

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) R

16 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.

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME
	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)	\$ 5,450 ⁰⁰
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ -
	4. TOTAL POLITICAL EXPENDITURES	\$ 28,093.68
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 16,193.43
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

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 16, Election Code.

[Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Vickers L Cunningham, this the 5 day of January, 2018, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Patrocina Reyes
Printed name of officer administering oath

Notary
Title of officer administering oath

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. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 5,150 ⁻
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS		\$ 50,000 ⁻
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 28,093.68
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 6
2 FILER NAME VICKERS L. CUNNINGHAM		3 Filer ID (Ethics Commission Filers)
4 Date 1/12/18	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOHN ROSA	7 Amount of contribution (\$) \$1,000 -
6 Contributor address; City; State; Zip Code 515 S. RIVERFRONT DALLAS TX 75207		
8 Principal occupation / Job title (See Instructions) BONDSMAN		9 Employer (See Instructions) ACT QUICK BAIL BONDS
Date 1/16/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GEORGE MILNER, III	Amount of contribution (\$) \$500 -
Contributor address; City; State; Zip Code 2828 N HARWOOD STE 1950 DALLAS TX 75201		
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) MILNER, FINN PC
Date 1/16/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAVID FINN	Amount of contribution (\$) \$250 w-
Contributor address; City; State; Zip Code 2828 N HARWOOD STE 1950 DALLAS TX 75201		
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) MILNER, FINN PC
Date 1/22/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HAROLD ESTE	Amount of contribution (\$) \$250 w-
Contributor address; City; State; Zip Code 7020 WINTERWOOD DALLAS TX 75248		
Principal occupation / Job title (See Instructions) RETIRED DISTRICT JUDGE		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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
2 of 6

2 FILER NAME
VICKERS L. CUNNINGHAM

3 Filer ID (Ethics Commission Filers)

4 Date
1/22/18

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

6 Contributor address; City; State; Zip Code
**P.O. BOX 536329
GRAND PRAIRIE TX 75093**

7 Amount of contribution (\$)
\$250 -

8 Principal occupation / Job title (See Instructions)
TELECOMMUNICATIONS, OWN

9 Employer (See Instructions)
U.S. NET, INC

Date
1/22/18

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

Contributor address; City; State; Zip Code
**3826 DEXHAM RD
ROWLETT TX 75088**

Amount of contribution (\$)
\$1,000 -

Principal occupation / Job title (See Instructions)
DOCTOR

Employer (See Instructions)
SELF / USAP TEXAS

Date
1/22/18

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

Contributor address; City; State; Zip Code
**7223 E. MOLLINGBARD LN
DALLAS TX 75214**

Amount of contribution (\$)
\$500 -

Principal occupation / Job title (See Instructions)
DIRECTOR, TEXAS ENERGY

Employer (See Instructions)
CLEARVIEW ENERGY

Date
1/22/18

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

Contributor address; City; State; Zip Code
**6429 RICHMOND
DALLAS TX 75214**

Amount of contribution (\$)
\$100 -

Principal occupation / Job title (See Instructions)
OWNER

Employer (See Instructions)
HARI MARI

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3 of 6
2 FILER NAME VICKERS L. CUNNINGHAM		3 Filer ID (Ethics Commission Filers)
4 Date 1/22/18	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROB RICHMOND	7 Amount of contribution (\$) \$500 -
6 Contributor address; City; State; Zip Code 6904 TOKALON DALLAS TX 75214		
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions)
Date 1/22/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CYNTHIA KENT	Amount of contribution (\$) \$500 -
Contributor address; City; State; Zip Code 19235 JO PAR DR TYLER TX 75703		
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) SELF
Date 1/23/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JANET UNDERWOOD	Amount of contribution (\$) \$100 -
Contributor address; City; State; Zip Code 2029 NORTHCREST PLANO TX 75075		
Principal occupation / Job title (See Instructions) ADMIN ASSISTANT		Employer (See Instructions) TX DOT
Date 1/24/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WILLIAM COLEMAN	Amount of contribution (\$) \$100 -
Contributor address; City; State; Zip Code 6643 PRAIRIE FLOWER TRL DALLAS TX 75227		
Principal occupation / Job title (See Instructions) OWNER		Employer (See Instructions) DOUBLE EAGLE SPRINKLER

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

4 of 6

2 FILER NAME

VICKERS L. CUNNINGHAM

3 Filer ID (Ethics Commission Filers)

4 Date

1/25/18

5 Full name of contributor

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

LISA HART WILMS

6 Contributor address;

City; State; Zip Code

8181 DOUGLAS AVE STE 120
DALLAS TX 75225

7 Amount of contribution (\$)

\$1,000

8 Principal occupation / Job title (See Instructions)

REAL ESTATE AGENT

9 Employer (See Instructions)

SELF

Date

1/25/18

Full name of contributor

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

JOHN BUXIE

Contributor address;

City; State; Zip Code

P. O. BOX 685201
AUSTIN TX 78768

Amount of contribution (\$)

\$250

Principal occupation / Job title (See Instructions)

ATTORNEY

Employer (See Instructions)

SELF

Date

1/25/18

Full name of contributor

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

SCOTT CUNNINGHAM

Contributor address;

