CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to con	nplete this form.	1 Filer ID (Ethics Comm 00081965		2 Total pages filed: 33	
3 CANDIDATE /	MS / MRS / MR	FIRST	•	MI	OFFICE USE O	NLY
OFFICEHOLDER NAME	The Honorable	Bradley L.			Date Received	
					ELECTRONICALLY F	II FD
	NICKNAME	LACT		CLIFFIX	07/14/2025	ILLD
	NICKNAME Brad	LAST Buckley		SUFFIX	0171472020	
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; A	.PT / SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered or Date Post	tmarked
MAILING ADDRESS	7321 FM #2843				Receipt # Amoun	ıt
Change of Address	Salado, TX 76571				Date Processed	
					bate i rocessed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI		
TREASURER NAME	Mr.	Wayne C.				
NAME		-				
	NICKNAME	LAST		SUFFIX		
		Zeh				
6 CAMPAIGN	STREET ADDRESS (NO I	PO BOX PLEASE);	AP	T / SUITE #; CITY;	STATE;	ZIP CODE
TREASURER ADDRESS	1297 Mission Trail					
(Residence or Business)						
	Salado, TX 76571					
7 CAMPAIGN	AREA CODE PH	IONE NUMBER E	EXTENSION			
TREASURER PHONE	(254) 681-2559					
THONE						
8 REPORT TYPE					-	
ITPE	January 15	30th day before	election	Runoff	15th day after campaign tro appointment (officeholder of	easurer only)
	X July 15	8th day before	election	Exceeded modified	Final Report (Attach C/OH-	-FR)
		_		reporting limit	_	
9 PERIOD	Month Day Yea	ar		Month Day	Year	
COVERED	01/01/2025	TH	IROUGH	06/30/202	25	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Yea	" LIP	rimary	Runoff	Other	
		□G	eneral	Special		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT	(if known)	
	State Representative D	istrict 54				
	-					
		GO T	O PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 33

13 C / OH NAME	Buckley, Bradley L. ((The Honorable)		14 Filer ID 00081965	(Ethics Cor	nmission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	These expenditures	s accepted or political expenditi s may have been made without equired to report this informatio	the candidate's or office	ceholder's kr	nowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAM	ИЕ			
	GENERAL					
		COMMITTEE ADD	DRESS			
	SPECIFIC					
		COMMITTEE CAN	MPAIGN TREASURER NAME			
		COMMITTEE CAN	MPAIGN TREASURER ADDRE	SS		
16 CONTRIBUTION			ONTRIBUTIONS (OTHER THA		i,	
TOTALS		·	CONTRIBUTIONS MADE ELE	CTRONICALLY)	\$	0.00
		CAL CONTRIBUTION PLEDGES, LOANS,	NS , OR GUARANTEES OF LOAN:	S)	\$	22,705.08
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL E	XPENDITURES		\$	0.00
	4. TOTAL POLITIC	AL EXPENDITURE	ES		\$	55,632.22
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE		NS MAINTAINED AS OF THE L	AST DAY OF THE	\$	163,059.71
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR		LL OUTSTANDING LOANS AS	OF THE LAST DAY	\$	0.00
17 AFFIDAVIT			I swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code.			
			The Honor	able Bradley L. Bud	ckley	
			Signature o	f Candidate or Officeh	older	
AFFIX NO	TARY STAMP / SEAL AB	OVE				
Sworn to and subs	cribed before me, by the s	aid		, this the		day
of	, 20, to co	ertify which, witness	s my hand and seal of office.			
Signature of offi	cer administering	Printed name	of officer administering	Title of offic	er administe	ring oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

			C	JVLK	3 of 33
l	ER NAN ckley, E	(Ethics Co	ommission Filers)		
l	HEDULI ME OF :	SUB	TOTAL AMOUNT		
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	22,705.08
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE E: LOANS		\$	
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$	55,632.22
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.	9. SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS			\$	
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS FOR TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL C	SCHEDULE A1				
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 1/3 Rpt: 4/33	
2	FILER NAME Buckley, Bra	dley L. (The Honorable)			3	Filer ID (Ethics Commission 00081965	on Filers)
4	Date 06/27/2025	5 Full name of contributor CraftPAC6 Contributor address; City; Sta	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$1,000.00
Ω	Principal occu	Austin, TX 78766 pation / Job title (See Instructions)		Employer (See Instructions	·,		
0	Fillicipal occu	pation / Job title (See Instructions,		e Employer (See instructions	·)		
	Date 06/27/2025				Amount of Contribution (\$)	\$1,000.00	
		Austin, TX 78701	1		<u> </u>		
Principal occupation / Job title (See Instructions) Employer (See Instruct					5)		
	Date 06/27/2025)		Amount of Contribution (\$)	\$1,000.00
		Austin, TX 78767					
Principal occupation / Job title (See Instructions) Principal				Employer (See Instructions Garcia Group	5)		
	Date Full name of contributor out-of-state PAC (ID#:				Amount of Contribution (\$)	\$5,205.08	
			Employer (See Instructions CleanScapes	5)			
	Date 06/27/2025					Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)		
			l				

	MONET	ARY POLITICAL CONTR	SCHEDULE A1				
	The Instru	ction Guide explains how to compl	1	Total pages Schedule A1: Sch: 2/3 Rpt: 5/33			
2	FILER NAME Buckley, Bra	dley L. (The Honorable)			3	Filer ID (Ethics Commission 00081965	on Filers)
4	Date 06/27/2025	 Full name of contributor out-of-star Moak Casey PAC Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$1,000.00
8	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	9	Employer (See Instructions)		
	· ····o.pa. ooda				,		
	Date 06/27/2025					Amount of Contribution (\$)	\$1,500.00
	Dringing aggr	Austin, TX 78734		Employer (Con Instructions			
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 06/27/2025)		Amount of Contribution (\$)	\$5,000.00
		Austin, TX 78701					
	Principal occu	oation / Job title (See Instructions)		Employer (See Instructions)		
	Date 06/27/2025	Veterinarian PAC				Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 06/27/2025	Full name of contributor out-of-state PAC (ID#:) Weekley, Richard Contributor address; City; State; Zip Code Houston, TX 77019				Amount of Contribution (\$)	\$2,500.00
	Principal occu Chairman	pation / Job title (See Instructions)		Employer (See Instructions Texans for Lawsuit Refe		1	
	3.00			. Same is. Earloan (ton		.	

MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE A1
The Instru	ction Guide explains how to complete this		Total pages Schedule A1: Sch: 3/3 Rpt: 6/33	
FILER NAME Buckley, Bra				Filer ID (Ethics Commission Filers) 00081965
Date 06/27/2025	 Full name of contributor)	7	Amount of Contribution (\$) \$1,000.0
	Austin, TX 78701			
Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)	
	The Instru FILER NAME Buckley, Bra Date 06/27/2025	The Instruction Guide explains how to complete this FILER NAME Buckley, Bradley L. (The Honorable) Date 06/27/2025 5 Full name of contributor out-of-state PAC (ID#: Wholesale Beer Distr of Texas PAC 6 Contributor address; City; State; Zip Code	Buckley, Bradley L. (The Honorable) Date 06/27/2025 5 Full name of contributor out-of-state PAC (ID#:) Wholesale Beer Distr of Texas PAC 6 Contributor address; City; State; Zip Code Austin, TX 78701	The Instruction Guide explains how to complete this form. FILER NAME Buckley, Bradley L. (The Honorable) Date 06/27/2025 S Full name of contributor out-of-state PAC (ID#:

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 1/27 Rpt: 7/33	2 FILER NAME Buckley, Bradley L. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00081965
4	Date 03/25/2025	5 Payee name 21Main
6	Amount (\$) \$228.95	7 Payee address; City; State; Zip Code 21 Main Street
		Salado, TX 76571
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense event donation item
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/28/2025	Academy
	Amount (\$) \$189.44	Payee address; City; State; Zip Code 1407 Marlandwood Dr
		Temple, TX 76502
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense staff gifts
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
	Date 02/21/2025	Payee name Amazon
	Amount (\$) \$49.31	Payee address; City; State; Zip Code 410 Terry Ave North
		Seattle, WA 98109
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense office expense- supplies for town hall
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to compl	plete	te this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 2/27 Rpt: 8/33	Buckley, Bradley L. (The Honorable)		00081965
4	Date	5 Payee name		·
	04/24/2025	Amazon		
6	Amount (\$)	7 Payee address; City; State; Zip Code	е	
	\$42.89	410 Terry Ave North		
		Seattle, WA 98109		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	b) [Description
	OF EXPENDITURE	Office Overhead/Rental Expense	Ĺ	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE			Check if Austin, TX, officeholder living expense
			C	office expense- supplies
_	2			25.
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	nt	Office held
	Date	Payee name		
	05/07/2025	Amazon		
	Amount (\$)	Payee address; City; State; Zip Code	е	
	\$50.40	410 Terry Ave North		
		Seattle, WA 98109		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	b) [Description
	OF EXPENDITURE	Office Overhead/Rental Expense	Ē	Check if travel outside of Texas. Complete Schedule T.
			L	Check if Austin, TX, officeholder living expense Office expense- supplies
				отпос схретос зарриез
	Complete ONLY if direct	Candidate/Officeholder name Office sought	ht	Office held
	expenditure to benefit C/OI	•		
	Date	Payee name		
	05/28/2025	Amazon		
	Amount (\$) \$75.08	Payee address; City; State; Zip Code 410 Terry Ave North	C	
	Ψ13.00	410 Telly /We North		
		Soottle WA 00100		
		Seattle, WA 98109		
	PURPOSE OF	, , , , , , , , , , , , , , , , , , , ,	b) [T	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Gift/Awards/Memorials Expense	F	Check if Austin, TX, officeholder living expense
			S	staff gifts
	Complete ONLY if direct	Candidate/Officeholder name Office sought	ht	Office held
	expenditure to benefit C/OI	1		
_				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	d Comm	nittee	Food/Beverage Exper Gift/Awards/Memorial Legal Services The Instruction G	s Expense		xpens Vages	e /Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	trict category not listed above)
1	Total pages Schedule F1:	I								Filer ID	(Ethics Commission Filers)
L	Sch: 3/27 Rpt: 9/33	ЬВ	Buckley, Bra	dley L. (The F	Honorable)					00081965	
4	Date	5 P	ayee name								
	05/28/2025	A	mazon								
6	Amount (\$)	7 P	ayee addres	s; City;	State;	Zip Co	de				
	\$25.71	4	10 Terry Av	e North							
		s	eattle, WA	98109							
8	PURPOSE	(a) C	ategory (Se	e Categories listed at	the top of this sche	edule)	(b)	Description			
	OF EXPENDITURE			Memorials Exp		,		=		de of Texas. Com	
	EXI ENDITORE							—		officeholder living	expense
								committee gif	เร		
9	Complete ONLY if direct	<u> </u>	ndidata/Offic	oholdor name		effico con	abt			Office he	ald
9	Complete ONLY if direct expenditure to benefit C/O		indidate/Offic	eholder name		ffice sou	yrıl			Onice ne	au
	Date	Р	ayee name								
	01/07/2025	A	merican Le	gislative Exch	ange Counci	I					
	Amount (\$)	Р	ayee addres	s; City;	State;	Zip Co	de				
	\$200.00	2	733 Crysta	l Drive							
		A	arlington, V	A 22202							
	PURPOSE	(a) C	ategory (Se	e Categories listed at	the top of this sche	edule)	(b)	Description			
	OF EXPENDITURE	F	ees					=		de of Texas. Com	
								Check if Austin, Fees- Dues	TX,	officeholder living	expense
								rees- Dues			
\vdash	Complete ONLY if direct	l Ca	ndidate/∩ffic	eholder name	<u> </u>	ffice sou	aht aht			Office he	eld
	expenditure to benefit C/O				Ö	500	٠.٠٠			200 110	· -
-	Date	Р	ayee name								
	01/27/2025	I	,	Republican Pa	ırty						
	Amount (\$)		ayee addres		-	Zip Co	nde				
	\$500.00		•	Street STE A-1		p 00					
	Ψ300.00		J. I. Last	J 001 01 L / (]	-						
		В	selton, TX 7	6513							
	PURPOSE OF	(a) C	ategory (Se	e Categories listed at	the top of this sche	edule)	(b)	Description			
	EXPENDITURE	E	vent Exper	ise				ш		de of Texas. Com officeholder living	
								event sponso			олренас
										•	
	Complete ONLY if direct	LCa	ndidate/Offic	eholder name	0	ffice sou	ght			Office he	eld
	expenditure to benefit C/O						-				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 4/27 Rpt: 10/33	Buckley, Bradley L. (The Honorable) 00081965
4	Date	5 Payee name
	03/24/2025	Bell County Young Republicans
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$117.65	PO Box 1123
		Belton, TX 76513
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		event sponsorship
		CVCIII Sportsorship
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	03/31/2025	Bell County Youth Fair
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$16,300.00	PO Box 1058
		Belton, TX 76513
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Scholarship donations
		Scholarship defiations
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	06/09/2025	Bell County Youth Fair
H	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	PO Box 1058 Belton
		Belton, TX 76513
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
	LXI ENDITORE	Check if Austin, TX, officeholder living expense
		event sponsorship
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
\vdash		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor,

