

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:

5

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

MC

FIRST

AMY

MI

NICKNAME

LAST

CLUNIE

SUFFIX

OFFICE USE ONLY

RECEIVED

OCT 27 2025

CITY OF LOCKHART

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

208 N RIO GRANDE ST, LOCKHART, TX

78644

☐ Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(281) 304 0253

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

DR

FIRST

MINDA

MI

NICKNAME

LAST

MARKLE

SUFFIX

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

1601 MIRIAM AVE UNIT 212 AUSTIN

TX

78703

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(512) 944 6057

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

10 / 06 / 2025

THROUGH

Month

Day

Year

10 / 27 / 2025

11 ELECTION

ELECTION DATE

Month

Day

Year

11 / 04 / 2025

ELECTION TYPE

☐

Primary

☐

Runoff

☒

Other
Description

☐

General

☐

Special

Lockhart 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.

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

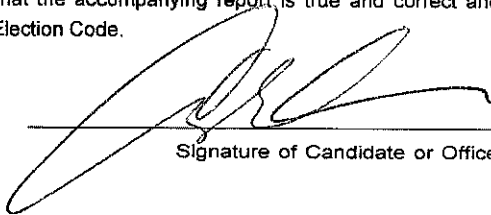
GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

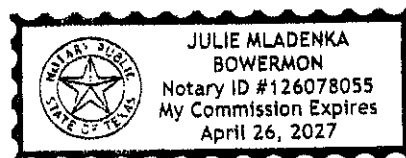
15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 597.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 1009.88
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



NOTARY STAMP / SEAL

Sworn to and subscribed before me by AMY CUNIE this the 27th day of OCTOBER, 2025, to certify which, witness my hand and seal of office.

Julie Mladenka Bowermon JULIE MLADENKA BOWERMON NOTARY PUBLIC
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)

Executed 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 <i>AMY CLUNIE / Minda Markle</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	☒ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>597.00</i>
2.	☐ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	☐ SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	☐ SCHEDULE E: LOANS	\$
5.	☒ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>1009.93</i>
6.	☐ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	☐ SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	☐ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	☐ SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
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

1 OF 1
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: <u>1</u>
2 FILER NAME <u>AMY CLUNIE / Minda Markle</u>		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) <u>CHUCK CHARNICHAUT</u> 6 Contributor address; City; State; Zip Code <u>102 E Market St Lockhart TX 78644</u>	7 Amount of contribution (\$) <u>\$500.00</u>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor ☐ out-of-state PAC (ID#: _____) <u>Max Yancy</u> Contributor address; City; State; Zip Code <u>901 W Prairie Ln Lockhart TX 78644</u>	Amount of contribution (\$) <u>27.00</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor ☐ out-of-state PAC (ID#: _____) <u>Levi Gappert</u> Contributor address; City; State; Zip Code <u>400 W Prairie Ln Lockhart TX 78644</u>	Amount of contribution (\$) <u>20.00</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor ☐ out-of-state PAC (ID#: _____) <u>Anthony Pronger</u> Contributor address; City; State; Zip Code <u>1602 Chestnut Ave Lockhart TX 78644 Unit A</u>	Amount of contribution (\$) <u>50.00</u>
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.		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

1 OF 1
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	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)
Credit Card Payment			

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1 Total pages Schedule F1: 1	2 FILER NAME AMY CLUNIE / Minda Markie		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name Big Frog			
6 Amount (\$) 155.88	7 Payee address: 5207 Brodie Lane		City: Austin	State: TX
			Zip Code 78745	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising		(b) Description: tchotchkes	
	(c) ☐ 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				
Date	Payee name AMY CLUNIE			
Amount (\$) 500.00	Payee address:		City:	State: Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Reimbursement		Description Reimbursement	
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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 Legend & Co.			
Amount (\$)	Payee address: 1801 S. Mopac Suite 100		City: Austin	State: Zip Code TX 78746
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising		Description Large signs.	
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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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