CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to com	plete this form.	1 Filer ID (Ethics Comm 00081965		2 Total pages filed:	
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE USE O	NLY
OFFICEHOLDER NAME	The Honorable	Bradley L.			Date Received	
					ELECTRONICALLY F	II FD
	NICKNAME	LACT		CUETIV	01/12/2024	ILLD
	NICKNAME Brad	LAST Buckley		SUFFIX	01/12/2024	
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; AI	PT / SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered or Date Posi	tmarked
MAILING ADDRESS	7321 FM #2843				Receipt # Amoun	nt
Change of Address	Salado, TX 76571				Date Processed	
<u> </u>					Date 1 10003500	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI		
TREASURER NAME	Mr.	Wayne C.				
NAIVIE		-				
	NICKNAME	LAST		SUFFIX		
		Zeh				
6 CAMPAIGN	STREET ADDRESS (NO F	PO BOX PLEASE);	AP	T / SUITE #; CITY	; STATE;	ZIP CODE
TREASURER ADDRESS	1297 Mission Trail					
(Residence or Business)						
	Salado, TX 76571					
7 CAMPAIGN	AREA CODE PH	ONE NUMBER E	EXTENSION			
TREASURER PHONE	(254) 681-2559					
PHONE						
8 REPORT		_		_	_	
TYPE	X January 15	30th day before	election	Runoff	15th day after campaign tre appointment (officeholder of	easurer only)
	July 15	8th day before 6	election	Exceeded modified	Final Report (Attach C/OH	
				reporting limit	_	
9 PERIOD	Month Day Yea	r		Month Day	Year	
COVERED	07/01/2023	TH	HROUGH	12/31/20	23	
10 ELECTION	ELECTION DATE			ELECTION TYPE	_	
	Month Day Yea	r	rimary	Runoff	Other	
		G	Seneral	Special		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGH	T (if known)	
	State Representative D	strict 54				
		GO T	O PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 33

13 C / OH NAME	Buckley, Bradley L.	(The Honorable)	14 Filer ID (E 00081965	Ethics Commission Filers)		
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expendite These expenditures may have been made without d officeholders are required to report this informatio	the candidate's or officel	holder's knowledge or		
Additional Pages	COMMITTEE TYPE COMMITTEE NAME					
	X GENERAL	TEXAS ALLIANCE OF LIFE PAC				
		COMMITTEE ADDRESS				
	SPECIFIC	800 CENTRE PARK DRIVE				
		STE 380				
		AUSTIN, TX 78754				
		COMMITTEE CAMPAIGN TREASURER NAME				
		SHAW, JAMES				
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS			
		800 CENTRE PARK DRIVE				
		STE 380				
		AUSTIN, TX 78754				
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)	\$ 64,488.87		
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL EXPENDITURES		\$ 0.00		
	4. TOTAL POLITIC	CAL EXPENDITURES		\$ 59,060.16		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 216,558.13					
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LOANS AS ITING 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.				
		The Honor	able Bradley L. Buckl	ey		
		Signature of	f Candidate or Officehold	ler		
AFFIX NO	TARY STAMP / SEAL AB	OVE				
Sworn to and subs	cribed before me, by the s	aid	, this the	day		
of	, 20, to c	ertify which, witness my hand and seal of office.				
Signature of officer administering Printed name of officer administering Title of officer administering oath						

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

					3 of 33
	ER NAN		19 Filer ID	(Ethic	cs Commission Filers)
		Bradley L. (The Honorable)	00081965		
	ME OF		SUBTOTAL AMOUNT		
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	64,405.54
2.	X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	83.33
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE E: LOANS		\$	
5.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$	59,060.16
6.	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	TARY POLITICAL CONTRIBUTION		SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	form.	1	Total pages Schedule A1: Sch: 1/6 Rpt: 4/33		
2	FILER NAME Buckley, Bra	adley L. (The Honorable)		3	Filer ID (Ethics Commission 00081965	on Filers)	
4	Date 12/21/2023			7	Amount of Contribution (\$)	\$500.00	
		Abbott Park, IL 60064					
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions))			
	Date Full name of contributor out-of-state PAC (ID#:) Allen Boone Humphries Robinson Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2,000.00		
	Houston, TX 77027 Principal occupation / Job title (See Instructions) Employer (See Instruction						
	Date Full name of contributor out-of-state PAC (ID#:) O7/27/2023 Ancira Strategic Partners Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$250.00		
	Principal occu	Austin, TX 78701 upation / Job title (See Instructions)	Employer (See Instructions))			
Date Full name of contributor out-of-state PAC (ID#:				Amount of Contribution (\$)	\$500.00		
	Principal occu Consultant	upation / Job title (See Instructions)	Employer (See Instructions) Moak Casey)			
	Date Full name of contributor out-of-state PAC (ID#:) 10/06/2023 Clark, Dennis Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00		
	Principal occu	Moody, TX 76557 upation / Job title (See Instructions)	Employer (See Instructions))			
			1				

MONETARY POLITICAL CONTRIBUTIONS						SCHEDULE A1			
	The Instru	ction Guide explains hov	to complete this for	m.	1	Total pages Schedule A1: Sch: 2/6 Rpt: 5/33			
2	FILER NAME Buckley, Bra	idley L. (The Honorable)			3	Filer ID (Ethics Commission 00081965	on Filers)		
4	Date 10/05/2023	5 Full name of contributor Colyandro, John6 Contributor address; City; S	out-of-state PAC (ID#: tate; Zip Code)	7	Amount of Contribution (\$)	\$1,921.20		
		Austin, TX 78701							
8	Principal occu Consultant	pation / Job title (See Instructions	9	Employer (See Instructions Colyandro Public Affairs					
	Date Full name of contributor out-of-state PAC (ID#:) 10/02/2023 Grusendorf, Kent Contributor address; City; State; Zip Code		•	Amount of Contribution (\$)	\$5,000.00				
	Austin, TX 78746 Principal occupation / Job title (See Instructions) Retired Employer (See Instructions) Retired		<u> </u> s)						
	Date 07/27/2023	Full name of contributor out-of-state PAC (ID#:) Jancira Strategies Contributor address; City; State; Zip Code		•	Amount of Contribution (\$)	\$500.00			
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions	s)	Employer (See Instructions	<u> </u> s)				
	Date 12/31/2023	Full name of contributor Lloyd Gosselink Rochelle Contributor address; City; S Austin, TX 78701)		Amount of Contribution (\$)	\$500.00		
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	5)				
	Date 10/09/2023					\$100.00			
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	5)				

MONETARY POLITICAL CONTRIBUTIONS						SCHEDULE A		
	The Instruction Guide explains how to complete this form.					Total pages Schedule A1: Sch: 3/6 Rpt: 6/33		
2	FILER NAME Buckley, Bra	dley L. (The Honorable)			3	Filer ID (Ethics Commission 00081965	on Filers)	
4	Date 09/06/2023			7	Amount of Contribution (\$)	\$250.00		
8	Principal occu	Richmond, VA 23219 pation / Job title (See Instructions	s)	9 Employer (See Instructions	<u> </u> s)			
		(,		,			
	Date Full name of contributor out-of-state PAC (ID#:) 08/23/2023 Michaux Holdings Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00			
		Salado, TX 76571			L			
	Principal occu	pation / Job title (See Instructions	;) 	Employer (See Instructions	s)			
	Date Full name of contributor out-of-state PAC (ID#:				Amount of Contribution (\$)	\$500.00		
		Austin, TX 78738						
	Principal occu Partner	pation / Job title (See Instructions	5)	Employer (See Instructions Ancira Strategic Partne				
Date Full name of contributor out-of-state PAC (ID#:			•	Amount of Contribution (\$)	\$2,602.54			
	Principal occu CEO	pation / Job title (See Instructions	s)	Employer (See Instructions Charles Potomac Capit				
	Date Full name of contributor out-of-state PAC (ID#:) Salisbury, Sandra Contributor address; City; State; Zip Code Killeen, TX 76542		•	Amount of Contribution (\$)	\$100.00			
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	5)			

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 4/6 Rpt: 7/33		
2	FILER NAME Buckley, Bra	adley L. (The Honorable)		3	Filer ID (Ethics Commission Filers) 00081965		
4	Date 10/07/2023	 Full name of contributor		7	Amount of Contribution (\$) \$1,500.00		
8	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	9 Employer (See Instructions)			
	Date Full name of contributor out-of-state PAC (ID#:) 08/10/2023 Taratsas, Nick Contributor address; City; State; Zip Code Scottsdale, AZ 85258			Amount of Contribution (\$) \$1,000.00			
	Principal occupation / Job title (See Instructions) Partner Employer (See Instructions) DMB Development)			
Date Full name of contributor out-of-state PAC (ID#:				Amount of Contribution (\$) \$30,000.00			
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions)			
Date Full name of contributor out-of-state PAC (ID#: 10/27/2023 Texas Early Childcare PAC Contributor address; City; State; Zip Code				Amount of Contribution (\$) \$1,500.00			
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions)			
Date Full name of contributor out-of-state PAC (ID#:) 12/12/2023 Texas Farm Bureau AgFund Contributor address; City; State; Zip Code Waco, TX 76702			Amount of Contribution (\$) \$2,500.00				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			