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	,
	Sch: 5/27 Rpt: 11/33	Buckley, Bradley L. (The Honorable) 00081965
4	Date	5 Payee name
	05/31/2025	Big Tatanka
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$49.00	10306 Cedar Knob Church Rd
		Salado, TX 76571
8	PURPOSE	
٠	OF	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		staff gifts
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experialture to beriefft C/Oi	<u> </u>
	Date	Payee name
	04/15/2025	Brookshire Brothers
	Amount (\$)	Payee address; City; State; Zip Code
	\$15.99	215 Mill Creek Drive
		Salado, TX 76571
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		event expense
	Commission ONII V if disposit	Condidate/Officeholder name
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/24/2025	Capitol Gift Shop
	Amount (\$)	Payee address; City; State; Zip Code
	\$93.04	1100 Congress Ave
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Scholarship item- donation
		Scholarship item- donation
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 6/27 Rpt: 12/33	Buckley, Bradley L. (The Honorable) 00081965
4	Date	5 Payee name
	03/26/2025	Capitol Gift Shop
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$91.73	1100 Congress Ave
		Austin, TX 78701
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Scholarship term donation
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	<u> </u>	
	Date	Payee name
	06/10/2025	Capitol Gift Shop
	Amount (\$)	Payee address; City; State; Zip Code
	\$73.00	1100 Congress Ave
		Austin, TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense office supply expense
		onice supply expense
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Data	
	Date	Payee name
	02/15/2025	Central Texas AUSA
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	PO Box 10700
		Killeen, TX 76547
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
	ZA ZADITORZ	Check if Austin, TX, officeholder living expense
		event sponsorship
_	Operation ONE VIII II	On didn't 10 ff a balden name
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	p = 1 2 25 3/01	
L		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
	Sch: 7/27 Rpt: 13/33	Buckley, Bradley L. (The Honorable) 00081965
4	Date	5 Payee name
	04/02/2025	Clayton Spangler Photographic Design
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$549.00	235 Point Lick Drive
		Charleston, WV 25306
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		office expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	02/02/2025	Diem, Jessica
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	3013 Saint Matthew St
		Salado, TX 76571
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		campaign salary
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	03/01/2025	Diem, Jessica
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	3013 Saint Matthew St
		Salado, TX 76571
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		campaign salary
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experientare to benefit G/OI	•

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
	Sch: 8/27 Rpt: 14/33	Buckley, Bradley L. (The Honorable) 00081965
4	Date	5 Payee name
	04/01/2025	Diem, Jessica
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	3013 Saint Matthew St
		Salado, TX 76571
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		campaign salary
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	05/02/2025	Diem, Jessica
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	3013 Saint Matthew St
		Salado, TX 76571
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		campaign salary
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	06/04/2025	Diem, Jessica
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	3013 Saint Matthew St
		Salado, TX 76571
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		campaign salary
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Cor	mmittee	Gift/Awards/Memo Legal Services	·		ages	/Contract Labor		Travel Out of Di OTHER (enter a	istrict a category not listed above)	
		_			Guide explains	now to co	mple	ete this form.	_			_
1	Total pages Schedule F1:	2							3		(Ethics Commission Filers)	
	Sch: 9/27 Rpt: 15/33			adley L. (The	e Honorable)					00081965		_
4	Date	5	Payee name									
	01/10/2025		Etsy									
6	Amount (\$)	7	Payee addre	ss; City;	State	e; Zip Co	de					
	\$1,001.05		117 Adams	Street								
			Brooklyn, N	Y 11201								
8	PURPOSE	(a)			at the top of this sci	hedulo)	(b)	Description				-
-	OF	``		/Memorials E		riedule)	()	:	outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE		Jily/ Walus	,oioiidis L				므		officeholder livin		
								gifts/awards/r	mei	m- Capitol		
9	Complete ONLY if direct		Candidate/Offi	ceholder name		Office sou	ght			Office h	eld	٦
L	expenditure to benefit C/O	H 										
	Date		Payee name									
	02/24/2025		Fed Ex/Kinl	KOS								
	Amount (\$)		Payee addre	ss; City;	State	e; Zip Co	de					_
	\$605.66		2309 E. Ce	ntral Texas E	хру							
					-							
			Killeen, TX	76543								
	PURPOSE	(a)	Category (S	ee Categories listed	at the top of this sc	hedule)	(b)	Description				
	OF EXPENDITURE			head/Rental I				=			nplete Schedule T.	
								_		officeholder livin		
								office expens	e-	lown naii co	ppies	
_												_
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Jandidate/Offi	ceholder name	•	Office sou	ght			Office h	eia	
		_										_
	Date		Payee name									
L	03/24/2025	L	Fellowship	of Christian A	thletes							
	Amount (\$)		Payee addre	ss; City;	State	e; Zip Co	de					
	\$500.00		2911 Herrin	g Ave #203								
			Waco, TX 7	6808								
	PURPOSE	(a)	Category (S	ee Categories listed	at the top of this sc	hedule)	(b)	Description				٦
	OF EXPENDITURE		Event Expe		•						nplete Schedule T.	
	LAFLINDITORE							ш		officeholder livin	g expense	
								event sponso	orsh	nip		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Offi	ceholder name	,	Office sou	ght			Office h	eld	
	experience to beliefft C/Of											

