CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how	to complete this form.	1 Filer ID (Ethi	ics Commission Filers)	2 Total pages f	iled:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR	Bluford		J,		USEONLY
NAIVIE	NICKNAME Jay	Gunter		SUFFIX	FILED FOR	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX:		Wer Tx	15978	SANDRA K. D	
Change of Address				ENGLE BY	1 - 1 - 1	Childreth Deputy
5 CANDIDATE/ OFFICEHOLDER PHONE	409) L	PHONE NUMBER 154-4794	EXT	ENSION	THE RESERVE THE PARTY OF THE PA	d or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS/MRS/MR Mr,	JOSEPH		W	Date Processed	, and the
	Wade	Boyett		SUFFIX	Date Imaged	
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SL	JITE #; C	CITY;	STATE;	ZIP CODE
TREASURER ADDRESS	404 CR	554	Kir	byville	TV	76956
(Residence or Business)	101 00		/ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	rogoria	· /c	1009300
* Company of the Comp						
8 CAMPAIGN TREASURER	AREA CODE	PHONE NUMBER	EXT	ENSION		
PHONE	(409)	718-1016		2.0		
	(409)	10 10 10				
9 REPORT TYPE	January 15	30th day before e	lection	Runoff		after campaign appointment der Only)
	July 15	8th day before ele	ction	Exceeded Modified Reporting Limit	Final Rep	ort (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year		Month	Day Ye	ar
COVERED	9	/ 19/23	THROUGH	10	1/ 31/21	3
11 ELECTION	ELECTION DA	TF.		ELECTION TYP		Ø
II ELECTION		Primary	Runoff	Other		
	Month Day	Year	Kullon	Description		
	3/5/	24 General	Special			
40.0==0=	OFFICE HELD (1/)		12 055	TICE COLICIES (St. Inc.		
12 OFFICE	OFFICE HELD (if any)		Nan	ICE SOUGHT (if know		on DC 1 2
			INEW	tout Country	2 commission	ur PCT 3
14 NOTICE FROM POLITICAL	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(S)	COMMITTEE TYPE	COMMITTEE NAME				
Additional Pages	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TRI	EASURER ADDRES	SS		
	1					
		GO TO	PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME BLU	ford	Jackson	Gunte	rII	16 Filer	ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1.		NS, OR GUARAN	CONTRIBUTIONS (OTHER THATES OF LOANS, OR RONICALLY)	AN	\$ ()
	2.	TOTAL POLITION		UTIONS S, OR GUARANTEES OF LOAN	S)	\$ ()
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZ	ZED POLITICAL	EXPENDITURE.		\$
	4.	TOTAL POLITIC	CAL EXPENDIT	rures		\$ 4,059.52
CONTRIBUTION BALANCE	5.	TOTAL POLITICA OF REPORTING		ONS MAINTAINED AS OF THE L	AST DAY	\$ ()
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL		ALL OUTSTANDING LOANS AS PERIOD	OF THE	\$ ()
		offirm, under penalt be reported by me ur			rue and co	rrect and includes all information
				Boluloud & C	nt	
				Signature of	Candidate	or Officeholder
Please complete either option below:						
(A) A SSI day 16						
(1) Affidavit						
NOTADY STAMP/SEAL						
NOTARY STAMP/SEAL						
Sworn to and subscribed before me by Bluford Jackson Gunter III this the 16th day of January.						
120 <u>24</u> , to certify which, witness my hand and seal of office. Nandra K. Duckworth County Clark						
Signature of officer admirister		WATER		er administering oath	COU	Title of officer administering oath
OR						
(2) Unsworn Declaration						
My name is Blufard J. Gunter The and my date of birth is May 3, 1975						
My address is 245		4072	***************************************	Bon Will		
, , , , , , , , , , , , , , , , , , ,		(street)		(city)	(state)	(zip code) (country)
Executed in Newton		County, State of _	Texus	, on the 16th day of 5	nualy	_, 20_24
				B belond	I CT	(year)
				Signature of Car	didate/Offic	ceholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	Bluford Jackson Gunter III	Filer ID (Ethics Commission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 0
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ ()
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ ()
4.	SCHEDULE E: LOANS	s D
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTR	RIBUTIONS \$ ()
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ ()
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL COM	NTRIBUTIONS \$ ()
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ ()
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 4059,52
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BU	SINESS OF C/OH \$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTI	RIBUTIONS \$ ()
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION TO FILER	NS RETURNED \$ ()

SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Loan Repayment/Reimbursement Solicitation/Fundralsing Expense Advertising Expense Accounting/Banking Office Overhead/Rental Expense Transportation Equipment & Related Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Consulting Expense Travel in District Contributions/Donations Made By Travel Out Of District Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) Total pages Schedule G: 2 FILER NAME Gunber III 4 Date 6 Amount (\$) Zip Code City; State: 727 N. Wheeler St. Reimbursement from political contributions intended (b) Description 8 (a) Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Check if Austin, TX, afficeholder living expense Check if travel outside of Texas. Complete Schedule T. (C) Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ondon Ink and Vinyl 10-6-23 Amount (\$) Zip Code 562.90 Reimbursement from political contributions intended Description Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH London Ink and Amount (\$) City; Zip Code Reimbursement from political contributions intended Description Category (See Categories listed at the top of this schedule) PURPOSE 811 OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas, Complete Schedule T. Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

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 Candidate/Officeholder/Politi Credit Card Payment		Event Expense Fees Food/Beverage E Gitl/Awards/Men Legal Services The Instructi	rerials Expense	Office Ove Polling Ex Priming E Salaries/V		Solicitation/Fundralsi Transportation Equip Travel In District Travel Out Of District Other (enter a catego	ment & Related Expense
1 Total pages Schedule G:	2 FILER NA	we ford Ja	CKson (aunt	er III	3 Filer ID (Ethics	Commission Filers)
4 Date 12-28-23	5 Payee nar	ion Ink	and Va	inyl		در الإنسان المساور الإنسان المساور الإنسان المساور المساور المساور المساور المساور المساور المساور المساور الم	A Lika wayan makai
6 Amount (\$) 43.30 Reimbussement from political contributions intended	7 Payee add	_{dress:} N. Whll	ler 8t.		Jasper	State;	Zip Code 7595/
8 PURPOSE OF EXPENDITURE	Adver	tising	ted at the top of this s EXPENSE		(b) Description SIGNS/S	takes	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officehok	of Texas. Complete Sc for name	ARTHUR 1.	Office sought	1X, canceroade ivary e	Office held
Date 19-83	Payee nar D.L.SIG	iner G	raphic.	S		a a blom, and a blom, and a sea and a sea of ching all any groups up any thinking an eliminar medical	
Amount (\$) QQA,00 Reimbursement from political contributions intended	Payee add	t Hwy	155 Sc	outh	Tyler	State: TX	Zip Code 75703
PURPOSE OF EXPENDITURE	Adver	tising E	ted at the top of this s X PLNS C of Texas, Complete So	gan ka firsk Surger-milij Svi (gan gan ginga ya na yinga)	Description Signs Check if Austin.	. TX, officeholder living (eznegxe
Complete <u>ONLY</u> if direct expenditure to benefit C/C		ate / Officeholo	ler name		Office sought		Office held
Date 19-23	Payee nar TLV A	s GOP	Store				
Amount (\$) 348.57 Reimbursement from political contributions intended	Payee add		South		Huntsvil	State;	Zip Code 77340
PURPOSE OF EXPENDITURE	Adver	hising E	ed at the top of this s XPLNSL of Texas, Complete Sc	ا در است	Description SIGNS Check if Austin.	TX, officeholder living e	expense
Complete ONLY If direct expenditure to benefit C/OH		ate / Officehold			Office sought		Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