MONETARY POLITICAL CONTRIBUTIONS						SCHEDULE A1		
	The Instru	ction Guide explains hov	to complete this f	orm.	1	Total pages Schedule A1: Sch: 5/6 Rpt: 8/33		
2	FILER NAME Buckley, Bra	adley L. (The Honorable)			3	Filer ID (Ethics Commission 00081965	on Filers)	
4	Date 07/27/2023	5 Full name of contributor ut-of-state PAC (ID#:) 7		7	Amount of Contribution (\$)	\$5,000.00		
	Delicalis al access	Austin, TX 78705						
8	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	5)			
	Date 11/15/2023				Amount of Contribution (\$)	\$3,000.00		
	Principal occu	Fort Worth, TX 76185 spation / Job title (See Instructions	6)	Employer (See Instructions	5)			
	Date 10/07/2023	0/07/2023 USAA Employee PAC Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$1,000.00	
	Principal occu	San Antonio, TX 78288 pation / Job title (See Instructions	5)	Employer (See Instructions	<u>(</u>			
Date Full name of contributor out-of-state PAC (ID#:				Amount of Contribution (\$)	\$100.00			
	Principal occu	Austin, TX 78754 spation / Job title (See Instructions	5)	Employer (See Instructions	j)			
	Date Full name of contributor out-of-state PAC (ID#:) 10/27/2023 Veterinarian PAC Contributor address; City; State; Zip Code Austin, TX 78754			Amount of Contribution (\$)	\$100.00			
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions)			
				•				

N	IONET	ARY POLITICAL CONTRIBUTION		SCHEDULE A1		
Т	he Instru	ction Guide explains how to complete this f	1	Total pages Schedule A1: Sch: 6/6 Rpt: 9/33		
	ILER NAME uckley, Bra	dley L. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00081965
4 D	ate 9/17/2023	 Full name of contributor out-of-state PAC (ID#:_ Williams, Todd Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$) \$2,881.80
	rincipal occu	Dallas, TX 75209 pation / Job title (See Instructions)	9	Employer (See Instructions Retired	<u> </u> s)	

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 10/33 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Buckley, Bradley L. (The Honorable) 00081965 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS Full name of contributor 9 In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 10/01/2023 **TREPAC** \$83.33 I ADVERTISING 7 Contributor address; City; State; Zip Code Austin, TX 78768 Check if travel outside of Texas. Complete Schedule T. (See instructions) 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) 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)

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 Schedu Sch: 1/23 Rpt: 1:		
4 Date 08/08/2023	5 Payee name Academy Athletic Booster Club	_
6 Amount (\$) \$10		
8 PURPOSE OF EXPENDITURE	Little River, TX 76554 (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense advertising	
Complete ONLY if dexpenditure to bene		
Date 10/13/2023	Payee name Academy FFA Boosters	
Amount (\$) \$15	Payee address; City; State; Zip Code PO Box 604	
	Little River-Academy, TX 76544	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense event sponsorship	
Complete <u>ONLY</u> if d expenditure to bene		_
Date 10/13/2023	Payee name Advent Heath Central Texas Foundation	_
Amount (\$) \$50	Payee address; City; State; Zip Code 2201 S. Clear Creek Rd	
	Killeen, TX 76549	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense event sponsorship	
Complete <u>ONLY</u> if d expenditure to bene		_

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: 2/23 Rpt: 12/33	Buckley, Bradley L. (The Honorable) 00081965
4	Date	5 Payee name
L	08/08/2023	BISD Athletic Dept
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$400.00	PO Box 711
		Belton, TX 76513
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
		advertising
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	08/15/2023	Bartlett FCCLA
Н	Amount (\$)	Payee address; City; State; Zip Code
	\$80.00	404 N. Robinson
		Bartlett, TX 76511
	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
		actioning
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	11/01/2023	Belton Area Chamber of Commerce
	Amount (\$)	Payee address; City; State; Zip Code
	\$150.00	PO Box 659
		Belton, TX 76513
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	,,,,,,,,,	Check if Austin, TX, officeholder living expense
		dues
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
\vdash		
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 complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
l	Sch: 3/23 Rpt: 13/33	Buckley, Bradley L. (The Honorable) 00081965
4	Date	5 Payee name
l	09/19/2023	Belton Education Enrichment Foundation
6	Amount (\$)	7 Payee address; City; State; Zip Code
l	\$500.00	400 North Wall Street
		Belton, TX 76513
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
	LXI LINDITORE	Check if Austin, TX, officeholder living expense
		event sponsorship
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	Complete ONLY if direct expenditure to benefit C/OI	
⊨	<u> </u>	
	Date	Payee name
	11/27/2023	Berry Communications
l	Amount (\$)	Payee address; City; State; Zip Code
	\$24,000.00	1014 W. Milton St
L		Austin, TX 78704
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		consulting
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
F	Date	Payee name
	08/08/2023	Big Red
┢	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	1170 Indian Pass
l		
		Salado, TX 76571
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF	Advertising Expense
l	EXPENDITURE	Check if Austin, TX, officeholder living expense
		advertising
L	0 1. 2	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ertising Expense Event Expense Loan Repayment/Reimbu

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

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

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

Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1: Sch: 4/23 Rpt: 14/33	2 FILER NAME3 Filer ID(Ethics Commission Filers)Buckley, Bradley L. (The Honorable)00081965
4 Date	5 Payee name
08/02/2023	Braccini, Steven
6 Amount (\$) \$250.00	7 Payee address; City; State; Zip Code 10108 Taylor Renee Dr Killeen, TX 76542
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	
EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. 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
Date	Payee name
08/07/2023	CAC Central Texas
Amount (\$)	Payee address; City; State; Zip Code
\$230.00	402 North Main Street
	Belton, TX 76513
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Event expense
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
12/19/2023	CARES Center
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	4705 E Rancier Ave
	Killeen, TX 76543
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
Complete ONLY Station	Condidate/Officeholder name
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
5	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ing Expense Event Expense Loan Repayment/Reimbu

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

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: 5/23 Rpt: 15/33	Buckley, Bradley L. (The Honorable) 00081965
4	Date	5 Payee name
	10/24/2023	CTRW PAC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$50.00	PO Box 26
		Belton, TX 76513
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense event expense
		event expense
_	Opening ONLY if allowed	On did to 10 ff as hald a grant Off as south
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/08/2023	CTRW PAC
	Amount (\$)	Payee address; City; State; Zip Code
	\$150.00	PO Box 26
		Belton, TX 76513
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense dues
		uucs
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	
	Date	Payee name
	11/13/2023	CTRW PAC
	Amount (\$)	Payee address; City; State; Zip Code
	\$40.00	PO Box 26
		Belton, TX 76513
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		event expense
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiencie to beliefft C/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

	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: 6/23 Rpt: 16/33	Buckley, Bradley L. (The Honorable) 00081965
4	Date	5 Payee name
	12/11/2023	CTRW PAC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$60.00	PO Box 26
		Belton, TX 76513
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		event expense
		event expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
H	Date	Payee name
	09/22/2023	Campaign Advocacy Management Professionals LLC
┝	Amount (\$)	Payee address; City; State; Zip Code
	\$6,170.15	401 NE 46th St
	\$0,170.15	401 NE 40(1) 3(
		Oldaharra City OV 7040F
L		Oklahoma City, OK 73105
	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
		mail
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
F	Date	Payee name
	12/08/2023	Campaign Advocacy Management Professionals LLC
Н	Amount (\$)	Payee address; City; State; Zip Code
	\$7,969.50	401 NE 46th
		Oklahoma City, OK 76105
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Printing Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Printing and mail services
L	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	
\vdash		

SCHEDULE F1

vertising Expense Event Expense Loan Repayment/Reimbu

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

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

	Candidate/Officeholder/Politica Credit Card Payment		OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 7/23 Rpt: 17/33	Buckley, Bradley L. (The Honorable)	00081965
4	Date	5 Payee name	
	09/27/2023	Central Texas AUSA	
6	Amount (\$) \$400.00	7 Payee address; City; State; Zip Code PO 10700 Killeen, TX 76547	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense rship
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought H	Office held
	Date	Payee name	
	09/07/2023	Clements Boys and Girls Clubs	
	Amount (\$) \$500.00	Payee address; City; State; Zip Code 703 N. 8th Street	
	Ψ300.00	703 W. Bur Street	
		Killeen, TX 76541	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	outside of Toyon Complete Cabadula T
	EXPENDITURE	Liverit Experise	outside of Texas. Complete Schedule T. TX, officeholder living expense
		event sponso	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	07/05/2023	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	Julianes/ Wages/Contract Easter	outside of Texas. Complete Schedule T.
		Check if Austin,	TX, officeholder living expense
		Campaign sai	ui y
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	Н	

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	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	<u> </u>
	Sch: 8/23 Rpt: 18/33	Buckley, Bradley L. (The Honorable) 00081965
4	Date	5 Payee name
	07/11/2023	Diem, Jessica
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$672.51	3013 Saint Matthew Street
		Salado, TX 76571
8	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 reimburs
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiorative to benefit C/Oi	
	Date	Payee name
	07/15/2023	Diem, Jessica
	Amount (\$)	Payee address; City; State; Zip Code
	\$270.62	3013 Saint Matthew Street
		Salado, TX 76571
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Cift/Awards/Memorials Expanse Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		memorials reimburs
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	07/28/2023	Diem, Jessica
	Amount (\$) \$62.08	Payee address; City; State; Zip Code 3013 Saint Matthew Street
	\$62.08	3013 Saint Matthew Street
		Salado, TX 76571
	PURPOSE	To a second seco
	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 supplies reimburs
	Complete ONII V if allows	Condidate/Officeholder name Office sought
	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

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: Sch: 9/23 Rpt: 19/33	2 FILER NAME Buckley, Bradley L. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00081965				
4	Date 08/01/2023	5 Payee name Diem, Jessica				
6	Amount (\$) \$500.00	7 Payee address; City; State; Zip Code 3013 Saint Matthew Street				
8	PURPOSE OF EXPENDITURE	Salado, TX 76571 (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				
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held				
	Date 08/15/2023	Payee name Diem, Jessica				
	Amount (\$) \$86.65	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 supplies reimburs				
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held				
	Date 08/29/2023	Payee name Diem, Jessica				
	Amount (\$) \$98.23	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 supplies reimburs				
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held				

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 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: 10/23 Rpt: 20/33	Buckley, Bradley L. (The Honorable) 00081965
4	Date	5 Payee name
	08/29/2023	Diem, Jessica
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$377.79	3013 Saint Matthew Street
		Salado, TX 76571
8	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 reimburs
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Dayso nama
	08/29/2023	Payee name Diem, Jessica
	Amount (\$)	Payee address; City; State; Zip Code
	\$485.67	3013 Saint Matthew Street
		Salado, TX 76571
	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.
EXI ENDITORE		Check if Austin, TX, officeholder living expense
		gifts/memorials reimbursement
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/03/2023	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.
		Check if Austin, TX, officeholder living expense campaign salary
		Campaign salary
	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: 11/23 Rpt: 21/33	Buckley, Bradley L. (The Honorable)	00081965		
4	Date	5 Payee name	·		
	09/07/2023	Diem, Jessica			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$150.00	3013 Saint Matthew Street			
		Salado, TX 76571			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	n		
	OF EXPENDITURE	Event Expense	travel outside of Texas. Complete Schedule T.		
		,	Austin, TX, officeholder living expense		
		event spt	onsorship reimburs		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held		
3	expenditure to benefit C/O		Office field		
_	Date	Davida nama			
	10/05/2023	Payee name Diem, Jessica			
		· ·			
	Amount (\$) \$500.00	Payee address; City; State; Zip Code 3013 Saint Matthew Street			
	\$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	Jaianes/Wages/Contract Eabor	travel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense		
		campaigr			
			•		
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held		
	expenditure to benefit C/OH	Н			
	Date	Payee name			
	10/05/2023	Diem, Jessica			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$462.61	3013 Saint Matthew Street			
		Salado, TX 76571			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	n		
	OF	, , ,	travel outside of Texas. Complete Schedule T.		
	EXPENDITURE	Check if A	Austin, TX, officeholder living expense		
		office sup	oplies reimburs		
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held		

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: 12/23 Rpt: 22/33	Buckley, Bradley L. (The Honorable) 00081965
4	Date	5 Payee name
	10/13/2023	Diem, Jessica
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$53.33	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 Austin, TX, officeholder living expense office supplies reimburs
		Office Supplies TellTibut's
<u>_</u>	Complete ONU V if alice	Condidate/Officeholder name Office sought
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/08/2023	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. Check if Austin, TX, officeholder living expense
		campaign salary
		ouripaigh saidi y
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	<u> </u>	
	Date	Payee name
	11/08/2023	Diem, Jessica
	Amount (\$)	Payee address; City; State; Zip Code
	\$39.71	3013 Saint Matthew Street
L		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 travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		office supplies reimburs
	0 1. 0	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	onponditure to belieff 6/01	•

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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: 13/23 Rpt: 23/33	Buckley, Bradley L. (The Honorable) 00081965
4	Date	5 Payee name
	11/16/2023	Diem, Jessica
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$369.83	3013 Saint Matthew Street
		Salado, TX 76571
8	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 reimburs
		traver expense reimburs
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
H	Date	Payee name
	11/16/2023	Diem, Jessica
L		
	Amount (\$)	Payee address; City; State; Zip Code
	\$220.23	3013 Saint Matthew Street
L		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 travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense office supplies reimburs
		office supplies rentibule
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Date	Payee name
	12/04/2023	Diem, Jessica
		· · · · · · · · · · · · · · · · · · ·
	Amount (\$)	
	\$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.
		Check if Austin, TX, officeholder living expense campaign salary
		Sampaigh Salary
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
\vdash		
ı		

