CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how t	o complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:		
			MI			
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	John D	5	OFFICE USE ONLY Date Received		
	NICKNAME	Dunnar	SUFFIX 20	25 AUG 05 16:38:51		
4 CANDIDATE /	ADDRESS / PO BOX;		CITY: STATE; ZIP CODE			
OFFICEHOLDER MAILING ADDRESS	Brenhan, Tx 77833					
Change of Address	Le Company) Riennem, 17	0 1 1 8 3 3			
5 CANDIDATE/ OFFICEHOLDER PHONE	(919)	PHONE NUMBER 421-287	EXTENSION -	Date Hand-delivered or Date Postmarked Receipt # Amount \$		
6 CAMPAIGN TREASURER NAME	MS / MRS (MR)	JOHN	MI	Date Processed 0/5/2025		
	NICKNAME	BARENLI	SUFFIX	Date Imaged 8 5 2085		
7 CAMPAIGN TREASURER ADDRESS		NO PO BOX PLEASE); APT /	SUITE#; prell tell Rd	STATE; ZIP CODE		
(Residence or Business)	13	nenham Tx	0-11179			
8 CAMPAIGN TREASURER PHONE	(975)	836-6717	EXTENSION			
9 REPORT TYPE	January 15	30th day before	e 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	Month	Day Year	Month	Day Year		
COVERED	61/01/2025 THROUGH 6/30/2025					
11 ELECTION	ELECTION DA		ELECTION TYP	PE .		
	Month Day	Year Primar	Runoff Other Description			
	/ /	Gener	al Special			
12 OFFICE	OFFICE HELD (if any)	\	13 OFFICE SOUGHT (if known	wn)		
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				
Additional Pages	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME					
	COMMITTEE CAMPAIGN TREASURER ADDRESS					
	1					
		GO TO	O PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	John Dunnenberger	16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAT PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ O
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0
EXPENDITURE	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 0
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE L OF REPORTING PERIOD	AST DAY \$2593,27
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS LAST DAY OF THE REPORTING PERIOD	OF THE \$
	swear, or affirm, under penalty of perjury, that the accompanying report is tequired to be reported by me under Title 15, Election Code.	rue and correct and includes all information
	Jest Du	1
	Signature of	Candidate or Officeholder
	Please complete either option belo	ow:
(1) Affidavit		
(1) Amauric		
NOTADY STAND (SE	A1	
NOTARY STAMP/SE		
Sworn to and subscribe	ed before me by this the	ne,
20, to certif	fy which, witness my hand and seal of office.	
Signature of officer adminis	stering oath Printed name of officer administering oath	Title of officer administering oath
	OR	
(2) Unsworn Declara	tion	
My name is 2000 My address is 2000	In L. Durren berger pand my date of birth	TX . 77833 . Washington
0/1/	(street) (city)	(state) (zip code) (country)
Executed in 5	12625 Sounty, State of EXAS, on the 54h day of H	mth) ust, 2025.

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Ethics	Commission Filers)
21	SUBTOTAL	
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 0
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	SCHEDULE E: LOANS	\$ 0
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ \$257.68
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ O
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/O	н \$ 0
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

July 15. Report

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 pet listed et al.)

Salaries/Wages/Contract Labor Credit Card Payment Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name 6 Amount (\$) Payee address; City; State; Zip Code 2900 Tunkey Cheen Lana Brenchan 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** OF Paint ang Expanse Christman Cands **EXPENDITURE** (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH 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 Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH 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 Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED