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: MS | FIRST: AMY | MI:
NICKNAME: | LAST: CLUNIE | SUFFIX:

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
☐ Change of Address
ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE: 208 N RIO GRANDE ST, LOCKHART, TX 78644

5 CANDIDATE/ OFFICEHOLDER PHONE
AREA CODE | PHONE NUMBER | EXTENSION: (281) 804-0253

6 CAMPAIGN TREASURER NAME
MS / MRS / MR: DR | FIRST: MINDA | MI:
NICKNAME: | LAST: MARKLE | SUFFIX:

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)
STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY, STATE, ZIP CODE: 1801 MIRIAM AVE UNIT 212, AUSTIN, TX 78702

CAMPAIGN TREASURER PHONE
AREA CODE | PHONE NUMBER | EXTENSION: (512) 944 6057

OFFICE USE ONLY
Date Received: RECEIVED OCT - 6 2025 CITY OF LOCKHART CITY SECRETARY'S OFFICE
Date Hand-delivered or Date Postmarked:
Receipt # | Amount $:
Date Processed:
Date Imaged:

9 REPORT TYPE
☐ January 15 ☒ 30th day before 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 COVERED
Month / Day / Year: 09 / 15 / 2025 THROUGH 10 / 06 / 2025

11 ELECTION
ELECTION DATE — Month / Day / Year: 11 / 04 / 2025
ELECTION TYPE: ☐ Primary ☐ Runoff ☒ Other ☐ General ☐ Special
Description: CITY COUNCIL

12 OFFICE
OFFICE HELD (if any):

13 OFFICE SOUGHT (if known):

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.

☐ Additional Pages

COMMITTEE TYPE: ☐ GENERAL ☐ SPECIFIC
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	AMY CLUNIE	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)	$
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 802.00
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	$
	4.	TOTAL POLITICAL EXPENDITURES	$ 994.12
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$

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.

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

KAREN J COLE
NOTARY PUBLIC, STATE OF TEXAS
ID# 132204853
COMM EXP 11-19-2027

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Karen Cole this the 6 day of October, 20 25, 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

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

cuted 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	20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	☑	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$ 802.00
2.	☑	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$ 219.69
3.	☐	SCHEDULE B: PLEDGED CONTRIBUTIONS	$
4.	☐	SCHEDULE E: LOANS	$
5.	☑	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ 994.12
6.	☐	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	$
7.	☐	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	$
8.	☑	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	$ 949.12
9.	☑	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	$ 45.00
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: 4

2 FILER NAME: MINDA MARKLE

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor / ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
8/29/25	JEN KERR 502 W. PRAIRIE LEA Lockhart TX 78644	$100.00

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)

Date	Full name of contributor / ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)
8/30/25	VANESSA GUITIERREZ 1010 MONTE VISTA Lockhart TX 78644	$1.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor / ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)
8/30/25	SARAH CLUNIE 202 CAREY LN Friendswood TX 77546	$1.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor / ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)
9/4/25	VANESSA GUITIERREZ 1010 MONTE VISTA Lockhart TX 78644	$40.00

Principal occupation / Job title (See Instructions)	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: 4
2 FILER NAME	3 Filer ID (Ethics Commission Filers)

4 Date	5 Full name of contributor / out-of-state PAC (ID#) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
9/5/25	DANI PEELE 1312 TORRES Lockhart TX 78644	$10.00
8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)	

Date	Full name of contributor / out-of-state PAC (ID#) / Contributor address; City; State; Zip Code	Amount of contribution ($)
9/5/25	BRIDGETTE PHELAN 302 ADDISON PLACE Lockhart TX 78644	$50.00
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	

Date	Full name of contributor / out-of-state PAC (ID#) / Contributor address; City; State; Zip Code	Amount of contribution ($)
9/5/25	AUSTEN MILLER 312 BELMONT PLACE Lockhart TX 78644	$25.00
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	

Date	Full name of contributor / out-of-state PAC (ID#) / Contributor address; City; State; Zip Code	Amount of contribution ($)
9/5/25	JESSICA MORRIS 312 BELMONT PLACE Lockhart TX 78644	$25.00
Principal occupation / Job title (See Instructions)	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: 4

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date	5 Full name of contributor / ☐ out-of-state PAC (ID#:)	6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
9/4/25	KAYE ASKINS	721 CHIHUAHUA Lockhart TX 78644	$100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date	Full name of contributor / ☐ out-of-state PAC (ID#:)	Contributor address; City; State; Zip Code	Amount of contribution ($)
9/4/25	TINA CANNON	1307 KINNEY Unit 150 Austin TX 78704	$50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor / ☐ out-of-state PAC (ID#:)	Contributor address; City; State; Zip Code	Amount of contribution ($)
9/4/25	JOANNE IRIZARRY	1223 W LIVE OAK ST Lockhart TX 78644	$50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor / ☐ out-of-state PAC (ID#:)	Contributor address; City; State; Zip Code	Amount of contribution ($)
9/5/25	JAMEE WARDEN	1308 Lakeview DR Lockhart TX 78644	$30.00