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

	Candidate/Officeholder/Politica Credit Card Payment			Giff/Awards/Memorials Legal Services		nting Exp laries/Wa		e /Contract Labor		OTHER (enter a	a category not listed ab	ove)
				The Instruction G	uide explains how	to com	ple	te this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commissi	on Filers)
	Sch: 14/23 Rpt: 24/33		Buckley, Bra	adley L. (The H	lonorable)					00081965		
4	Date	5	Payee name									
	12/08/2023		Diem, Jessi	ca								
6	Amount (\$)	7	Payee addres	ss; City;	State; Zi	p Cod	e					
	\$25.69			Matthew Street	·	•						
			Salado, TX	76571								
8	PURPOSE	(2)				10	h)	Description				
°	OF	(a)		e Categories listed at t			IJ	Description Check if travel	nutsi	de of Texas, Con	nplete Schedule T.	
	EXPENDITURE		Office Over	nead/Rental Exp	pense					officeholder livin		
								office supplie	s re	eimburs		
9	Complete ONLY if direct		Candidate/Offic	ceholder name	Office	e sougl	ht			Office h	eld	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	12/20/2023		Diem, Jessi	ca								
	Amount (\$)	H	Payee addres	ss; City;	State; Zi	p Cod	e					
	\$255.70		3013 Saint N	Matthew Street								
			Salado, TX	76571								
	PURPOSE	(a)				. 10	h)	Description				
	OF	(")		e Categories listed at t			~,	_ `	outsi	de of Texas. Con	nplete Schedule T.	
EXPENDITURE			Office Overhead/Rental Expense				Check if Austin, TX, officeholder living expense					
								office supplie	s re	eimburs		
	Complete ONLY if direct		Candidate/Offic	eholder name	Office	e sougl	ht			Office h	eld	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	08/15/2023		EHS Quarte	rback Club								
	Amount (\$)		Payee addres	ss; City;	State; Zi	p Cod	е					
	\$275.00		301 E. Orior	n Drive								
			Killeen, TX	76542								
	PURPOSE	(a)	Category (Se	e Categories listed at t	he top of this schedule	e) (I	b)	Description				
	OF EXPENDITURE		Advertising I		·	, l		Check if travel	outsi	de of Texas. Con	nplete Schedule T.	
	LAPENDITORE							ш	, TX,	officeholder livin	g expense	
								advertising				
_	Complete ONLY If allowed	Ļ	Condidate /Off	abalder ref	Ott.	0.0000	h.			Off: 1	old	
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	ceriolaer name	Office	e sougl	nτ			Office h	eiu	

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

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services			se s/Contract Labor		OTHER (enter a	strict a category not listed abov	re)
	Credit Card Payment		The Instruction G	uide explains how to co	mpl	ete this form.				
1	Total pages Schedule F1:	2 FILER	NAME				3	Filer ID	(Ethics Commissio	n Filers)
	Sch: 15/23 Rpt: 25/33	Buckl	ey, Bradley L. (The F	Honorable)				00081965		
4	Date	5 Payee	name							
	09/18/2023	l	al of Trees							
6	Amount (\$)	7 Payee	address; City;	State; Zip Co	ode					
	\$500.00	1300	Saegert Ranch							
		 Killee	n, TX 76542							
8	PURPOSE				(h)	Description				
ľ	OF		ory (See Categories listed at t Expense	the top of this schedule)	(5)		outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE	LVCIII	LAPENSC					officeholder living		
						event sponso	rsh	nip		
9	Complete ONLY if direct		ate/Officeholder name	Office sou	ıght			Office h	eld	
	expenditure to benefit C/OI	H								
	Date	Payee	name							
	08/08/2023	Harla	nd Clarke							
	Amount (\$)	Payee	e address; City;	State; Zip Co	ode					
	\$257.06	1093	1 Laureate Drive							
		San A	Antonio, TX 78249							
_	PURPOSE		Ory (See Categories listed at	the ten of this calcula)	(b)	Description				
	OF		e Overhead/Rental Ex		()		outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE				Check if Austin, TX, officeholder living expense					
						checks				
	Complete ONLY if direct expenditure to benefit C/OI		ate/Officeholder name	Office sou	ıght			Office h	eld	
	experiulture to beliefft C/Oi	1								
	Date	Payee	name							
	08/08/2023	Holla	nd ISD							
	Amount (\$)	Payee	address; City;	State; Zip Co	ode					
	\$80.00	РО В	ox 217							
		Holla	nd, TX 76534							
	PURPOSE	(a) Categ	Ory (See Categories listed at	the top of this schedule)	(b)	Description				
	OF EXPENDITURE		rtising Expense	,					plete Schedule T.	
	LAFENDITORE						, TX,	officeholder living	g expense	
						advertising				
_	Operation ONE V. C. P.	0. ".		O.C.				0	-1-1	
	Complete ONLY if direct expenditure to benefit C/OI		ate/Officeholder name	Office sou	ıght			Office h	eid	