City; State; Zip Code

1000 NEW JERSEY AVE SE 407
WASHINGTON DC 20003

Amount of contribution (\$)

\$100

Principal occupation / Job title (See Instructions)

LEGISLATIVE AIDE

Employer (See Instructions)

U.S. HOUSE

Date

1/29/18

Full name of contributor

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

FRANK STEVENSON

Contributor address;

City; State; Zip Code

5346 WENOVAH
DALLAS TX 75209

Amount of contribution (\$)

\$250

Principal occupation / Job title (See Instructions)

ATTORNEY

Employer (See Instructions)

LOCKE LORD

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 6
2 FILER NAME VILKERS L. CUNNINGHAM		3 Filer ID (Ethics Commission Filers)
4 Date 1/29/18	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JASON CRAWFORD	7 Amount of contribution (\$) \$100
6 Contributor address; City; State; Zip Code 3005 S. LAMAR D109 AUSTIN TX 78704		
8 Principal occupation / Job title (See Instructions) INSURANCE		9 Employer (See Instructions) BIXBY ZANE
Date 1/29/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JILL HARLOW	Amount of contribution (\$) \$100
Contributor address; City; State; Zip Code 8152 SCHOLARSHIP IRVING, CA 92612		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 1/29/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DANE TAYLOR	Amount of contribution (\$) \$250
Contributor address; City; State; Zip Code 4516 BLUFFVIEW DALLAS TX 75209		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 1/30/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DARREN BORUFF	Amount of contribution (\$) \$250
Contributor address; City; State; Zip Code 6445 LAKE CIRCLE DR DALLAS TX 75214		
Principal occupation / Job title (See Instructions) EXE		Employer (See Instructions) REDDY IRE CORP.
<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 6

2 FILER NAME

VICKERS L. CUNNINGHAM

3 Filer ID (Ethics Commission Filers)

4 Date

1/30/18

5 Full name of contributor

ANUPAM SINGHAL

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

6 Contributor address;

17678 WINNWOOD
DALLAS TX 75254

City; State; Zip Code

7 Amount of contribution (\$)

\$250⁰⁰

8 Principal occupation / Job title (See Instructions)

RADIOLOGIST

9 Employer (See Instructions)

SELF

Date

2/2/18

Full name of contributor

FAYE TATUM BAUARD

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

Contributor address;

2736 DANIEL AVE
DALLAS TX 75205

City; State; Zip Code

Amount of contribution (\$)

\$250⁰⁰

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

Date

2/4/18

Full name of contributor

BRAD DAVIS

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

Contributor address;

4427 GLENLEIGH DR
DALLAS TX 75220

City; State; Zip Code

Amount of contribution (\$)

\$1,000⁰⁰

Principal occupation / Job title (See Instructions)

ENGINEER

Employer (See Instructions)

JACOBS ENGINEERING GROUP

Date

2/4/18

Full name of contributor

JAMES PERRY

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

Contributor address;

3609 VINTAGE PL
DALLAS TX 75214

City; State; Zip Code

Amount of contribution (\$)

\$250⁰⁰

Principal occupation / Job title (See Instructions)

CFO

Employer (See Instructions)

TRINITY INDUSTRIES, INC

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: 1

2 FILER NAME

VICKERS L. CUNNINGHAM

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$

5 Date of loan

12/27/17

7 Name of lender

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

GREG CUNNINGHAM

9 Loan Amount (\$)

50,000

6 Is lender a financial institution?

Y N

8 Lender address; City; State; Zip Code

1111 FLOYD RD
RICHARDSON TX 75080

10 Interest rate

0%

11 Maturity date

12/31/18

12 Principal occupation / Job title (See Instructions)

REAL ESTATE

13 Employer (See Instructions)

SELF

14 Description of Collateral

none

15 Check if personal funds were deposited into political account (See Instructions)

16 GUARANTOR INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

18 Guarantor address; City; State; Zip Code

not applicable

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

Name of lender

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

none

Check if personal funds were deposited into political account (See Instructions)

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

Guarantor address; City; State; Zip Code

not applicable

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: <u>1</u>	2 FILER NAME <u>VICKERS CUMMINGS</u>	3 Filer ID (Ethics Commission Filers)
4 Date <u>1/10/18</u>	5 Payee name <u>GRAPHICS MANAGEMENT</u>	
6 Amount (\$) <u>\$24,870.53</u>	7 Payee address; City; State; Zip Code <u>9322 MOSS TRL DALLAS TX 75231</u>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>CONSULTING YARD SIGNS PRINTING</u>	(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 <u>1/22/18</u>	Payee name <u>STRATEGY FIRST TECHNOLOGIES, LLC</u>	
Amount (\$) <u>\$3,000⁰⁰</u>	Payee address; City; State; Zip Code <u>11008 ROSER RD DALLAS TX 75229</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>CONSULTING</u>	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 <u>2/1/18</u>	Payee name <u>ANEDOT</u>	
Amount (\$) <u>223.15</u>	Payee address; City; State; Zip Code <u>P.O. BOX BATON ROUGE, LA 70884</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>CREDIT CARD PAYMENT FEES</u>	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 _____	

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