

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: 15 | | | | | | | | |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR FIRST MI <p style="text-align: center; font-size: 1.2em;">VICKERS L.</p> <hr style="border-top: 1px dotted black;"/> NICKNAME LAST SUFFIX <p style="text-align: center; font-size: 1.2em;">CUNNINGHAM</p> | <p style="text-align: center; font-weight: bold; margin: 0;">OFFICE USE ONLY</p> <hr/> Date Received <p style="text-align: center; color: gray; font-weight: bold;">COUNTY ELECTIONS</p> <p style="text-align: center; color: gray;">2018 APR 27 02:37 PM</p> <p style="text-align: center; color: gray; font-weight: bold;">RECEIVED DALLAS</p> <hr/> Date Hand-delivered or Date Postmarked <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-bottom: 1px solid black;">Receipt #</td> <td style="width:50%; border-bottom: 1px solid black;">Amount \$</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Date Processed</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Date Imaged</td> </tr> </table> | | Receipt # | Amount \$ | Date Processed | | Date Imaged | | | |
| Receipt # | Amount \$ | | | | | | | | | | |
| Date Processed | | | | | | | | | | | |
| Date Imaged | | | | | | | | | | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <p style="font-size: 1.2em;">6301 GASTON AVE STE 210</p> <p style="font-size: 1.2em;">DALLAS, TX 75214</p> | | | | | | | | | | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE PHONE NUMBER EXTENSION <p style="font-size: 1.2em;">(972) 445-5100</p> | | | | | | | | | | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR FIRST MI <p style="text-align: center; font-size: 1.2em;">MRS. DEANDRA M.</p> <hr style="border-top: 1px dotted black;"/> NICKNAME LAST SUFFIX <p style="text-align: center; font-size: 1.2em;">GRANT</p> | | | | | | | | | | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <p style="font-size: 1.2em;">800 E CAMPBELL RD STE 110</p> <p style="font-size: 1.2em;">RICHARDSON, TX 75081</p> | | | | | | | | | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION <p style="font-size: 1.2em;">(972) 943-8500</p> | | | | | | | | | | |
| 9 REPORT TYPE | <table style="width:100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input checked="" type="checkbox"/> 30th day before election</td> <td><input checked="" type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table> | | | <input type="checkbox"/> January 15 | <input checked="" type="checkbox"/> 30th day before election | <input checked="" type="checkbox"/> Runoff | <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) | <input type="checkbox"/> July 15 | <input type="checkbox"/> 8th day before election | <input type="checkbox"/> Exceeded \$500 limit | <input type="checkbox"/> Final Report (Attach C/OH - FR) |
| <input type="checkbox"/> January 15 | <input checked="" type="checkbox"/> 30th day before election | <input checked="" type="checkbox"/> Runoff | <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) | | | | | | | | |
| <input type="checkbox"/> July 15 | <input type="checkbox"/> 8th day before election | <input type="checkbox"/> Exceeded \$500 limit | <input type="checkbox"/> Final Report (Attach C/OH - FR) | | | | | | | | |
| 10 PERIOD COVERED | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Month Day Year</td> <td style="text-align: center;">THROUGH</td> <td style="text-align: center;">Month Day Year</td> </tr> <tr> <td style="text-align: center; font-size: 1.5em; color: blue;">2 / 27 / 18</td> <td></td> <td style="text-align: center; font-size: 1.5em; color: blue;">4 / 23 / 18</td> </tr> </table> | | | Month Day Year | THROUGH | Month Day Year | 2 / 27 / 18 | | 4 / 23 / 18 | | |
| Month Day Year | THROUGH | Month Day Year | | | | | | | | | |
| 2 / 27 / 18 | | 4 / 23 / 18 | | | | | | | | | |
| 11 ELECTION | ELECTION DATE Month Day Year <p style="font-size: 1.5em; color: blue;">5 / 22 / 18</p> | ELECTION TYPE <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special | | | | | | | | | |
| 12 OFFICE | OFFICE HELD (if any) | 13 OFFICE SOUGHT (if known) <p style="font-size: 1.2em; color: blue;">DALLAS COUNTY COMMISSIONER DISTRICT 2</p> | | | | | | | | | |

