

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00069589	2 Total pages filed: 50	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR The Honorable	FIRST John H.	MI	OFFICE USE ONLY Date Received ELECTRONICALLY FILED 01/15/2025
	NICKNAME	LAST Bucy	SUFFIX III	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; P.O. Box 536 Austin, TX 78767		ZIP CODE	Date Hand-delivered or Date Postmarked
			Receipt #	Amount
			Date Processed	
			Date Imaged	
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs.	FIRST Heather Sanders	MI 	
	NICKNAME	LAST Jefts	SUFFIX	
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1202 Willowbrook Dr. Cedar Park , TX 78613			
7 CAMPAIGN TREASURER PHONE	AREA CODE (512)	PHONE NUMBER 529-4987	EXTENSION	
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)			
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)			
9 PERIOD COVERED	Month Day Year 10/27/2024	THROUGH		Month Day Year 12/31/2024
10 ELECTION	ELECTION DATE Month Day Year 11/05/2024		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any) State Representative District 136		12 OFFICE SOUGHT (if known) State Representative District 136	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

2 of 50

13 C / OH NAME Bucy III, John H. (The Honorable) **14 Filer ID** (Ethics Commission Filers)
00069589

15 NOTICE FROM POLITICAL COMMITTEE(S)
 Additional Pages

This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures.

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	101,350.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	16,703.33
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	127,533.20
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	36,375.00

17 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

The Honorable John H. Bucy III

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify 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 50

18 FILER NAME Bucy III, John H. (The Honorable)	19 Filer ID (Ethics Commission Filers) 00069589
---	---

20 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 93,850.00
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 7,500.00
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 16,703.33
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10. <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12. <input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 264.38

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/26 Rpt: 4/50
2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 11/22/2024	5 Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00536573) AbbVie PAC	7 Amount of Contribution (\$) \$500.00
6 Contributor address; City; State; Zip Code North Chicago, IL 60064		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Agave Democratic Infrastructure Fund	Amount of Contribution (\$) \$25,000.00
Contributor address; City; State; Zip Code Austin, TX 78763		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen Boone Humphries Robinson LLP	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code Houston, TX 77027		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/09/2024	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00089136) Altria Group, Inc. PAC	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code Washington, DC 20001		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/09/2024	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00251876) Amgen Inc. PAC	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code Thousand Oaks, CA 91320		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/26 Rpt: 5/50
2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 10/31/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Associated General Contractors of Texas PAC <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78768	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barry, Catherine <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78664	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Health Science Specialist		Employer (See Instructions) VHA
Date 12/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barry, Catherine <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78664	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Health Science Specialist		Employer (See Instructions) VHA
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baw, Ali <hr/> Contributor address; City; State; Zip Code Cedar Park, TX 78630	Amount of Contribution (\$) \$36.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Self-Employed
Date 12/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bearbacker PAC <hr/> Contributor address; City; State; Zip Code Houston, TX 77056	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/26 Rpt: 6/50
2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 11/14/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berry, Robin	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Austin, TX 78729		
8 Principal occupation / Job title (See Instructions) Editor/Publisher		9 Employer (See Instructions) TCEQ
Date 12/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berry, Robin	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Austin, TX 78729		
Principal occupation / Job title (See Instructions) Editor/Publisher		Employer (See Instructions) TCEQ
Date 10/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bratton, Barbara	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Leander, TX 78641		
Principal occupation / Job title (See Instructions) CPA		Employer (See Instructions) Self-Employed
Date 11/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bratton, Barbara	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Leander, TX 78641		
Principal occupation / Job title (See Instructions) CPA		Employer (See Instructions) Self-Employed
Date 11/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Butcher, Michelle	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Round Rock, TX 78681		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/26 Rpt: 7/50
2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 12/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CRAFTPAC	7 Amount of Contribution (\$) \$500.00
	6 Contributor address; City; State; Zip Code Austin, TX 78766	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/07/2024	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00002089) CWA - COPE PCC	Amount of Contribution (\$) \$1,250.00
	Contributor address; City; State; Zip Code Washington, DC 20001	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/12/2024	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00002089) CWA - COPE PCC	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Washington, DC 20001	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/13/2024	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00397851) Centene Corporation PAC	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code St. Louis, MO 63105	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/01/2024	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00035006) Chevron Employees PAC	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code San Ramon, CA 94583	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/26 Rpt: 8/50
2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 11/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chmeleck, Marianne	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Georgetown, TX 78633		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 11/19/2024	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: <u>C00248716</u>) Comcast Corp & NBC Universal PAC	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code Philadelphia, PA 19103		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Congress Avenue Partners, LLC	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code Austin, TX 78701		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Delisi Communications PAC	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code Austin, TX 78701		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DuTeil, Norma Diane	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Round Rock, TX 78665		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/26 Rpt: 9/50
2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 12/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duron, Patricia	7 Amount of Contribution (\$) \$20.00
6 Contributor address; City; State; Zip Code Cedar Park, TX 78613-7390		
8 Principal occupation / Job title (See Instructions) Pet Sitter & Craft Sales		9 Employer (See Instructions) Self-Employed
Date 11/12/2024	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: <u>C00082792</u>) Eli Lilly and Company PAC	Amount of Contribution (\$) \$1,500.00
Contributor address; City; State; Zip Code Indianapolis, IN 46585		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Erskine, Patricia	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Round Rock, TX 78665		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 11/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Erskine, Patricia	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Round Rock, TX 78665		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 12/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Friends of UNT PAC	Amount of Contribution (\$) \$750.00
Contributor address; City; State; Zip Code Dallas, TX 75380		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/26 Rpt: 10/50
2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 12/11/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Friends of the University PAC	7 Amount of Contribution (\$) \$1,000.00
6 Contributor address; City; State; Zip Code Austin, TX 78763		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gandaria-Escamilla, Sara	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Round Rock, TX 78664		
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Round Rock ISD
Date 11/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gandaria-Escamilla, Sara	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Round Rock, TX 78664		
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Round Rock ISD
Date 12/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gandaria-Escamilla, Sara	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Round Rock, TX 78664		
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Round Rock ISD
Date 12/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gardner, Jill	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Cornwall, NY 12518		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/26 Rpt: 11/50
2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 12/13/2024	5 Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00076810) General Motors Company PAC	7 Amount of Contribution (\$) \$1,000.00
	6 Contributor address; City; State; Zip Code Washington, DC 20001	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Giner, Maria-Elena	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Austin, TX 78717	
Principal occupation / Job title (See Instructions) Ph.D Student		Employer (See Instructions) The LBJ School of Public Affairs
Date 11/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gulf States Toyota Inc. State PAC	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Houston, TX 77077	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HCA Texas Good Government Fund	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Dallas, TX 75240	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HMWK LLC	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Austin, TX 78701	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/26 Rpt: 12/50
2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 12/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOMEPAAC of Texas <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78701	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOSPAC - State <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$2,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HS Law PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HillCo PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hislop, Martha <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78681	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Designer		Employer (See Instructions) Edible Arrangements

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/26 Rpt: 13/50
2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 11/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holland and Knight Texas PAC	7 Amount of Contribution (\$) \$500.00
6 Contributor address; City; State; Zip Code Dallas, TX 75201		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hooper, Hanna	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Georgetown, TX 78633		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 12/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hooper, Hanna	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Georgetown, TX 78633		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 11/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Robert	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Dallas, TX 75218		
Principal occupation / Job title (See Instructions) investor		Employer (See Instructions) Self-Employed
Date 11/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Josh, Kelly	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Austin, TX 78750-1422		
Principal occupation / Job title (See Instructions) Director of Finance		Employer (See Instructions) SEIU

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/26 Rpt: 14/50
2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 12/07/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Josh, Kelly <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78750-1422	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Director of Finance		9 Employer (See Instructions) SEIU
Date 11/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) King, Henry <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78664	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Technician		Employer (See Instructions) Hulk Automotive
Date 12/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) King, Henry <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78664	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Technician		Employer (See Instructions) Hulk Automotive
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawrence, Eileen <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78681	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self-Employed
Date 12/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawrence, Eileen <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78681	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self-Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/26 Rpt: 15/50
2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 12/14/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee, Jennifer	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code Temple, TX 76504		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 11/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Legacy 44 PAC	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code Austin, TX 78756		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lester, Brigid	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Cedar Park, TX 78613		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 11/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lester, Brigid	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Cedar Park, TX 78613		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linebarger Goggan Blair & Sampson, LLP	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code Austin, TX 78760		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/26 Rpt: 16/50
2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 12/11/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Loewy, Adam	7 Amount of Contribution (\$) \$5,000.00
6 Contributor address; City; State; Zip Code Austin, TX 78701		
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Loewy Law Firm
Date 12/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Longbow Consulting Partners LLC	Amount of Contribution (\$) \$350.00
Contributor address; City; State; Zip Code Austin, TX 78701		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lutes, Lavern	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Austin, TX 78729		
Principal occupation / Job title (See Instructions) Electrical Engineer		Employer (See Instructions) Psemi Corporation
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Manning, Sam (Dr.)	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Round Rock, TX 78664		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 10/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Elizabeth	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Georgetown, TX 78628		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/26 Rpt: 17/50
2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 12/13/2024	5 Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00225342) McGuireWoods Federal PAC	7 Amount of Contribution (\$) \$500.00
6 Contributor address; City; State; Zip Code Richmond, VA 23219		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mercer, Frances	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code Dallas, TX 75202		
Principal occupation / Job title (See Instructions) Administration		Employer (See Instructions) Pegasus School
Date 11/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mercer, Frances	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code Dallas, TX 75202		
Principal occupation / Job title (See Instructions) Administration		Employer (See Instructions) Pegasus School
Date 11/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mitchell, John	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Austin, TX 78756		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 12/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moak Casey PAC	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code Austin, TX 78701		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/26 Rpt: 18/50
2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 10/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morgan, Paul	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Houston, TX 77064-4273		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 11/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morgan, Paul	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Houston, TX 77064-4273		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 10/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morin, Julie and Thomas	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code Houston, TX 77005		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Muse, Walter	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Austin, TX 78727		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) State of Texas
Date 11/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NABIP Texas PAC	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code Cranford, NJ 07016		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/26 Rpt: 19/50
2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 12/09/2024	5 Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00366559) NRG Energy Inc PAC <hr/> 6 Contributor address; City; State; Zip Code Princeton, NJ 08540	7 Amount of Contribution (\$) \$3,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oncor Texas State PAC <hr/> Contributor address; City; State; Zip Code Dallas, TX 75202	Amount of Contribution (\$) \$1,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/09/2024	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00016683) Pfizer PAC <hr/> Contributor address; City; State; Zip Code New York, NY 10001	Amount of Contribution (\$) \$1,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PharmPAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78757	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Piner, Elizabeth <hr/> Contributor address; City; State; Zip Code Austin, TX 78729	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Planning Assistant		Employer (See Instructions) NJ Pinelands Commission

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/26 Rpt: 20/50
2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 11/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Piner, Elizabeth	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code Austin, TX 78729		
8 Principal occupation / Job title (See Instructions) Planning Assistant		9 Employer (See Instructions) NJ Pinelands Commission
Date 10/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Piner, Elizabeth	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Austin, TX 78729		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Piner, Elizabeth	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Austin, TX 78729		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 11/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Piner, Elizabeth	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Austin, TX 78729		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 11/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Piner, Elizabeth	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Austin, TX 78729		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/26 Rpt: 21/50
2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 12/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Piner, Elizabeth <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78729	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 12/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Piner, Elizabeth <hr/> Contributor address; City; State; Zip Code Austin, TX 78729	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Poursamadi, Amir <hr/> Contributor address; City; State; Zip Code Austin, TX 78717	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RECA-Good Government PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Red Rock Texas PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 19/26 Rpt: 22/50
2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 11/13/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richardson, Carrie	7 Amount of Contribution (\$) \$5.00
6 Contributor address; City; State; Zip Code Round Rock, TX 78681-4055		
8 Principal occupation / Job title (See Instructions) President & Founder Consultancy		9 Employer (See Instructions) Self-Employed
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richardson, Carrie	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Round Rock, TX 78681-4055		
Principal occupation / Job title (See Instructions) President & Founder Consultancy		Employer (See Instructions) Self-Employed
Date 12/12/2024	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00388827) Rock Holdings Inc. State PAC	Amount of Contribution (\$) \$750.00
Contributor address; City; State; Zip Code Lansing, MI 48933		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rushin, Camron	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Austin, TX 78729		
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions) Ixia
Date 12/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rushin, Camron	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Austin, TX 78729		
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions) Ixia

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 20/26 Rpt: 23/50
2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 11/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shelton, Kristin	7 Amount of Contribution (\$) \$4.00
6 Contributor address; City; State; Zip Code Austin, TX 78717		
8 Principal occupation / Job title (See Instructions) Teacher		9 Employer (See Instructions) Round Rock ISD
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sherriff, Valarie	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Austin, TX 78717		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 12/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Southern Glazer's PAC of Texas	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code Austin, TX 78701		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stempko, Jessica (The Honorable)	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Round Rock, TX 78681		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 11/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stoddard, Mark	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Austin, TX 78723		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 21/26 Rpt: 24/50
2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 12/14/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stoddard, Mark <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78723	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 11/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TREPAC - Texas Association of Realtors PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78768	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TXCPA PAC <hr/> Contributor address; City; State; Zip Code Addison, TX 75001	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Aggregates & Concrete Association PAC <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78681	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Alliance for Conservation PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78721	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 22/26 Rpt: 25/50
2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 12/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas College of Emergency Room Physicians <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78701	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Dairymen PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78711	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Dental Associaton Political Action Committee <hr/> Contributor address; City; State; Zip Code Austin, TX 78704	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Farm Bureau AGFUND <hr/> Contributor address; City; State; Zip Code Waco, TX 76702	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Land Title Association PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78703	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 23/26 Rpt: 26/50
2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 12/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas McDonald's Operators Association PAC, Inc.	7 Amount of Contribution (\$) \$1,000.00
6 Contributor address; City; State; Zip Code Athens, TX 78751		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Sands PAC	Amount of Contribution (\$) \$4,000.00
Contributor address; City; State; Zip Code Austin, TX 78701		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas State Association of Firefighters	Amount of Contribution (\$) \$750.00
Contributor address; City; State; Zip Code Austin, TX 78701		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas State University System PAC	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code Austin, TX 78767		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Trial Lawyers Associatin PAC	Amount of Contribution (\$) \$1,500.00
Contributor address; City; State; Zip Code Austin, TX 78701		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 24/26 Rpt: 27/50
2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 12/13/2024	5 Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00085316) The Cigna Group Employee PAC <hr/> 6 Contributor address; City; State; Zip Code Philadelphia, PA 19192	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) The US Oncology Network PAC <hr/> Contributor address; City; State; Zip Code The Woodlands, TX 77380	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Dianne <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78664	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 11/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Dianne <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78664	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 12/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Dianne <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78664	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 25/26 Rpt: 28/50
2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 10/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, George	7 Amount of Contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code Austin, TX 78729		
8 Principal occupation / Job title (See Instructions) Web Application Programmer		9 Employer (See Instructions) RVH Solutions Inc
Date 11/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trevino, Victoria	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Austin, TX 78756		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trone, Robert	Amount of Contribution (\$) \$2,000.00
Contributor address; City; State; Zip Code Bethesda, MD 20817		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/19/2024	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: <u>C00226548</u>) Vistra Employees PAC	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code Irving, TX 75039		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilby, Eliza	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Austin, TX 78717		
Principal occupation / Job title (See Instructions) Veterinarian		Employer (See Instructions) Thrive Pet Healthcare

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 26/26 Rpt: 29/50
2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 12/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilby, Eliza <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78717	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Veterinarian		9 Employer (See Instructions) Thrive Pet Healthcare
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woodard, Owen <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78628	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 12/10/2024	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00279455) Zeneca Inc. PAC (AZPAC) <hr/> Contributor address; City; State; Zip Code Wilmington, DE 19850	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 1/1 Rpt: 30/50	
2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 11/22/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Agave Democratic Infrastructure Fund	8 Amount of contribution (\$) \$7,500.00	9 In-kind contribution description Communications Consulting
	7 Contributor address; City; State; Zip Code Austin, TX 78763	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1	Total pages Schedule F1: Sch: 1/19 Rpt: 31/50	2	FILER NAME Bucy III, John H. (The Honorable)	3	Filer ID (Ethics Commission Filers) 00069589	
4	Date 10/27/2024	5	Payee name ActBlue			
6	Amount (\$) \$11.25	7	Payee address; City; State; Zip Code 372 Summer St Somerville, MA 02144			
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fees			
9		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	
	Date 11/03/2024		Payee name ActBlue			
	Amount (\$) \$37.05		Payee address; City; State; Zip Code 372 Summer St Somerville, MA 02144			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fees			
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	
	Date 11/05/2024		Payee name ActBlue			
	Amount (\$) \$19.75		Payee address; City; State; Zip Code 372 Summer St Somerville, MA 02144			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fees			
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/19 Rpt: 32/50	2 FILER NAME Bucy III, John H. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069589
---	--	--

4 Date 11/10/2024	5 Payee name ActBlue
-----------------------------	--------------------------------

6 Amount (\$) \$4.17	7 Payee address; City; State; Zip Code 372 Summer St Somerville, MA 02144
--------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fees
---------------------------------	---	---

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
---	-----------------------------	---------------	-------------

Date 11/17/2024	Payee name ActBlue
--------------------	-----------------------

Amount (\$) \$4.76	Payee address; City; State; Zip Code 372 Summer St Somerville, MA 02144
-----------------------	---

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fees
------------------------	--	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

Date 11/24/2024	Payee name ActBlue
--------------------	-----------------------

Amount (\$) \$4.17	Payee address; City; State; Zip Code 372 Summer St Somerville, MA 02144
-----------------------	---

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fees
------------------------	--	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

--	--

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/19 Rpt: 33/50	2 FILER NAME Bucy III, John H. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069589
4 Date 12/01/2024	5 Payee name ActBlue	
6 Amount (\$) \$9.09	7 Payee address; City; State; Zip Code 372 Summer St Somerville, MA 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/08/2024	Payee name ActBlue	
Amount (\$) \$5.15	Payee address; City; State; Zip Code 372 Summer St Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/15/2024	Payee name ActBlue	
Amount (\$) \$216.69	Payee address; City; State; Zip Code 372 Summer St Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/19 Rpt: 34/50	2 FILER NAME Bucy III, John H. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069589
---	--	--

4 Date 11/26/2024	5 Payee name Action Network
-----------------------------	---------------------------------------

6 Amount (\$) \$11.00	7 Payee address; City; State; Zip Code 1900 L St NW #900 Washington, DC 20036
---------------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email service
---------------------------------	--	---

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
---	-----------------------------	---------------	-------------

Date 12/26/2024	Payee name Action Network
--------------------	------------------------------

Amount (\$) \$10.00	Payee address; City; State; Zip Code 1900 L St NW #900 Washington, DC 20036
------------------------	--

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email service
-------------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

Date 11/18/2024	Payee name Amazon
--------------------	----------------------

Amount (\$) \$25.92	Payee address; City; State; Zip Code 410 Terry Ave N Seattle, WA 98109
------------------------	--

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Pens
-------------------------------	---	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

--	--	--	--

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/19 Rpt: 35/50	2 FILER NAME Bucy III, John H. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069589
---	--	--

4 Date 11/19/2024	5 Payee name Amazon
-----------------------------	-------------------------------

6 Amount (\$) \$17.30	7 Payee address; City; State; Zip Code 410 Terry Ave N Seattle, WA 98109
---------------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Pens
---------------------------------	---	--

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
---	-----------------------------	---------------	-------------

Date 12/03/2024	Payee name Blue Victory Communications, LLC
--------------------	--

Amount (\$) \$1,353.13	Payee address; City; State; Zip Code P.O. Box 300626 Austin, TX 78705
---------------------------	---

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Communications
-------------------------------	---	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

Date 12/18/2024	Payee name Blue Victory Communications, LLC
--------------------	--

Amount (\$) \$1,353.13	Payee address; City; State; Zip Code P.O. Box 300626 Austin, TX 78705
---------------------------	---

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Communications
-------------------------------	---	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

--	--

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 6/19 Rpt: 36/50	2 FILER NAME Bucy III, John H. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069589
4 Date 11/06/2024	5 Payee name Boost Mobile	
6 Amount (\$) \$35.00	7 Payee address; City; State; Zip Code 9060 Irvine Center Dr Irvine, CA 92618	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign phone
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/06/2024	Payee name Boost Mobile	
Amount (\$) \$35.00	Payee address; City; State; Zip Code 9060 Irvine Center Dr Irvine, CA 92618	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign phone
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/31/2024	Payee name Burke, Kyle	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 2203 Marcus Abrams Blvd Austin, TX 78748	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Legislative salary supplement
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 7/19 Rpt: 37/50	2 FILER NAME Bucy III, John H. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069589
---	--	--

4 Date 11/30/2024	5 Payee name Burke, Kyle
-----------------------------	------------------------------------

6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code 2203 Marcus Abrams Blvd Austin, TX 78748
----------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Legislative salary supplement
---------------------------------	--	---

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
---	-----------------------------	---------------	-------------

Date 12/31/2024	Payee name Burke, Kyle
--------------------	---------------------------

Amount (\$) \$500.00	Payee address; City; State; Zip Code 2203 Marcus Abrams Blvd Austin, TX 78748
-------------------------	---

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Legislative salary supplement
-------------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

Date 12/03/2024	Payee name Cedar Park Chamber of Commerce
--------------------	--

Amount (\$) \$250.00	Payee address; City; State; Zip Code 1460 E. Whitestone Blvd Ste. 180 Cedar Park, TX 78613
-------------------------	---

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event sponsorship
-------------------------------	---	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

--	--	--	--

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 8/19 Rpt: 38/50	2 FILER NAME Bucy III, John H. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069589
4 Date 12/18/2024	5 Payee name Cedar Park Chamber of Commerce	
6 Amount (\$) \$100.00	7 Payee address; City; State; Zip Code 1460 E. Whitestone Blvd Ste. 180 Cedar Park, TX 78613	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Chamber dues
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/21/2024	Payee name City of Round Rock	
Amount (\$) \$62.50	Payee address; City; State; Zip Code 221 E. Main St Round Rock, TX 78664	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Beaujolais Nights ticket
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/13/2024	Payee name Fresh Plus	
Amount (\$) \$37.44	Payee address; City; State; Zip Code 1221 W. Lynn St Austin, TX 78703	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office snacks and drinks
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 9/19 Rpt: 39/50	2 FILER NAME Bucy III, John H. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069589
4 Date 11/05/2024	5 Payee name Gannett	
6 Amount (\$) \$21.31	7 Payee address; City; State; Zip Code 7950 Jones Branch Dr McLean, VA 22107	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Newspaper subscription
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/04/2024	Payee name Gannett	
Amount (\$) \$21.31	Payee address; City; State; Zip Code 7950 Jones Branch Dr McLean, VA 22107	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Newspaper subscription
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/01/2024	Payee name Google LLC	
Amount (\$) \$23.03	Payee address; City; State; Zip Code 1600 Amphitheatre Pkwy Mountain View, CA 94043	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Google Workspace
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 10/19 Rpt: 40/50	2 FILER NAME Bucy III, John H. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069589
4 Date 12/02/2024	5 Payee name Google LLC	
6 Amount (\$) \$23.03	7 Payee address; City; State; Zip Code 1600 Amphitheatre Pkwy Mountain View, CA 94043	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Google Workspace
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/21/2024	Payee name HEB	
Amount (\$) \$3.28	Payee address; City; State; Zip Code 1000 E 41st St Austin, TX 78751	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office snacks and drinks
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/31/2024	Payee name Heinrich, Allison	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 2301 Ohlen Rd #107 Austin, TX 78757	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Legislative salary supplement
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 11/19 Rpt: 41/50	2 FILER NAME Bucy III, John H. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069589
4 Date 11/15/2024	5 Payee name Heinrich, Allison	
6 Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code 2301 Ohlen Rd #107 Austin, TX 78757	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign management/consulting
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/30/2024	Payee name Heinrich, Allison	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 2301 Ohlen Rd #107 Austin, TX 78757	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Legislative salary supplement
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/15/2024	Payee name Heinrich, Allison	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 2301 Ohlen Rd #107 Austin, TX 78757	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign management/consulting
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 12/19 Rpt: 42/50	2 FILER NAME Bucy III, John H. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069589
4 Date 12/31/2024	5 Payee name Heinrich, Allison	
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code 2301 Ohlen Rd #107 Austin, TX 78757	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Legislative salary supplement
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/01/2024	Payee name Michaels	
Amount (\$) \$135.78	Payee address; City; State; Zip Code 3939 W. John W. Carpenter Fwy Irving, TX 75063	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Picture frames
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/04/2024	Payee name NGPVan, Inc	
Amount (\$) \$341.12	Payee address; City; State; Zip Code 655 15th St. NW Ste. 650 Washington, DC 20005	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Database software
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 13/19 Rpt: 43/50	2 FILER NAME Bucy III, John H. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069589
4 Date 12/12/2024	5 Payee name Nespresso	
6 Amount (\$) \$117.50	7 Payee address; City; State; Zip Code 111 W. 33rd St 5th Floor New York, NY 10120	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Coffee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/20/2024	Payee name Office Depot	
Amount (\$) \$57.73	Payee address; City; State; Zip Code 2620 W Anderson Ln Austin, TX 78757	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Packing supplies
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/03/2024	Payee name Office Depot	
Amount (\$) \$20.94	Payee address; City; State; Zip Code 2620 W Anderson Ln Austin, TX 78757	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Packing supplies
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 14/19 Rpt: 44/50	2 FILER NAME Bucy III, John H. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069589
4 Date 12/09/2024	5 Payee name Office Depot	
6 Amount (\$) \$32.89	7 Payee address; City; State; Zip Code 2620 W Anderson Ln Austin, TX 78757	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Extension cords for office
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/31/2024	Payee name Parker, Ashika	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 1307 Norwalk Ln Apt 204 Austin, TX 78703	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Legislative salary supplement
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/30/2024	Payee name Parker, Ashika	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 1307 Norwalk Ln Apt 204 Austin, TX 78703	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Legislative salary supplement
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 15/19 Rpt: 45/50	2 FILER NAME Bucy III, John H. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069589
4 Date 12/31/2024	5 Payee name Parker, Ashika	
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code 1307 Norwalk Ln Apt 204 Austin, TX 78703	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Legislative salary supplement
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/28/2024	Payee name Pressable	
Amount (\$) \$25.00	Payee address; City; State; Zip Code 110 E. Houston St 7th Floor San Antonio, TX 78205	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Web hosting
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/29/2024	Payee name Pressable	
Amount (\$) \$25.00	Payee address; City; State; Zip Code 110 E. Houston St 7th Floor San Antonio, TX 78205	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Web hosting
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 16/19 Rpt: 46/50	2 FILER NAME Bucy III, John H. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069589
4 Date 12/30/2024	5 Payee name Pressable	
6 Amount (\$) \$25.00	7 Payee address; City; State; Zip Code 110 E. Houston St 7th Floor San Antonio, TX 78205	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Web hosting
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/04/2024	Payee name Public Storage	
Amount (\$) \$137.00	Payee address; City; State; Zip Code 13675 N. Hwy 183 Austin, TX 78750	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Storage unit rent
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/03/2024	Payee name Public Storage	
Amount (\$) \$137.00	Payee address; City; State; Zip Code 13675 N. Hwy 183 Austin, TX 78750	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Storage unit rent
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 17/19 Rpt: 47/50	2 FILER NAME Bucy III, John H. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069589
4 Date 12/18/2024	5 Payee name Round Rock Chamber of Commerce	
6 Amount (\$) \$300.00	7 Payee address; City; State; Zip Code 212 E. Main St Round Rock, TX 78664	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Chamber dues
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/30/2024	Payee name Scale to Win	
Amount (\$) \$1,891.24	Payee address; City; State; Zip Code 13742 Harper St Santa Ana, CA 92703	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Text messages
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/07/2024	Payee name Scale to Win	
Amount (\$) \$521.33	Payee address; City; State; Zip Code 13742 Harper St Santa Ana, CA 92703	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Text messages
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 18/19 Rpt: 48/50	2 FILER NAME Bucy III, John H. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069589
4 Date 11/19/2024	5 Payee name Texas House Democratic Caucus	
6 Amount (\$) \$1,500.00	7 Payee address; City; State; Zip Code P.O. Box 12453 Austin, TX 78711	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Caucus dues
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/18/2024	Payee name Walgreen's	
Amount (\$) \$16.19	Payee address; City; State; Zip Code 2525 W. Anderson Ln Austin, TX 78757	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Photos for office
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/18/2024	Payee name Walgreen's	
Amount (\$) \$21.64	Payee address; City; State; Zip Code 2525 W. Anderson Ln Austin, TX 78757	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Photos for office
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 19/19 Rpt: 49/50	2 FILER NAME Bucy III, John H. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069589
--	--	--

4 Date 12/05/2024	5 Payee name Walmart
-----------------------------	--------------------------------

6 Amount (\$) \$203.51	7 Payee address; City; State; Zip Code 5017 W. Hwy 290 Austin, TX 78735
----------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Minifridge for office
---------------------------------	---	---

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
---	-----------------------------	---------------	-------------

Date 11/25/2024	Payee name Williamson County Democratic Party PAC
--------------------	--

Amount (\$) \$1,000.00	Payee address; City; State; Zip Code P.O. Box 1296 Georgetown, TX 78627
---------------------------	---

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event sponsorship
-------------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

--

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: Sch: 1/1 Rpt: 50/50
2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 12/13/2024	5 Name of person from whom amount is received Ann Johnson Campaign <hr/> 6 Address of person from whom amount is received; City; State; Zip Code Houston, TX 77256	8 Amount (\$) \$260.00
7 Purpose for which amount is received Office fridge <input type="checkbox"/> Check if political contribution returned to filer		
Date 11/06/2024	Name of person from whom amount is received Frost Bank <hr/> Address of person from whom amount is received; City; State; Zip Code San Antonio, TX 78296	Amount (\$) \$2.34
Purpose for which amount is received Interest <input type="checkbox"/> Check if political contribution returned to filer		
Date 12/05/2024	Name of person from whom amount is received Frost Bank <hr/> Address of person from whom amount is received; City; State; Zip Code San Antonio, TX 78296	Amount (\$) \$2.04
Purpose for which amount is received Interest <input type="checkbox"/> Check if political contribution returned to filer		