•	EXPENDITURE CATEGORIE	S FOR BOX 8(a)			
Advertising Expense Accounting/Sanking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic	Fees Office of Food/Beverage Expense Polling By Gift/Awards/Memorials Expense Printing	epayment/Reimbursement Overhead/Rental Expense Expense g Expense s/Wages/Contract Labor o complete this form.	Solicitation/Fundraisin Transportation Equipm Travel in District Travel Out Of District Other (enter a categor	ient & Related Expanse	
1 Total pages Schedule G:	Bluford Jackson Gun	ter III	3 Filer ID (Ethics	Commission Filers)	
4 Date - -23	Newton County Republi	can Party	gygggga palaigigyi akkalajanja akkalajanja akkalajanja kakalajanja palaigigi		
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
Reimbursement from political contributions intended		Newton	n Tx	75966	
8 PURPOSE OF	(a) Category (See Calegories listed at the top of this schedule)	filing fle			
EXPENDITURE	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin.	TX, officeholder living ex	pense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held	
9-12-23	London Ink and Vingl		, i		
Amount (\$) 15.78 Reimbursement from political contributions intended	Payee address: 727 N. Wheller St.	chy: Jasper	State;	Zip Code 1595/	
PURPOSE OF EXPENDITURE	Category (see Categories listed at the top of this schedule) Advertising Expense	Description business	cards		
ر المراجعة ا	Check if travel outside of Texas. Complete Schedule T.		TX, officeholder living e	والمستعد والمستعدد المستوان والمستعدد والمستعد والمستعدد والمستعد والمستعدد والمستعد والمستعدد و	
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought		Office held	
Date 10-21-23	Payee name WMMWŁ				
Amount (\$) 12 U . 45 Reimbursement from political contributions intended	800 W. Gibson St.	Jasper	State:	zip Code 7595/	
PURPOSE OF EXPENDITURE	<u>u Coming</u>	Parade			
	Check if travel outside of Texas. Complete Schedule T.	Check if Auslin. Office sought	TX, officeholder living a	pense Office held	
Complete ONLY If direct expenditure to benefit C/OH	Candidate / Officeholder name	Onice sought	د در	Service Frank	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

SCHEDULE G

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	EXPENDITURE CATEGOR	NES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candridate/Officeholder/Politic	Fees Offi Food/Beverage Expense Pol By Giff/Awards/Memorials Expense Pol	an Repayment/Reimbursement ice Overhead/Rental Expense iling Expense niting Expense aries/Wages/Contract Labor w to complete this form	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
and the same of th		AR PER STATESTANCES TELEPO LACESCO	and the second s		
1 Total pages Schedule G:	Bluford Jackson Gun	ter II	3 Filer ID (Ethics Commission Filers)		
4 Date 1-18-13	5 Payee name Walmart		ngan gang calga ang kanada paggan ngalanda naking kapil di sina palan ngapil dan kapilipinah kanada da paggan nganda ngang kapinah na ngang kapinah ngang ngang sa ngang kapinah ngang ngang sa ngang		
Amount (\$) Reimbursement from political contributions intended	800 W. Gibson 8t.	Jusper	State; Zip Code Ty 7595/		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedul Advertising Expenses	Newton Ch	Wton Christmas Parade		
mari mishi i mism	(c) Check if travel outside of Texas. Complete Schedule	T. Check if Austin,	TX, officeholder living expense		
Occupiete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 11-18-23	Sams Club				
Amount (\$) 1440	Payee address; 1-10 South	Blaumoi	State; Zip Code The 17701		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this scheduled Advertising Expense	Newton Ct	nristmas Parade		
	Chack if travel outside of Texas. Complete Schedule		TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held		
Date 11-27-23	Payee name Family Dollar				
Amount (\$) 43.47 Reimbursement from political contributions intended	Payee address; 11787 HWY 190	Merryville	State; Zip Code LA 70693		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedul Advertising Expense	Newton Cr	Iristmas Parade		
	Check if travel outside of Texas. Complete Schedule	The state of the s	TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
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SCHEDULE G

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EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Event Expense Solicitation/Fundraising Expense Advertising Expense Transportation Equipment & Related Expense Fees Accounting/Banking Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel in District Consulting Expense Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services Credit Card Payment The instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) Ž FILER NAME 1 Total pages Schedule G: Counter III 4 Date Zip Code um berton Reimbursement from political contributions intended (a) Category (See Categories listed at the top of this schedule) (b) Description 8 **PURPOSE** OF EXPENDITURE Check if traver outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense (c) Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Zip Code of house Rd ancleave political contributions intended Description Category (See Categories listed at the top of this schedule) **PURPOSE** OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Office sought Office held Candidate / Officeholder name Complete ONLY If direct expenditure to benefit G/OH Payee name Date Payee address; Zip Code State: Amount (\$) City; Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) Description PURPOSE OF **EXPENDITURE** Check iffravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held Candidate / Officeholder name

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Complete ONLY if direct expenditure to benefit C/OH