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

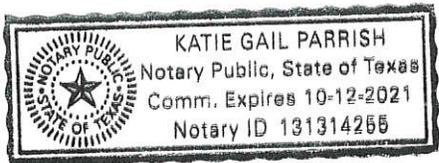
FORM C/OH
COVER SHEET PG 2

| | |
|--|--|
| 14 C/OH NAME VICKERS L. CUNNINGHAM | 15 Filer ID (Ethics Commission Filers) |
|--|--|

| | | |
|--|---|-----------------------------------|
| 16 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages | 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 |
| | <input type="checkbox"/> GENERAL | |
| | <input type="checkbox"/> SPECIFIC | COMMITTEE ADDRESS |
| | | COMMITTEE CAMPAIGN TREASURER NAME |
| | COMMITTEE CAMPAIGN TREASURER ADDRESS | |

| | | |
|-------------------------|---|--------------|
| 17 CONTRIBUTION TOTALS | 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$ 100.00 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 9,650.00 |
| EXPENDITURE TOTALS | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED | \$ |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 34,633.75 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ - 0 - |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 50,000.00 |

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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]

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Vickers Cunningham, this the 23 day of April, 2018, to certify which, witness my hand and seal of office.

[Signature] Katie Gail Parrish Notary Public

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

| | | |
|---|---|--|
| 19 FILER NAME VICKERS L. CUNNINGHAM | | 20 Filer ID (Ethics Commission Filers) |
| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
| 1. | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 9,650.00 |
| 2. | <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ 200.00 |
| 3. | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. | <input checked="" type="checkbox"/> SCHEDULE E: LOANS | \$ 50,000.00 |
| 5. | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 34,633.75 |
| 6. | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ |
| 7. | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 8. | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ |
| 9. | <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ |
| 10. | <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ |
| 11. | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 12. | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
1 of 7

2 FILER NAME

VICKERS L. CUNNINGHAM

3 Filer ID (Ethics Commission Filers)

4 Date

3/1/18

5 Full name of contributor

out-of-state PAC (ID#: _____)

TERRY W. CONNER

6 Contributor address;

City; State; Zip Code

7110 LAKEWOOD BLVD
DALLAS TX 75214

7 Amount of contribution (\$)

250.00

8 Principal occupation / Job title (See Instructions)

RETIRED

9 Employer (See Instructions)

Date

3/2/18

Full name of contributor

out-of-state PAC (ID#: _____)

ALEX SMITH

Contributor address;

City; State; Zip Code

1801 ROYAL LN STE 250
DALLAS TX 75229

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

EUP SMITH PROTECTIVE SERVICES

Employer (See Instructions)

Date

3/2/18

Full name of contributor

out-of-state PAC (ID#: _____)

DANIEL CHANCEY

Contributor address;

City; State; Zip Code

3131 MCKINNEY AVE STE 800
DALLAS TX 75204

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

ATTORNEY

Employer (See Instructions)

SELF

Date

3/6/18

Full name of contributor

out-of-state PAC (ID#: _____)

EDWARD LOPEZ, JR

Contributor address;

City; State; Zip Code

2777 N. STEMMONS Fwy STE 1000
DALLAS TX 75207

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

ATTORNEY

Employer (See Instructions)

LINEBARGER, GOGGAN, BLAIR

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
2 of 7

2 FILER NAME

VICKERS L. CUNNINGHAM

3 Filer ID (Ethics Commission Filers)

4 Date

3/8/18

5 Full name of contributor

out-of-state PAC (ID#: _____)

ROBERT G SMITH, JR.

6 Contributor address;

City; State; Zip Code

500 N AKARD STE 2150
DALLAS TX 75201

7 Amount of contribution (\$)

100.00

8 Principal occupation / Job title (See Instructions)

ATTORNEY

9 Employer (See Instructions)

FITZPATRICK, JACKS, SMITH, UHL

Date

3/9/18

Full name of contributor

out-of-state PAC (ID#: _____)

HARLEY FINNELL JR.

Contributor address;

City; State; Zip Code

401 CRESTRIDGE
HEATH TX 75032

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

CPA

Employer (See Instructions)

SELF

Date

3/9/18

Full name of contributor

out-of-state PAC (ID#: _____)

JOSEPH MICHAEL WOOD

Contributor address;

City; State; Zip Code

8738 FORNEY RD
DALLAS TX 75227

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

CPA

Employer (See Instructions)

SELF

Date

3/27/18

Full name of contributor

out-of-state PAC (ID#: _____)

WILL F. HARTNETT

Contributor address;

City; State; Zip Code

2920 PEARL ST
DALLAS TX 75201

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

ATTORNEY

Employer (See Instructions)

THE HARTNETT LAW FIRM

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

3 of 7

2 FILER NAME

VICKERS L. CUNNINGHAM

3 Filer ID (Ethics Commission Filers)

4 Date

3/28/18

5 Full name of contributor

out-of-state PAC (ID#: _____)

WILLIAM WHITSITT

6 Contributor address; City; State; Zip Code

9316 STRATFORD WAY
DALLAS TX 75220

7 Amount of contribution (\$)

200.00

8 Principal occupation / Job title (See Instructions)

RETIRED

9 Employer (See Instructions)

.