Principal occupation / Job title (See Instructions)

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: 4

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:)	7 Amount of contribution ($)
9/8/25	AYUSHI MEHTA	$70.00
	6 Contributor address; City; State; Zip Code: 129 C THRESHING RD Buda TX 78610	
8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)	

Date	Full name of contributor ☐ out-of-state PAC (ID#:)	Amount of contribution ($)
9/10/25	LISA HANSE	$250.00
	Contributor address; City; State; Zip Code: 900 CLEARFORK Lockhart TX 78644	
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	

Date	Full name of contributor ☐ out-of-state PAC (ID#:)	Amount of contribution ($)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	

Date	Full name of contributor ☐ out-of-state PAC (ID#:)	Amount of contribution ($)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)	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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2: 1
2 FILER NAME MINDA MARKLE / AMY CLUNIE	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS	$ $29.64

5 Date	6 Full name of contributor ☐ out-of-state PAC (ID#:)	8 Amount of Contribution $	9 In-kind contribution description
	BEN STEFFY	$29.64	signs
	7 Contributor address: 1045 REINLST City: Austin State: TX Zip Code 78723	☐ Check if travel outside of Texas. Complete Schedule T.	

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) staff	11 Employer (FOR NON-JUDICIAL) (See Instructions)
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	

Date	Full name of contributor ☐ out-of-state PAC (ID#:)	Amount of Contribution $	In-kind contribution description
	Contributor address: City: State: Zip Code	☐ Check if travel outside of Texas. Complete Schedule T.	

Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer (FOR NON-JUDICIAL) (See Instructions)
Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)
Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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; Accounting/Banking; Consulting Expense; Contributions/Donations Made By Candidate/Officeholder/Political Committee; 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.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4:	2 FILER NAME: MINDA MARKLE / AMY CLUNIE	3 FILER ID (Ethics Commission Filers):
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		$ 949.12

5 CREDIT CARD ISSUER — Name of financial institution: (DEBIT)

6 PAYMENT

(a) Amount Charged	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid
$ 48.58	9/4/25	

7 PAYEE

(a) Payee name	(b) Payee address; City, State, Zip Code
MICHAEL'S	

8 PURPOSE OF EXPENDITURE

- [x] Political
- [ ] Non-Political

(a) Category (See Categories listed at the top of this schedule): ADVERTISING EXPENSE

(b) Description: bandanas / buttons

(c) [ ] Check if travel outside of Texas. Complete Schedule T. [ ] Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name: AMY CLUNIE — Office Sought: CITY COUNCIL At Large — Office Held:

PAYMENT

(a) Amount Charged	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid
$ 21.65	9/4/25	

PAYEE

(a) Payee name	(b) Payee address; City, State, Zip Code
JC PENNEY'S	

PURPOSE OF EXPENDITURE

- [x] Political
- [ ] Non-Political

(a) Category (See Categories listed at the top of this schedule): ADVERTISING EXPENSE

(b) Description: handkerchiefs

(c) [ ] Check if travel outside of Texas. Complete Schedule T. [ ] Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name: AMY CLUNIE — Office Sought: city council At Large — Office Held:

PAYMENT

(a) Amount Charged	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid
$ 62.14	8/26/25	

PAYEE

(a) Payee name	(b) Payee address; City, State, Zip Code
PRINTING SOLUTIONS	

PURPOSE OF EXPENDITURE

- [x] Political
- [ ] Non-Political

(a) Category (See Categories listed at the top of this schedule): ADVERTISING EXPENSE

(b) Description: Stickers

(c) [ ] Check if travel outside of Texas. Complete Schedule T. [ ] Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name: AMY CLUNIE — Office Sought: city council At Large — Office Held:

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

2 of 4

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; Accounting/Banking; Consulting Expense; Contributions/Donations Made by Candidate/Officeholder/Political Committee; 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. USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4:	2 FILER NAME: MINDA MARKLE / AMY CLUNIE	3 FILER ID (Ethics Commission Filers):
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		$ 949.12
5 CREDIT CARD ISSUER	Name of financial institution: (DEBIT)	

6 PAYMENT

(a) Amount Charged	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid
$ 79.87	9/5/25	

7 PAYEE

(a) Payee name	(b) Payee address; City, State, Zip Code
Sticky Brand	

8 PURPOSE OF EXPENDITURE

- [x] Political
- [ ] Non-Political

(a) Category (See Categories listed at the top of this schedule): ADVERTISING EXPENSE

(b) Description: stickers

(c) [ ] Check if travel outside of Texas. Complete Schedule T. [ ] Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name: AMY CLUNIE; Office Sought: city council At-Large; Office Held:

PAYMENT

(a) Amount Charged	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid
$ 397.79	9/30/25	

PAYEE

(a) Payee name	(b) Payee address; City, State, Zip Code
YARD SIGN PLUS	

PURPOSE OF EXPENDITURE

- [x] Political
- [ ] Non-Political

(a) Category (See Categories listed at the top of this schedule): ADVERTISING EXPENSE

(b) Description: Yard signs

(c) [ ] Check if travel outside of Texas. Complete Schedule T. [ ] Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name: AMY CLUNIE; Office Sought: city council At-Large; Office Held:

PAYMENT

(a) Amount Charged	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid
$		

PAYEE

(a) Payee name	(b) Payee address; City, State, Zip Code

PURPOSE OF EXPENDITURE

- [ ] Political
- [ ] Non-Political

(a) Category (See Categories listed at the top of this schedule):

(b) Description:

(c) [ ] Check if travel outside of Texas. Complete Schedule T. [ ] Check if Austin, TX, officeholder living expense

Complete ONLY 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; Accounting/Banking; Consulting Expense; Contributions/Donations Made By Candidate/Officeholder/Political Committee; 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. USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4:	2 FILER NAME: MINDA MARKLE / AMY CUNIF	3 FILER ID (Ethics Commission Filers):
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		$ 949.12

5 CREDIT CARD ISSUER — Name of financial institution: CAP ONE

6 PAYMENT

(a) Amount Charged	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid
$ 285.78	9/5/25	

7 PAYEE

(a) Payee name	(b) Payee address; City, State, Zip Code
BIG FROG	

8 PURPOSE OF EXPENDITURE

☐ Political ☐ Non-Political

(a) Category (See Categories listed at the top of this schedule): ADVERTISING EXPENSE

(b) Description: tchotchkes

(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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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PAYMENT

(a) Amount Charged	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid
$		

PAYEE

(a) Payee name	(b) Payee address; City, State, Zip Code

PURPOSE OF EXPENDITURE

☐ Political ☐ Non-Political

(a) Category (See Categories listed at the top of this schedule):

(b) Description:

(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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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PAYMENT

(a) Amount Charged	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid
$		

PAYEE

(a) Payee name	(b) Payee address; City, State, Zip Code

PURPOSE OF EXPENDITURE

☐ Political ☐ Non-Political

(a) Category (See Categories listed at the top of this schedule):

(b) Description:

(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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

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; Accounting/Banking; Consulting Expense; Contributions/Donations Made By Candidate/Officeholder/Political Committee; 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. USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4:	2 FILER NAME: MINDA MARKLE / AMY CLUNIE	3 FILER ID (Ethics Commission Filers):
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		$ 949.12

5 CREDIT CARD ISSUER — Name of financial institution: PRIME VISA

6 PAYMENT

(a) Amount Charged	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid
$ 53.31	9/30/25	

7 PAYEE

(a) Payee name	(b) Payee address; City, State, Zip Code
AMAZON	

8 PURPOSE OF EXPENDITURE

- [x] Political
- [ ] Non-Political

(a) Category (See Categories listed at the top of this schedule): ADVERTISING EXPENSE

(b) Description: sign stakes

(c) [ ] Check if travel outside of Texas. Complete Schedule T. [ ] Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name: AMY CLUNIE — Office Sought: city council At Large C — Office Held:

PAYMENT

(a) Amount Charged	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid
$		

PAYEE

(a) Payee name	(b) Payee address; City, State, Zip Code

PURPOSE OF EXPENDITURE

- [ ] Political
- [ ] Non-Political

(a) Category (See Categories listed at the top of this schedule):

(b) Description:

(c) [ ] Check if travel outside of Texas. Complete Schedule T. [ ] Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name: — Office Sought: — Office Held:

PAYMENT

(a) Amount Charged	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid
$		

PAYEE

(a) Payee name	(b) Payee address; City, State, Zip Code

PURPOSE OF EXPENDITURE

- [ ] Political
- [ ] Non-Political

(a) Category (See Categories listed at the top of this schedule):

(b) Description:

(c) [ ] Check if travel outside of Texas. Complete Schedule T. [ ] Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name: — Office Sought: — Office Held:

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
1	MINDA MARKLE / AMY CLUNIE	

4 Date	5 Payee name
9/4/25	MINT MOBILE

6 Amount ($)	7 Payee address; City: State: Zip Code
45.00 ☐ Reimbursement from political contributions intended	

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	OTHER	MOBILE PHONE
	(c) ☐ Check if travel outside of Texas. Complete Schedule T.	☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	AMY CLUNIE	city council at-large	

Date	Payee name

Amount ($)	Payee address; City: State: Zip Code
☐ Reimbursement from political contributions intended	

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 Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date	Payee name

Amount ($)	Payee address; City: State: Zip Code
☐ Reimbursement from political contributions intended	

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 Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED