CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to complet	e this form.	1 Filer ID (Ethics Commi 00081965		2 Total pages f	filed: 28
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE	USE ONLY
OFFICEHOLDER NAME	The Honorable	Bradley L.			Date Received	
					ELECTRONIC	ALLY FILED
	NICKNAME I	 _AST		SUFFIX	07/17/2023	, , ,
				SUFFIX	01/11/2020	
		Buckley				
4 CANDIDATE /	ADDRESS / PO BOX; APT / S	SUITE#; CIT	Υ;	ZIP CODE	Date Hand-delivered	or Date Postmarked
OFFICEHOLDER MAILING	7321 FM #2843					
ADDRESS					Receipt #	Amount
Change of Address	Salado, TX 76571				2 . 2	
					Date Processed	
					Date Imaged	
					Date illiageu	
5 CAMPAIGN	MS/MRS/MR F	IRST		MI	L	
TREASURER		Vayne C.		1411		
NAME	IVII.	vayrie C.				
	NIOIALANE					
		AST Zab		SUFFIX		
	2	<u>'eh</u>				
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PO B	OX PLEASE);	AP ⁻	r / SUITE #; CITY;	ST	ATE; ZIP CODE
ADDRESS	1297 Mission Trail					
(Residence or Business)						
	Salado, TX 76571					
7 CAMPAIGN	AREA CODE PHONE	NUMBER E	VTENCION			
7 CAMPAIGN TREASURER		NUMBER E	XTENSION			
PHONE	(254) 681-2559					
8 REPORT						
TYPE	January 15	30th day before	election	Runoff	15th day after ca	ampaign treasurer
		cour day solore	ы. П	L	appointment (off	
	X July 15	8th day before e	lection	Exceeded modified reporting limit	Final Report (At	tach C/OH-FR)
				reporting limit		
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	01/01/2023	TH	ROUGH	06/30/202	23	
		_				
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	Pr	imary	Runoff	Other	
		∏G∈	eneral	Special		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT	(if known)	
	State Representative District	t 54			(
		GO T	O PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 28

13 C / OH NAME	Buckley, Bradley L. (The Honorable)	14 Filer ID 00081965	(Ethics Com	mission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	This box is for notice of p candidate / officeholder. consent. Candidates and	the candidate's or offic	eholder's kno	owledge or	
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			
	X GENERAL	TEXANS FOR OPPORTUNITY AND PROS	PERITY PAC		
		COMMITTEE ADDRESS			
	SPECIFIC	1108 LAVACA			
		STE 110-265			
		AUSTIN, TX 78701			
		COMMITTEE CAMPAIGN TREASURER NAME			
		GANTT, CHARLES			
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS		
		1108 LAVACA			
		STE 110-265			
		AUSTIN, TX 78701			
16 CONTRIBUTION TOTALS		IZED POLITICAL CONTRIBUTIONS (OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$	0.00
		CAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	S)	\$	44,251.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL EXPENDITURES		\$	0.00
	4. TOTAL POLITIC	AL EXPENDITURES		\$	53,578.69
CONTRIBUTION BALANCE	5. TOTAL POLITICATION REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$	216,288.01
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$	0.00
17 AFFIDAVIT		I swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code.	y of perjury, that the ac all information required	companying to be reporte	report is d by me
		The Honor	able Bradley L. Buc	kley	
		Signature of	f Candidate or Officeho	lder	
AFFIX NO	TARY STAMP / SEAL ABO	OVE			
Sworn to and subs	cribed before me, by the s	aid	, this the		day
		ertify which, witness my hand and seal of office.			
Signature of office	cer administering	Printed name of officer administering	Title of office	er administeri	ng oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

			J V LI (O	3 of 28
18 FILER N Buckley	AME , Bradley L. (The Honorable)	19 Filer ID 00081965	(Ethics Co	mmission Filers)
	JLE SUBTOTALS F SCHEDULE		SUBT	TOTAL AMOUNT
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	44,251.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	SCHEDULE E: LOANS		\$	
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$	53,578.69
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 1/4 Rpt: 4/28		
2	FILER NAME Buckley, Bra	idley L. (The Honorable)		3	Filer ID (Ethics Commission Filers) 00081965		
4				7	Amount of Contribution (\$) \$5,000.00		
_	Dringing! goog	Austin, TX 78701	Employer (Coo Instructions				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))			
	Date Full name of contributor out-of-state PAC (ID#:) O6/29/2023 Autry Public Affairs Contributor address; City; State; Zip Code				Amount of Contribution (\$) \$500.00		
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 06/29/2023	Full name of contributor out-of-state PAC (ID#:_ Family Empowerment Coalition PAC Contributor address; City; State; Zip Code)		Amount of Contribution (\$) \$10,000.00		
	Principal occu	Austin, TX 78754 pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 06/29/2023	Full name of contributor out-of-state PAC (ID#: IBAT PAC Contributor address; City; State; Zip Code Austin, TX 78701			Amount of Contribution (\$) \$500.00		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 06/29/2023	Full name of contributor out-of-state PAC (ID#:_ Keener, Justin Contributor address; City; State; Zip Code Austin, TX 78701			Amount of Contribution (\$) \$500.00		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 2/4 Rpt: 5/28		
2	FILER NAME Buckley, Bra	adley L. (The Honorable)		3	Filer ID (Ethics Commission 00081965	on Filers)	
		7	Amount of Contribution (\$)	\$500.00			
_		Austin, TX 78703					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)			
	Date Full name of contributor out-of-state PAC (ID#:) 06/29/2023 Meyers, Lucas Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$250.00	
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 06/29/2023	Full name of contributor out-of-state PAC (ID#: Moak Casey PAC Contributor address; City; State; Zip Code Austin, TX 78746)		Amount of Contribution (\$)	\$2,500.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 06/29/2023	Full name of contributor out-of-state PAC (ID#:_ Second Floor Strategies Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 06/29/2023	Full name of contributor out-of-state PAC (ID#:_ Shannon, Fred Contributor address; City; State; Zip Code Austin, TX 78701			Amount of Contribution (\$)	\$500.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 3/4 Rpt: 6/28	
2	FILER NAME Buckley, Bra	adley L. (The Honorable)		3	Filer ID (Ethics Commission 00081965	on Filers)
4	Date 06/29/2023 5 Full name of contributor out-of-state PAC (ID#:) Texans for Lawsuit Reform PAC 6 Contributor address; City; State; Zip Code			7	Amount of Contribution (\$)	\$5,000.00
_	Dein ein al. a ann	Austin, TX 78701	O Frankrica (Con Instruction			
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date Full name of contributor out-of-state PAC (ID#:) Texas Lobby Partners Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$1,500.00
	Principal occu	Austin, TX 78701 upation / Job title (See Instructions)	Employer (See Instructions)		
	Date 06/16/2023	Full name of contributor out-of-state PAC (ID#:_ Tyroch, Martha Contributor address; City; State; Zip Code Temple, TX 76502			Amount of Contribution (\$)	\$501.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions RETIRED)		
	Date 06/29/2023	Full name of contributor out-of-state PAC (ID#: Veterinarian PAC Contributor address; City; State; Zip Code Austin, TX 78754			Amount of Contribution (\$)	\$5,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 06/29/2023	Full name of contributor out-of-state PAC (ID#:_ Weekley, Richard Contributor address; City; State; Zip Code Houston, TX 77027			Amount of Contribution (\$)	\$10,000.00
	Principal occu CEO	ipation / Job title (See Instructions)	Employer (See Instructions Texans for Lawsuit Refo			

	MONET	TARY POLITICAL CONTRIBUTION	ONS		SCHEDULE A1
	The Instru	ction Guide explains how to complete this	1 Total pages Sch Sch: 4/4 Rpt:		
2	FILER NAME Buckley, Bra	adley L. (The Honorable)		3 Filer ID (Ethic 00081965	s Commission Filers)
4	Date 06/29/2023	Full name of contributor	7 Amount of Cont	\$500.00 \$500.00	
		Houston, TX 77007			
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	ns)	
	Date 06/29/2023	Full name of contributor out-of-state PAC (ID#: Wholesale Beer Distributors PAC Contributor address; City; State; Zip Code)	Amount of Cont	\$1,000.00
	Principal occu	Austin, TX 78701 upation / Job title (See Instructions)	Employer (See Instructions	ns)	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Cal Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed a The Instruction Guide explains how to complete this form.	bove)
1	Total pages Schedule F1:		sion Filers)
	Sch: 1/21 Rpt: 8/28	Buckley, Bradley L. (The Honorable) 00081965	
4	Date	5 Payee name	
	02/21/2023	AUSA Central TX Chapter	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$250.00	PO Box 10700	
		Killeen, TX 76547	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Contributions/Donations Made By	
	EXPENDITORE	Candidate/Officeholder/Political Committee	
		scholarship sponsorship	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held OH	
	Date	Payee name	
	05/29/2023	Armenta, Morghan	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$500.00	PO Box 2910	
		Austin, TX 78768	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		contract labor	
		33.11.333.	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O	·	
H	Date	Payee name	
	05/24/2023	BCP/Beaumont Rainbow Room	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$100.00		
	Ψ100.00		
		Beaumont, TX 77726	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.	