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 th	his form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 16/23 Rpt: 26/33	Buckley, Bradley L. (The Honorable)	00081965
4	Date	5 Payee name	
	08/07/2023	Holland Youth Fair Booster	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$500.00	PO Box 31	
		Holland, TX 76534	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Des	scription
	OF EXPENDITURE	Event Expense	Check if travel outside of Texas. Complete Schedule T.
		І — І —	Check if Austin, TX, officeholder living expense ent sponsorship
			cin sponsorsing
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		
H	Date	Payee name	
	10/06/2023	Hope House Ministry	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$800.00	627 Hope for the Hungry St	
	4000.00	er more to the many, yet	
		Belton, TX 76513	
	PURPOSE		
	OF		SCRIPTION Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Event Expense	Check if Austin, TX, officeholder living expense
		eve	ent sponsorship
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experiditure to beliefit C/Of		
	Date	Payee name	
	08/16/2023	Killeen Athletic Booster Club	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$325.00	PO Box 795	
		Killeen, TX 76540	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Des	scription
	OF EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.
		I — I —	Check if Austin, TX, officeholder living expense Vertising
			· Or aloning
H		<u> </u>	0"
ı	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought H	Office held
			Office neid
			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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	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: 17/23 Rpt: 27/33	Buckley, Bradley L. (The Honorable) 00081965
4	Date	5 Payee name
	09/18/2023	Killeen Professional Firefighter's Assn
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	PO Box 4458
		Killeen, TX 76540
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		event donation
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	08/08/2023	Knights Court Booster Club
	Amount (\$)	Payee address; City; State; Zip Code
	\$350.00	PO Box 2665
		Harker Heights, TX 76548
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		advertising
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	09/10/2023	LA MPR VFD
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	1 Ash Court
	,	
		Morgans Point, TX 76541
	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
	0 1: 0::::::::	
	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 -

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			se s/Contract Labor		OTHER (enter a	category not listed above)	
	Credit Card Payment	The Instruction Guide explains how to co	mpl	ete this form.				
1	Total pages Schedule F1:	2 FILER NAME			3	Filer ID	(Ethics Commission F	ilers)
	Sch: 18/23 Rpt: 28/33	Buckley, Bradley L. (The Honorable)				00081965		
4	Date	Payee name						
	08/07/2023	MOAA Centex Chapter 22						
6	Amount (\$)	7 Payee address; City; State; Zip Co	ode					
	\$500.00	PO Box 2326						
		Harker Heights, TX 76548						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description				
	OF	Event Expense	``		outsi	ide of Texas. Com	nplete Schedule T.	
	EXPENDITURE			\Box		, officeholder living	g expense	
				event sponso	rsh	nip		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ight			Office h	eld	
	experiantiale to belief of of							
	Date	Payee name						
	12/12/2023	Paper Graphics						
	Amount (\$)	Payee address; City; State; Zip Co	ode					
	\$981.46	904 South 31st Street						
		Temple, TX 76504						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description				
	OF EXPENDITURE	Printing Expense		=			plete Schedule T.	
	EXI ENDITORE			ш		, officeholder living	g expense	
				Printing and r	IIa	ii services		
_	Complete ONLY if direct	Candidate/Officeholder name Office sou	ıaht			Office h	ald.	
	expenditure to benefit C/OI	Candidate/Oniceriolide Harne Onice Sou	igrit			Office II	ciu	
_	Data							
	Date 11/11/2023	Payee name						
		Republican Party of Bell County						
	Amount (\$)	Payee address; City; State; Zip Co	ode					
	\$750.00	204 N East St suite A-1						
		D. II TV 70540						
		Belton, TX 76513						
	PURPOSE OF	a) Category (See Categories listed at the top of this schedule)	(b)	Description		ide of Toyon Com	mlata Cabadula T	
	EXPENDITURE	Fees				, officeholder living	nplete Schedule T. g expense	
				Filing fee				
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght			Office h	eld	
	expenditure to benefit C/OI							
l								

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission	n Filers)
Sch: 19/23 Rpt: 29/33 Buckley, Bradley L. (The Honorable) 00081965	
4 Date 5 Payee name	
08/11/2023 Rogers Athletic Booster Club	
6 Amount (\$) 7 Payee address; City; State; Zip Code	
\$100.00 PO Box 201	
Rogers, TX 76569	
8 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description	
OF Advertising Expense Check if travel outside of Texas. Complete Schedule T.	
Check if Austin, TX, officeholder living expense advertising	
duvertising	
O Complete ONLY if direct Condidate (Office helder name Office accepts	
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH	
Date Payee name	
10/13/2023 SARW PAC	
Amount (\$) Payee address; City; State; Zip Code	
\$39.00 PO Box 373	
Salado, TX 76571	
PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description (b) Description	
EXPENDITURE Contributions/Donations Made By	
Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee Scholarship donation	
Soriolaronip donation	
Complete ONLY if direct Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OH	
Date Payee name	
11/08/2023 SARW PAC	
Amount (\$) Payee address; City; State; Zip Code	
\$175.00 PO Box 373	
Salado, TX 76571	
PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description	
OF Fees Check if travel outside of Texas. Complete Schedule T.	
Check if Austin, 1X, officenoider living expense	
dues	
Complete ONLY if direct Condidate/Officeholder name Office accepts	
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
pense Event Expense Loan Repayment/Reimbu