Date

3/29/18

Full name of contributor

out-of-state PAC (ID#: _____)

JACK BRONSTAD

Contributor address; City; State; Zip Code

6223 P. NEVIEW RD
DALLAS TX 75248

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

STOCK BROKER

Employer (See Instructions)

STIFEL NICHOLAS & CO.

Date

4/12/18

Full name of contributor

out-of-state PAC (ID#: _____)

PAUL HUANG

Contributor address; City; State; Zip Code

422 RIDGEWOOD
RICHARDSON TX 75080

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

REAL ESTATE AGENT

Employer (See Instructions)

SELF

Date

4/16/18

Full name of contributor

out-of-state PAC (ID#: _____)

LISA HART WILLIS

Contributor address; City; State; Zip Code

8181 DOUGLAS AVE APT 120
DALLAS TX 75225

Amount of contribution (\$)

1,000.00

Principal occupation / Job title (See Instructions)

PRESIDENT

Employer (See Instructions)

HART WILLIS COMPANIES / TEXAS

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

4 of 7

2 FILER NAME

VICKERS L. CUNNINGHAM

3 Filer ID (Ethics Commission Filers)

4 Date

4/17/18

5 Full name of contributor

out-of-state PAC (ID#: _____)

ROB RICHMOND, JR

7 Amount of contribution (\$)

500.00

6 Contributor address;

City; State; Zip Code

8222 DOUGLAS AVE STE 370
DALLAS TX 75225

8 Principal occupation / Job title (See Instructions)

REAL ESTATE

9 Employer (See Instructions)

REMINGTON PARTNERS, INC.

Date

4/19/18

Full name of contributor

out-of-state PAC (ID#: _____)

KEN WINCORN

Amount of contribution (\$)

250.00

Contributor address;

City; State; Zip Code

100 N. CENTRAL EXPY STE 1300
RICHARDSON TX 75080

Principal occupation / Job title (See Instructions)

ATTORNEY

Employer (See Instructions)

SELF

Date

4/19/18

Full name of contributor

out-of-state PAC (ID#: _____)

FRANK STEVENSON, JR

Amount of contribution (\$)

250.00

Contributor address;

City; State; Zip Code

2200 ROSS AVE STE 2200
DALLAS TX 75201

Principal occupation / Job title (See Instructions)

ATTORNEY

Employer (See Instructions)

LOCKE, LORD

Date

4/19/18

Full name of contributor

out-of-state PAC (ID#: _____)

PAUL RITTER

Amount of contribution (\$)

250.00

Contributor address;

City; State; Zip Code

10824 AADDIN DR
DALLAS TX 75229

Principal occupation / Job title (See Instructions)

COO

Employer (See Instructions)

MEADOWS MENTAL HEALTH POLICY
INSTITUTE

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

| | | |
|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: 5 of 7 |
| 2 FILER NAME VICKERS L. CUNNINGHAM | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 4/23/18 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JEFFREY WEEKS | 7 Amount of contribution (\$) 1,500.00 |
| 6 Contributor address; City; State; Zip Code 3700 STARLIGHT TRC PLANO, TX 75023 | | |
| 8 Principal occupation / Job title (See Instructions) ENGINEER | | 9 Employer (See Instructions) HARWOOD INTERNATIONAL |
| Date 4/23/18 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WILKES KOTHMANN | Amount of contribution (\$) 250.00 |
| Contributor address; City; State; Zip Code 7223 E. MOCKINGBIRD LN DALLAS TX 75214 | | |
| Principal occupation / Job title (See Instructions) RETIRED | | Employer (See Instructions) |
| Date 4/23/18 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JUSTIN UTAY | Amount of contribution (\$) 100.00 |
| Contributor address; City; State; Zip Code 4851 LBJ FWY STE 1000 DALLAS TX 75244 | | |
| Principal occupation / Job title (See Instructions) REAL ESTATE AGENT | | Employer (See Instructions) ROBERT LYNN & ASSOC. |
| Date 4/23/18 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROBERT C. HUTTON, JR | Amount of contribution (\$) 750.00 |
| Contributor address; City; State; Zip Code 3500 MAPLE AVE STE 400 DALLAS TX 75219 | | |
| Principal occupation / Job title (See Instructions) ATTORNEY | | Employer (See Instructions) SELF |
| <p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p> | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

