CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Guide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 6	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST William Darrell	MI	OFFICE USE ONLY	
	NICKNAME	Hunter	SUFFIX	Guadalupe Co Elections	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	PO Box 1713	3, Seguin, Texas 7	CITY; STATE: ZIP CODE 8156	JAN 3 1 2022	
Change of Address				Received	
5 CANDIDATE/ OFFICEHOLDER PHONE	(830)	303-7279	EXTENSION	Date Hand-delivered or Date Postmarked Receipt # Amount \$	
6 CAMPAIGN TREASURER	MS / MRS / MR Mrs	FIRST Robin	MI		
NAME	NICKNAME	LAST	SUFFIX	Date Processed	
		Villarreal		Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		no po вох please); арт / s В, Seguin, Texas 7		STATE; ZIP CODE	
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER 237-3948	EXTENSION		
9 REPORT TYPE	January 15	30th day before 6	Supported Medified	15th day after campaign treasurer appointment (Officeholder Only)	
	July 15	8th day before ele	Reporting Limit	Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month 1	Day Year / 15 / 22	THROUGH 1	Day Year / 31 / 22	
11 ELECTION	Month Day 5 / 1	Year Primary 22 General	ELECTION TYPE Runoff Other Description Special		
12 OFFICE	Justice of t	he Peace, Pct 1	13 OFFICE SOUGHT (if known Justice of the P		
14 NOTICE FROM POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEE(S) THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL THE CANDIDATE'S OR OFFICE CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE.			DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR		
	COMMITTEE TYPE	COMMITTEE NAME			
Additional Pages	GENERAL	COMMITTEE ADDRESS			
SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME					
COMMITTEE CAMPAIGN TREASURER ADDRESS					
GO TO PAGE 2					

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

O7 (1011 7 (1 O)	TI III TITOLI TELI OITT				
15 C/OH NAME William Darrell Hunter		16 Filer	ID (Ethics Co	ommission Filers)	
17 CONTRIBUTION 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)			\$		
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 2	,050.00	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.		\$		
	4. TOTAL POLITICAL EXPENDITURES		\$	500.00	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	ST DAY	\$ 2	,050.00	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	F THE	\$ 2	,056.75	
required to be reported by me under Title 15, Election Code. Signature of Candidate or Officeholder					
	Please complete either option below	v:			
VERNA MATA Notary Public, State of Texas Comm. Expires 08-31-2025 Notary ID 12802984-5					
NOTARY STAMP/SEA	L				
Sworn to and subscribed before me by William Darvell Hunter this the 315td day of January					
20 27 , to certify which, witness my hand and seal of office.					
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath					
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					
		state) ((zip code)	(country)	
Executed in	County, State of , on the day of(month	۱)	_, 20		
		,			
	Signature of Candid	date/Office	eholder (Dec	larant)	

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Ethics Commission Filers		ion Filers)	
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS			2,050.00
2.	2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS			
3.	3. SCHEDULE B: PLEDGED CONTRIBUTIONS			
4.	4. SCHEDULE E: LOANS			
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			500.00
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS			
8.	3. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD			
9.	■ SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS			2,056.75
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH			
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$	
12.	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:
² FILER NAME William Da	arrell Hunter		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC Steve Tschoepe	C (ID#:)	7 Amount of contribution (\$)
01/11/2022	6 Contributor address; City;	State; Zip Code	100.00
	Seguin, Texas 78155		100100
	pation / Job title (See Instructions)	9 Employer (See Instruct	
Realtor		Century 21 United-I	D & D
Date		C (ID#:)	Amount of contribution (\$)
01/20/2022	Jody & Jud Alexander		00000
0172072022	Contributor address; City;	State; Zip Code	200.00
	Seguin, Texas 78155		
Principal occup Business Ow	ation / Job title (See Instructions) NET	Employer (See Instruct Alexander Oil Comp	100
Date	Full name of contributor out-of-state PAG	C (ID#:)	Amount of contribution (\$)
04/00/0000	Auto Group of Seguin		
01/26/2022	Contributor address; City;	State; Zip Code	1,000.00
	Seguin, Texas 78155		.,
	eation / Job title (See Instructions)	Employer (See Instruc	tions)
Vehicle Deale	er	Owner	
Date	Full name of contributor out-of-state PAC	C (ID#:)	Amount of contribution (\$)
	Kim & Debra Grier		
01/26/2022	Contributor address; City;	State; Zip Code	500.00
	Marion, Texas 78124		300.00
	eation / Job title (See Instructions)	Employer (See Instruc	tions)
Retired			

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:			
2 FILER NAME William Da	arrell Hunter	3 Filer ID (Ethics Commission Filers)			
4 Date 01/26/2022	5 Full name of contributor out-of-state PAC (ID#:) Roger or Debra Hurt 6 Contributor address; City; State; Zip Code Kinsbury, Texas 78638				
8 Principal occup Retired	pation / Job title (See Instructions) 9 Employer (S	See Instructions)			
Date 01/27/2022	Full name of contributor out-of-state PAC (ID#:	50 00			
	Seguin, Texas 78155	00100			
Principal occup	eation / Job title (See Instructions) Employer (S	See Instructions)			
Date	Full name of contributor out-of-state PAC (ID#: Contributor address; City; State; Zip C				
Principal occupation / Job title (See Instructions) Employer (See Instructions)					
Date	Full name of contributor out-of-state PAC (ID#:				
Principal occupation / Job title (See Instructions) Employer (See Instructions)					
	ATTACH ADDITIONAL COPIES OF THIS SCHED	OULF AS NEEDED			

If contributor 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 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.

		×		
1 Total pages Schedule F1:	2 FILER NAME William Darrell Hunter		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name			
01/28/2022	Seguin Gazette Enterprise			
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	
500.00	Seguin, Texas 78155			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE	Advertising	Newspaper Advertising		
OF EXPENDITURE	-			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought	Office held	
Date	Payee name			
Amount (\$)	Payee address;	City;	State; Zip Code	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	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		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	