Payee address; City; State; Zip C t 7230-D Gateway E	Code			
	X Reimbursement from political contributions intended	El Paso, TX 79915				
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description [[Stickers and flye	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		