6 of 7

2 FILER NAME

VICKERS L. CUNNINGHAM

3 Filer ID (Ethics Commission Filers)

4 Date

4/23/18

5 Full name of contributor

out-of-state PAC (ID#: _____)

GERRY GRAY

6 Contributor address; City; State; Zip Code

**4137 PRESCOTT
DALLAS TX 75219**

7 Amount of contribution (\$)

100.00

8 Principal occupation / Job title (See Instructions)

RETIRED

9 Employer (See Instructions)

Date

4/23/18

Full name of contributor

out-of-state PAC (ID#: _____)

ROBERT J. REAGAN

Contributor address; City; State; Zip Code

**5514 MERRIMAC
DALLAS TX 75206**

Amount of contribution (\$)

200.00

Principal occupation / Job title (See Instructions)

ATTORNEY

Employer (See Instructions)

SELF

Date

4/23/18

Full name of contributor

out-of-state PAC (ID#: _____)

DONALD M. HILL

Contributor address; City; State; Zip Code

**3604 VINEYARD WAY
DALLAS TX 75234**

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

Date

4/23/18

Full name of contributor

out-of-state PAC (ID#: _____)

EDWARD W. GRAY

Contributor address; City; State; Zip Code

**4137 PRESCOTT
DALLAS TX 75219**

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

ATTORNEY

Employer (See Instructions)

SELF

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
7 of 7

2 FILER NAME
VICKERS L. CUNNINGHAM

3 Filer ID (Ethics Commission Filers)

4 Date
A/23/18

5 Full name of contributor out-of-state PAC (ID#: _____)
WILLIAM M. COLEMAN

6 Contributor address; City; State; Zip Code
6643 PRAIRIE FLOWER TRL
DALLAS TX 75227

7 Amount of contribution (\$)
200.00

8 Principal occupation / Job title (See Instructions)
OWNER

9 Employer (See Instructions)
DOUBLE EAGLE SPRINKLER

Date
A/23/18

Full name of contributor out-of-state PAC (ID#: _____)
F. JOHN ROSA

Contributor address; City; State; Zip Code
515 S. RIVERFRONT BLD
DALLAS TX 75207

Amount of contribution (\$)
250.00

Principal occupation / Job title (See Instructions)
BONDSMAN

Employer (See Instructions)
ACT QUICK RAIL BONDS

Date

Full name of contributor out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

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 (\$)

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

| | | | |
|---|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A2: 1 | |
| 2 FILER NAME VICKERS L. CUNNINGHAM | | 3 Filer ID (Ethics Commission Filers) | |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS | | \$ | |
| 5 Date 3/18/18 | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROBERT H. HUNTON, JR | 8 Amount of Contribution \$ 200- | 9 In-kind contribution description FOOD: BEV |
| 7 Contributor address; City; State; Zip Code 3500 MAPLE AVE STE 400 DALLAS TX 75219 | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) ATTORNEY | | 11 Employer (FOR NON-JUDICIAL) (See Instructions) SELF | |
| 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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code | Amount of Contribution \$ | In-kind contribution description |
| | | | |
| 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.

LOANS

SCHEDULE E

| | | |
|---|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule E: <p style="text-align: center;">1</p> |
| 2 FILER NAME <p style="text-align: center;">VICKERS L. CUNNINGHAM</p> | | 3 Filer ID (Ethics Commission Filers) |
| 4 TOTAL OF UNITEMIZED LOANS | | \$ |
| 5 Date of loan <p style="text-align: center;">12/27/17</p> | 7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="text-align: center;">GREG CUNNINGHAM</p> | 9 Loan Amount (\$) <p style="text-align: center;">50,000.00</p> |
| 6 Is lender a financial Institution? Y <input checked="" type="radio"/> N <input type="radio"/> | 8 Lender address; City; State; Zip Code <p style="text-align: center;">1111 FLOYD RD RICHARDSON TX 75080</p> | 10 Interest rate <p style="text-align: center;">0%</p> |
| | | 11 Maturity date <p style="text-align: center;">12/31/18</p> |
| 12 Principal occupation / Job title (See Instructions) <p style="text-align: center;">REAL ESTATE</p> | | 13 Employer (See Instructions) <p style="text-align: center;">SELF</p> |
| 14 Description of Collateral <input checked="" type="checkbox"/> none | | 15 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/> |
| 16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable | 17 Name of guarantor | 19 Amount Guaranteed (\$) |
| | 18 Guarantor address; City; State; Zip Code | |
| 20 Principal Occupation (See Instructions) | | 21 Employer (See Instructions) |