	-	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Charitable contribution	
		Charlable Contribution	
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee	Food/Bevera Gift/Awards/N Legal Service The Instru	Memorials Exp es			xpens Vages			Travel in District Travel Out of Di OTHER (enter a	
1	Total pages Schedule F1:	2	FILER NAME							3	Filer ID	(Ethics Commission Filers)
	Sch: 2/21 Rpt: 9/28	ı	Buckley, Bra		(The Hon	orable)					00081965	,
4	Date	5	Payee name									
	05/18/2023		Barton Cree	k Countr	y Club							
6	Amount (\$)	7	Payee addres	ss; Cit	y;	State	; Zip Co	de				
	\$81.25		8212 Bartor									
			Austin, TX 7	8735								
8	PURPOSE	(a)	Category (Se	e Categories	listed at the t	op of this sch	edule)	(b)	Description			
	OF EXPENDITURE		Gift/Awards/	'Memoria	ls Expen	se			_			nplete Schedule T.
									—		, officeholder living	
									Reimburse R	ep	. Glenn Rog	ers for Committee gift
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Offic	ceholder n	ame	(Office sou	ght			Office h	eld
	Date		Payee name									
	04/17/2023		Bell County	Youth Fa	uir							
	Amount (\$)	\vdash	Payee addres	ss; Cit	v;	State	; Zip Co	ode				
	\$17,250.00		PO Box 105		,		, [-					
	+=-,=====			_								
			Belton, TX 7	6512								
		⊢										
	PURPOSE OF		Category (Se				iedule)	(b)	Description		:d4.T O	andata Calcaduda T
	EXPENDITURE		Contribution Candidate/C				vittoo		=		, officeholder living	nplete Schedule T.
			Cariuluale/C	mcenoiu	ei/Foillic	ai Cuilli	iiiiee		scholarship s			g caponido
										,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	р	
	Complete ONLY if direct		Candidate/Offic	reholder n	ame		Office sou	aht			Office h	old.
	expenditure to benefit C/O		zaraidate/Onit	crioider ii	arric		JIIICC 300	giit			Office II	Ciu
		_										
	Date		Payee name									
	01/18/2023		Belton Area	CHambe	er of Com	imerce						
	Amount (\$)		Payee addres	s; Cit	y;	State	; Zip Co	de				
	\$100.00		PO Box 659	1								
			Belton, TX 7	6513								
	PURPOSE	├	Category (Se					(b)	Description			
	OF	(",	Event Exper		iisteu at trie t	op of this scri	iedule)	(~)		outs	ide of Texas. Com	nplete Schedule T.