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

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

l	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: 20/23 Rpt: 30/33	Buckley, Bradley L. (The Honorable) 00081965
4	Date	5 Payee name
	08/15/2023	SHS Grey Wolves Booster Club
6	Amount (\$) \$150.00	7 Payee address; City; State; Zip Code 3302 S. Clear Creek Rd
		Killeen, TX 76549
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense advertising
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/14/2023	Salado Education Foundation
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	PO Box 458
		Salado, TX 76571
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. 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
	Date	Payee name
	08/08/2023	Salado Youth Fair Boosters
	Amount (\$) \$600.00	Payee address; City; State; Zip Code PO Box 244
		Salado, TX 76571
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. 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

EXPENDITURE CATEGORIES FOR BOX 8(a)
sing Expense Event Expense Loan Repayment/Reimbu

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

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	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: 21/23 Rpt: 31/33	Buckley, Bradley L. (The Honorable) 00081965
4	Date	5 Payee name
	10/16/2023	TDCJ
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$610.00	8801 S. 1st Street STE 100
		Austin, TX 78748
8	PURPOSE	· · · · · · · · · · · · · · · · · · ·
ľ	OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made Ry Contributions/Donations Made Ry
	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
		sponsorship item
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
	Date	Payee name
	08/07/2023	TX Federation Republican Women
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	2113 Flat Creek Drive
		Richardson, TX 75080
_	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
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Dayaa nama
	09/27/2023	Payee name Temple Chamber of Commerce
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	201 Santa Fe Way #105
L		Temple, TX 76501
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
	LA LIDITUIL	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	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ing Expense Event Expense Loan Repayment/Reimbu

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

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)
l	Sch: 22/23 Rpt: 32/33	Buckley, Bradley L. (The Honorable) 00081965
4	Date	5 Payee name
l	08/08/2023	Temple Quarterback Club
6	Amount (\$)	7 Payee address; City; State; Zip Code
l	\$250.00	PO Box 2044
l		
		Temple, TX 76503
8	PURPOSE	
ľ	OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		advertising
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	experialture to beliefft C/O	<u> </u>
	Date	Payee name
	08/08/2023	Troy Athletic Booster Club
Г	Amount (\$)	Payee address; City; State; Zip Code
l	\$150.00	PO Box 91
		Troy, TX 76579
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
	LXI LINDITORL	Check if Austin, TX, officeholder living expense
		advertising
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	· · · · · · · · · · · · · · · · · · ·
⊨	Date	Davida marra
	09/27/2023	Payee name Troy Education Enrichment Foundation
	Amount (\$) \$150.00	Payee address; City; State; Zip Code PO Box 98
l	φ130.00	FO B0X 90
l		T TV 70570
L		Troy, TX 76579
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
l		event expense
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
Г		
ı		

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	Il 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: 23/23 Rpt: 33/33	Buckley, Bradley L. (The Honorable) 00081965						
4	Date	5 Payee name						
L	08/29/2023	Vanessa, Tanner						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$86.60	8403 Selway Drive						
		Austin, TX 78736						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.						
		Check if Austin, TX, officeholder living expense event sponsorship reimburs						
		event sponsorship reimburs						
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_					
ľ	expenditure to benefit C/OI							
F	Date	Payee name	-					
	08/29/2023	Vanessa, Tanner						
┝	Amount (\$)	Payee address; City; State; Zip Code	_					
	\$148.20	8403 Selway Drive						
	Ψ140.20	0400 Sciway Drive						
		A						
L		Austin, TX 78736						
	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 supplies reimburs						
		Sinds supplies formation						
┝	Complete ONLY if direct							
	expenditure to benefit C/OI							
H	Date	Payee name	=					
	07/04/2023	WinRed						
H	Amount (\$)	Payee address; City; State; Zip Code	_					
	\$102.54	PO BOX 9891						
	Ψ102.54	1 0 BOX 3031						
		Arlington, VA 22219						
	DUDD005							
	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	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
		ONLINE FEE						
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_					
1	expenditure to benefit C/OI	1						
T			_					
1								
ĺ								