| | | |
|--|--|--|
| Date of loan | Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) | Loan Amount (\$) |
| Is lender a financial Institution? Y N | Lender address; City; State; Zip Code | Interest rate |
| | | Maturity date |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Description of Collateral <input type="checkbox"/> none | | Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/> |
| GUARANTOR INFORMATION <input type="checkbox"/> not applicable | Name of guarantor | Amount Guaranteed (\$) |
| | Guarantor address; City; State; Zip Code | |
| Principal Occupation (See Instructions) | | Employer (See Instructions) |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 | | | |

The Instruction Guide explains how to complete this form.

| | | |
|--|--|--|
| 1 Total pages Schedule F1: <i>1 of 3</i> | 2 FILER NAME VICKERS L. CUNNINGHAM | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <i>4/23/18</i> | 5 Payee name <i>ANEDOT</i> | |
| 6 Amount (\$) <i>183.34</i> | 7 Payee address; City; State; Zip Code <i>P.O. BOX 84314 BATON ROUGE LA 70884</i> | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <i>CREDIT CARD FEES</i> | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 <i>3/2/18</i> | Payee name <i>GRAPHICS MANAGEMENT</i> | |
| Amount (\$) <i>8,000.17</i> | Payee address; City; State; Zip Code <i>9322 MOSS TRL DALLAS TX 75231</i> | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>DIRECT MAIL PRINTING & POSTAGE</i> | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 <i>3/3/18</i> | Payee name <i>ADVOCATE MAGAZINE</i> | |
| Amount (\$) <i>2,108.00</i> | Payee address; City; State; Zip Code <i>6301 GASTON AVE STE 800 DALLAS TX 75214</i> | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>ADVERTISING</i> | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

| | | |
|--|---|--|
| 1 Total pages Schedule F1: <i>2 of 3</i> | 2 FILER NAME VICKERS L. CUNNINGHAM | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <i>3/5/18</i> | 5 Payee name <i>STRATEGY FIRST TECHNOLOGIES, LLC</i> | |
| 6 Amount (\$) <i>7,193.90</i> | 7 Payee address; City; State; Zip Code <i>11008 ROSSER RD DALLAS TX 75229</i> | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <i>CONSULTING</i> | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 <i>3/12/18</i> | Payee name <i>BRAD UNDERWOOD</i> | |
| Amount (\$) <i>100.00</i> | Payee address; City; State; Zip Code <i>921 VIA CORONADO MESQUITE TX 75150</i> | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>SENATE CONVENTION SPONSOR</i> | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| | Candidate / Officeholder name: _____ Office sought: _____ Office held: _____ | |
| Date <i>3/13/18</i> | Payee name <i>MATT PATRILK</i> | |
| Amount (\$) <i>250.00</i> | Payee address; City; State; Zip Code <i>7104 LANE DALE DALLAS TX 75214</i> | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>SENATE CONVENTION SPONSOR</i> | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| | Candidate / Officeholder name: _____ Office sought: _____ Office held: _____ | |

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 | | | |

The Instruction Guide explains how to complete this form.

| | | |
|--|---|--|
| 1 Total pages Schedule F1: <i>3 of 3</i> | 2 FILER NAME VICKERS L. CUNNINGHAM | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <i>3/20/18</i> | 5 Payee name <i>EMILIE METZGER</i> | |
| 6 Amount (\$) <i>250.00</i> | 7 Payee address; City; State; Zip Code <i>414 RANCHERO DR SUNNYVALE TX 75182</i> | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <i>SENATE CONVENTION SPONSOR</i> | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 <i>4/4/18</i> | Payee name <i>STRATEGY FIRST TECHNOLOGIES, LLC</i> | | |
| Amount (\$) <i>6,676.97</i> | Payee address; City; State; Zip Code <i>11008 ROSSIER RD DALLAS TX 75229</i> | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>CONSULTING</i> | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 <i>4/14/18</i> | Payee name <i>GRAPHICS MANAGEMENT</i> | | |
| Amount (\$) <i>9,871.37</i> | Payee address; City; State; Zip Code <i>9322 MOSS TRL DALLAS TX 75231</i> | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>DIRECT MAIL PRINTING - POSTAGE</i> | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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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