	EXPENDITURE		LVCIII LXPCI	150					Check if Austin	ı, TX	, officeholder living	g expense
									event expens	se		
	Complete ONLY if direct		Candidate/Offic	ceholder n	ame	(Office sou	ght			Office h	eld
	expenditure to benefit C/O	Н										

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 3/21 Rpt: 10/28	Buckley, Bradley L. (The Honorable) 00081965
4	Date	5 Payee name
	01/23/2023	Centex AABSE
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$40.00	PO Box 10425
		Killeen, TX 76543
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		advertising expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	04/17/2023	Central Texas Republican Women
	Amount (\$)	Payee address; City; State; Zip Code
	\$20.00	PO Box 24
		Belton, TX 76513
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense
	LAPENDITORE	Check if Austin, TX, officeholder living expense
		event expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	•
	Date	Payee name
	05/09/2023	Central Texas Republican Women
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	PO Box 24
	4000.00	
		Belton, TX 76513
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Event Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		event sponsorship
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Printing Expense
Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
	Sch: 4/21 Rpt: 11/28	Buckley, Bradley L. (The Honorable) 00081965	
4	Date	5 Payee name	_
	03/29/2023	Clayton Spangler Photographic Design	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$511.00	235 Point Lick Drive	
		Charleston, WV 25306	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense office expense	
		omoc expense	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O		
F	Date	Payee name	=
	03/24/2023	Criminal Justice Reform Caucus	
┝	Amount (\$)	Payee address; City; State; Zip Code	_
	\$300.00	PO Box 2910	
		Austin, TX 78768	
┢	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITORE	Check if Austin, TX, officeholder living expense	
		dues	
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O		
H	Date	Payee name	-
	05/29/2023	Denison, Sarah	
H	Amount (\$)	Payee address; City; State; Zip Code	_
	\$1,000.00	PO Box 2910	
		Austin, TX 78768	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		contract labor	
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		
\vdash			_

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I Committee 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: Sch: 5/21 Rpt: 12/28	2 FILER NAME Buckley, Bradley L. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00081965
_	<u> </u>	
4	Date	5 Payee name
	01/02/2023	Diem, Jessica
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	3013 Saint Matthew Street
		Salado, TX 76571
Ļ		
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign Salary
		Cumpuigh Sulary
L		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experience to benefit of or	'
	Date	Payee name
	01/02/2023	Diem, Jessica
	Amount (\$)	Payee address; City; State; Zip Code
	\$110.46	3013 Saint Matthew Street
	Ψ110.40	5515 Gaint Matthew Girect
		Salado, TX 76571
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense
		Office expense reimbursement
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	01/06/2023	Diem, Jessica
-	Amount (\$)	Payee address; City; State; Zip Code
	\$72.02	3013 Saint Matthew Street
	Ψ12.02	3013 Saint Matthew Street
		Salado, TX 76571
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	LAI LINDITORE	Check if Austin, TX, officeholder living expense
		Office expense reimbursement
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
ļ_	T. 1 01 11 F4	1
1	Total pages Schedule F1:	
	Sch: 6/21 Rpt: 13/28	Buckley, Bradley L. (The Honorable) 00081965
4	Date	5 Payee name
	01/11/2023	Diem, Jessica
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$388.02	3013 Saint Matthew Street
		Salado, TX 76571
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		gifts/memorials reimbursement
		9
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
L		
	Date	Payee name
	01/18/2023	Diem, Jessica
	Amount (\$)	Payee address; City; State; Zip Code
	\$15.98	3013 Saint Matthew Street
		Salado, TX 76571
_	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Office expense reimbursement
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
H	Date	Payee name
	02/03/2023	Diem, Jessica
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	3013 Saint Matthew Street
		Salado, TX 76571
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Campaign Salary
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experience to belief 6/01	•

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	I Committee 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 7/21 Rpt: 14/28	Buckley, Bradley L. (The Honorable) 00081965
4 Date	5 Payee name
02/03/2023	Diem, Jessica
6 Amount (\$) \$47.49	7 Payee address; City; State; Zip Code 3013 Saint Matthew Street
	Salado, TX 76571
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office expense reimbursement
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/13/2023	Diem, Jessica
Amount (\$) \$302.18	Payee address; City; State; Zip Code 3013 Saint Matthew Street
	Salado, TX 76571
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office expense reimbursement
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date 03/01/2023	Payee name Diem, Jessica
	<u> </u>
Amount (\$) \$500.00	Payee address; City; State; Zip Code 3013 Saint Matthew Street
	Salado, TX 76571
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Salary
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (orders extended that is a second or secon

	Candidate/Officeholder/Politica Credit Card Payment	I Committee 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 8/21 Rpt: 15/28	Buckley, Bradley L. (The Honorable) 00081965
4	Date	5 Payee name
	03/01/2023	Diem, Jessica
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$15.98	3013 Saint Matthew Street
		Salado, TX 76571
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Office expense reimbursement
		Office expense reimbursement
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
<u> </u>	<u> </u>	
	Date	Payee name
	04/01/2023	Diem, Jessica
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	3013 Saint Matthew Street
		Salado, TX 76571
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Campaign Salary
		Campaigh Calary
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	04/01/2023	Diem, Jessica
	Amount (\$)	Payee address; City; State; Zip Code
	\$26.84	3013 Saint Matthew Street
		Salado, TX 76571
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	ZA ZADITORZ	Check if Austin, TX, officeholder living expense
		Office expense reimbursement
_	Operation ONE VIII II	Ora didata (Office hadden granne
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	p = 1 2 25 3/01	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schodule F1:	1
_	Total pages Schedule F1: Sch: 9/21 Rpt: 16/28	Buckley, Bradley L. (The Honorable)
4	Date	5 Payee name
-	04/17/2023	Diem, Jessica
L		
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$501.90	3013 Saint Matthew Street
		Salado, TX 76571
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		advertising expense reimbursement
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	04/17/2023	Diem, Jessica
	Amount (\$)	Payee address; City; State; Zip Code
	\$307.19	3013 Saint Matthew Street
	,	
		Colodo TV 7CF71
		Salado, TX 76571
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		event expense reimbursement
		event expense reimbursement
	Complete ONL V if direct	Condidate/Officeholder name Office cought Office hold
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	·	
	Date	Payee name
	05/03/2023	Diem, Jessica
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	3013 Saint Matthew Street
		Salado, TX 76571
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Salaries/Wages/Contract Labor
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Campaign Salary
L		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(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

	Credit Card Payment	The Instruction Guide explains how to con	nple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 10/21 Rpt: 17/28	Buckley, Bradley L. (The Honorable)		00081965
4	Date	5 Payee name		•
	05/05/2023	Diem, Jessica		
6	Amount (\$)	7 Payee address; City; State; Zip Coo	de	
	\$286.81	3013 Saint Matthew Street		
		Salado, TX 76571		
8	PURPOSE		(h)	Description
ľ	OF	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(D)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Cita Wards Memorials Expense		Check if Austin, TX, officeholder living expense
				memorials expense reimbursement
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	jht	Office held
	Date	Payee name		
	05/05/2023	Diem, Jessica		
	Amount (\$)	Payee address; City; State; Zip Coo	зе	
	\$560.23	3013 Saint Matthew Street		
		Solodo TV 76571		
	DUDDOGE	Salado, TX 76571	(I- \	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(a)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overfleau/Refital Expense		Check if Austin, TX, officeholder living expense
				office expense reimbursement
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ght	Office held
	Date	Payee name		
	05/22/2023	Diem, Jessica		
	Amount (\$)	Payee address; City; State; Zip Coo	de	
	\$161.64	3013 Saint Matthew Street		
		Colodo TV 70571		
		Salado, TX 76571		
	PURPOSE OF	,	(b)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overhead/Rental Expense		Check if Austin, TX, officeholder living expense
				office expense reimbursement
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ght	Office held
	experientare to benefit G/OI	·		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solarios (Contract Labor,

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 11/21 Rpt: 18/28	Buckley, Bradley L. (The Honorable) 00081965
4	Date	5 Payee name
	06/02/2023	Diem, Jessica
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	3013 Saint Matthew Street
		Salado, TX 76571
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign Salary
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OH	1
	Date	Payee name
	06/12/2023	Diem, Jessica
	Amount (\$)	Payee address; City; State; Zip Code
	\$233.08	3013 Saint Matthew Street
		Salado, TX 76571
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Office Expense reimbursement
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OH	1
	Date	Payee name
	06/12/2023	Diem, Jessica
	Amount (\$)	Payee address; City; State; Zip Code
	\$287.11	3013 Saint Matthew Street
		Salado, TX 76571
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Travel Expense Reimbursement
		Travel Expense Neimbarsement
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission F	ilers)
	Sch: 12/21 Rpt: 19/28	Buckley, Bradley L. (The Honorable) 00081965	
4	Date	5 Payee name	
Ļ	05/29/2023	Ding, Lilac	
6	Amount (\$) \$1,500.00	7 Payee address; City; State; Zip Code PO Box 2910	
	Ψ1,300.00	1 0 Box 2310	
		Austin, TX 78768	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaries/Wages/Contract Labor	
		Check if Austin, TX, officeholder living expense contract labor	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/Ol		
	Date	Payee name	
L	02/13/2023	Gilmore, Leslie	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$252.58	111 W Great Plains Trl	
		Harker Heights, TX 76548	
┝	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Event Expense	
	_/	Check if Austin, TX, officeholder living expense event expense reimbursement	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/Ol	H	
	Date	Payee name	
	03/07/2023	Greater Killeen Chamber of Commerce	
	Amount (\$)	Payee address; City; State; Zip Code PO Box 548	
	\$150.00	PO BOX 546	
		Killeen, TX 76540	
┝	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.	
	EXI ENDITORE	Check if Austin, TX, officeholder living expense annual dues	
		amual dues	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
L	expenditure to benefit C/Ol	DH	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political C

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 13/21 Rpt: 20/28	Buckley, Bradley L. (The Honorable) 00081965
4	Date	5 Payee name
	01/18/2023	Holland Area Chamber of Commerce
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$15.00	PO Box 272
		Holland, TX 76534
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense membership dues
		membership dues
_	Compulate ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OI	
	Date	Payee name
	01/02/2023	Just Say It
	Amount (\$)	Payee address; City; State; Zip Code
	\$144.00	10606 Brewer Road
		Salado, TX 76571
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Office supply expense
		Описс Зарргу схрепас
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	02/27/2023	Killeen Branch NAACP
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,180.00	PO Box 1522
		Killeen, TX 76540
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	ZA ZHOHORZ	Candidate/Officeholder/Political Committee
		scholarship sponsorship
_	Operation ONE VIII II	On didn't 10 ff a balden name
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	p = 1 2 25 3/01	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_	T	· · · · · · · · · · · · · · · · · · ·
1	Total pages Schedule F1: Sch: 14/21 Rpt: 21/28	2 FILER NAME Buckley, Bradley L. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00081965
4	Date	5 Payee name
	04/17/2023	Killeen Independent School District
6	Amount (\$) \$500.00	7 Payee address; City; State; Zip Code 200 N. WS Young Drive
_		Killeen, TX 76543
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense
		Check if Austin, TX, officeholder living expense
		event sponsorship
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/17/2023	Killeen Junior Livestock Show Assn
	Amount (\$)	Payee address; City; State; Zip Code
	\$5,166.75	PO Box 218
	Ψ0,100.10	1 0 BOX 210
		Killeen, TX 76540
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	LAI LINDITORL	Candidate/Officeholder/Political Committee
		scholarship sponsorship
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Т	Date	Payee name
	05/19/2023	Killeen Kangaroos Athletic Booster Club
		-
	Amount (\$)	Payee address; City; State; Zip Code
	\$400.00	PO Box 795
		Killeen, TX 76540
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense
	LAI LINDITORL	Check if Austin, TX, officeholder living expense
		event sponsorship
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 15/21 Rpt: 22/28	Buckley, Bradley L. (The Honorable) 00081965
4	Date	5 Payee name
	05/16/2023	King Ranch Saddle Shop
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$3,121.93	PO Box 1594
		Kingsville, TX 78364
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Committee gifts
		Committee girts
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_		
	Date	Payee name
	05/19/2023	King Ranch Saddle Shop
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,426.90	PO Box 1594
		Kingsville, TX 78364
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Staff gifts
		Stail girts
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
_	Data	
	Date	Payee name
	01/23/2023	LA MPR VFD
	Amount (\$)	Payee address; City; State; Zip Code
	\$350.00	1 Ash Court
		Belton, TX 76513
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense event sponsorship
		event sponsorship
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 16/21 Rpt: 23/28	Buckley, Bradley L. (The Honorable) 00081965
4	Date	5 Payee name
	05/16/2023	Lampasas Boys and Girls Club
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,000.00	107 North Main St
		Lampasas, TX 76550
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense
		Check if Austin, TX, officeholder living expense event sponsorship
		CVCIII Sporisoisiiip
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-	Date	Payee name
	06/02/2023	M&D Business Services
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.26	PO Box 2067
	¥200.20	. 6 26. 266.
		Temple, TX 76503
_	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		event sponsorship
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experience to benefit eye.	
	Date	Payee name
	03/31/2023	Moffat VFD
	Amount (\$)	Payee address; City; State; Zip Code
	\$175.00	5600 Lakeaire Blvd
		Temple, TX 76502
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		event expense
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
l		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 17/21 Rpt: 24/28	Buckley, Bradley L. (The Honorable) 00081965
4	Date	5 Payee name
	05/09/2023	Paper Graphics
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,028.75	904 S 31st St
		Temple, TX 76504
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		printing expense
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
		•
	Date	Payee name
	05/29/2023	Patel, Kylissa
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	PO Box 2910
		Austin, TX 78768
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense contract labor
		Contract labor
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	05/29/2023	Reed, Jack
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,500.00	PO Box 2910
	Ψ2,000.00	1 0 20% 2010
		Austin, TX 78768
	DUDDOOF	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		contract labor
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Candidate/Officeholder/Politica Credit Card Payment							OTHER (enter a category not listed above)					
L	·				Guide explains	how to co	mple	ete this form.					
1	Total pages Schedule F1:	2	FILER NAME	Ξ					3	Filer ID	(Ethics Commiss	ion Filers)	
l	Sch: 18/21 Rpt: 25/28		Buckley, Bradley L. (The Honorable)							00081965			
4	Date	5	Payee name										
	06/02/2023			a Republican V	Vomen								
<u>ــ</u>	Amount (\$)	_	Payee addre			; Zip Co	ndo.						
ľ	\$200.00	ľ	PO Box 37		State	, Ζιρ Ου	ue						
l	φ200.00		PO BOX 37.	5									
l													
l			Salado, TX	76571									
8	PURPOSE	(a)	Category (S	ee Categories listed a	t the top of this sch	nedule)	(b)	Description					
	OF EXPENDITURE		Event Expe			ŕ		Check if travel of	outsi	de of Texas. Con	nplete Schedule T.		
	LAFLINDITORL							느		officeholder livin	g expense		
								Event expens	se				
9	Complete ONLY if direct		Candidate/Off	iceholder name	(Office sou	ght			Office h	eld		
	expenditure to benefit C/OI	Н											
F	Date		Payee name										
	04/18/2023		TDCJ										
┝	Amount (\$)	┢	Pavee addre	ess. City.	State	· Zin Co	nde						
Amount (\$) Payee address; City; State; Zip Code \$124.49 8801 S. 1st Street STE 100													
	Ψ124.43		0001 3. 13	. Street STE IC	10								
			Austin, TX	78748									
	PURPOSE	(a)	Category (S	ee Categories listed a	t the top of this sch	nedule)	(b)	Description					
l	OF EXPENDITURE			ns/Donations N	,			=			nplete Schedule T.		
Candid				didate/Officeholder/Political Committee				—	Check if Austin, TX, officeholder living expense				
sponsorship item													
L	2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	L	. "			- "							
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH													
L													
	Date		Payee name										
	01/05/2023		TFRW PAC	;									
Г	Amount (\$)		Payee addre	ss; City;	State	; Zip Co	de						
	\$500.00		PO Box 17	1146									
l													
			Austin, TX	78717									
L						1							
	PURPOSE OF	(a)		ee Categories listed a		nedule)	(b)	Description	outoi	do of Toyon Con	anloto Sahadula T		
EXPENDITURE Contributions/Donations Mad Candidate/Officeholder/Politi						nittoo		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
l			Carididate	Office Holder/F	illicai Comin	iillee		event expens			genpenee		
									-				
\vdash	Complete ONLY if direct	Ц,	Candidato/Off	iceholder name		Office sou	abt			Office h	eld		
	expenditure to benefit C/OI		Januluale/UII	icentituel Haille	(Jilice Suu	grit			Office II	ciu		
\vdash	•												

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to comp	plete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 19/21 Rpt: 26/28	Buckley, Bradley L. (The Honorable)	00081965
4 Date	5 Payee name	•
02/13/2023	Tanner, Vanessa	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$645.44	8403 Selway Drive	
	Austin, TX 78736	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	D) Description
OF EXPENDITURE	Event Expense	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense event expense reimbursement
		event expense reimbarsement
9 Complete ONLY if direct	Candidate/Officeholder name Office sough	office held
expenditure to benefit C/O		
Date	Payee name	
02/27/2023	Tanner, Vanessa	
Amount (\$)	Payee address; City; State; Zip Code	3
\$459.71	8403 Selway Drive	
*	5 5	
	Austin, TX 78736	
PURPOSE) Description
OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Cines Sterrioda, Normai Expense	Check if Austin, TX, officeholder living expense
		Office expense reimbursement
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	office held
Date	Payee name	
01/23/2023	Temple Chamber of Commerce	
Amount (\$)	Payee address; City; State; Zip Code	
\$253.00	201 Santa Fe Way #105	
	T 1 T)/ T0504	
	Temple, TX 76501	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if travel outside of Texas. Complete Scriedule 1. Check if Austin, TX, officeholder living expense
		membership dues
Complete ONLY if direct	Candidate/Officeholder name Office sough	t Office held
expenditure to benefit C/O	1	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Cor

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category no Credit Card Payment) The Instruction Guide explains how to complete this form.					
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
	Sch: 20/21 Rpt: 27/28	Buckley, Bradley L. (The Honorable) 00081965				
4	Date	5 Payee name				
	02/03/2023	Texas Conservative Coalition				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$2,000.00	PO Box 2659				
		Austin, TX 78768				
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
		membershp dues				
		memberen, pages				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/Ol	H				
	Date	Payee name				
	02/27/2023	Texas House Republican Caucus				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$1,000.00	PO Box 13305				
		Austin, TX 78711				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
		membership dues				
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/O	· ·				
F	Date	Payee name				
	04/19/2023	Walker Honey Farm				
L						
	Amount (\$) \$1,296.00	Payee address; City; State; Zip Code 8060 East US Hwy 190				
	\$1,290.00	6000 East 03 Hwy 190				
		Rogers, TX 76569				
	DUDDOCE					
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.				
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
		event expense				
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/O	H				
Г						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		y - al Co	Gift/Awa	Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services		ad/Rental Expense se se s/Contract Labor		Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
	orean oura'r dyment		The Ins	struction Guide explain	s how to compl	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)	
	Sch: 21/21 Rpt: 28/28		Buckley, Bradley I	L. (The Honorable)				00081965		
4	Date	5	Payee name				_			
	06/29/2023		WinRed							
<u>_</u>	Amount (\$)	-	Payee address;	City: Stat	o: Zin Codo					
ľ		ľ		City; Stat	e; Zip Code					
	\$19.70		PO BOX 9891							
l										
			ARLINGTON, VA	22219						
8	PURPOSE	(a)	Category (See Catego	ories listed at the top of this s	chedule) (b)	Description				
	OF EXPENDITURE		Office Overhead/F					ide of Texas. Com		
	LA LINDITORE					_		, officeholder living	expense	
						online fee pa	ym	ent		
9	Complete ONLY if direct expenditure to benefit C/Ol		Candidate/Officeholde	er name	Office sought			Office he	eld	
L	experience to benefit of o									
l										
l										
l										