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 10/27 Rpt: 16/33	Buckley, Bradley L. (The Honorable) 00081965
4	Date	5 Payee name
	04/08/2025	Fort Cavazos - III Armored Corps
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$180.00	1001 Tank Destroyer Blvd.
		Ft. Cavazos, TX 76544
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense event expense
		event expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
F	Date	Payee name
	04/24/2025	Greater Killeen Chamber of Commerce
⊢	Amount (\$)	Payee address; City; State; Zip Code
	\$150.00	1 Santa Fe Plaza Dr
	¥200.00	
		Killeen, TX 76541
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense dues
		ducs
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	03/06/2025	HEB
H	Amount (\$)	Payee address; City; State; Zip Code
	\$44.31	2701 E. 7th St
		Austin, TX 78702
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		office expense- committee supplies
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/OI	
\vdash		
l		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 11/27 Rpt: 17/33	Buckley, Bradley L. (The Honorable) 00081965
4	Date	5 Payee name
	04/29/2025	HEB
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$149.28	2701 E. 7th St
		Austin, TX 78702
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		office expense- Committee supplies
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	05/17/2025	HEB
	Amount (\$)	Payee address; City; State; Zip Code
	\$193.31	2701 E. 7th St
	Ψ195.51	2701 E. 7111 31
		Austin TV 70702
		Austin, TX 78702
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		office expense- Committee supplies
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	03/12/2025	Hampton by Hilton
	Amount (\$)	Payee address; City; State; Zip Code
	\$426.99	1701 Lavaca St
	,	
		Austin, TX 76541
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Travel- Staff travel
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	

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

	Credit Card Payment	The Instruction Guide explains how to com	ple	te this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 12/27 Rpt: 18/33	Buckley, Bradley L. (The Honorable)		00081965
4	Date	5 Payee name		1
	06/04/2025	Hilton Austin		
6	Amount (\$)	7 Payee address; City; State; Zip Code	le	
	\$223.23	303 W 15th St		
		Austin, TX 78701		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Travel Out of District		Check if travel outside of Texas. Complete Schedule T.
	LAFENDITORE			Check if Austin, TX, officeholder living expense
				staff out of district travel
_	Complete ONL V if direct	Condidate/Officeholder name Office count	hŧ	Office hold
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sough	nι	Office held
_				
	Date	Payee name		
	01/27/2025	Holland Chamber of Commerce		
	Amount (\$)	Payee address; City; State; Zip Code	le	
	\$40.00	PO Box 272		
		Holland, TX 76534		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				Fees- Dues
Г	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held
	expenditure to benefit C/O	4		
	Date	Payee name		
	02/17/2025	Jimmy Johns		
	Amount (\$)	Payee address; City; State; Zip Code	le.	
	\$97.95	515 Congress Ave		
	40.100	0_0 00.1g,000 / 100		
		Austin, TX 78701		
	DUDDOCE		'L\	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(D)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overflead/Refital Expense		Check if Austin, TX, officeholder living expense
				office expense- staff lunch
	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held
	expenditure to benefit C/O	1		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 13/27 Rpt: 19/33	Buckley, Bradley L. (The Honorable) 00081965
4	Date	5 Payee name
	02/15/2025	Killeen Branch NAACP
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,100.00	PO Box 1522
		Killeen, TX 76540
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Scholarship sponsorship
		Soriotation p Sportsoromp
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Date	Payee name
	04/15/2025	Killeen Junior Livestock Show Assn
	Amount (\$)	Payee address; City; State; Zip Code
	\$9,449.84	PO Box 218
	40,1.000	. 6 20. 220
		Killeen, TX 76540
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee
		scholarship donations
	Operation ONLY if the st	Our distance (Office health as a second to the control of the second to the se
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/24/2025	King Florist
	Amount (\$)	Payee address; City; State; Zip Code
	\$129.90	1806 W. Koenig Ln
		A .: TV 70770
		Austin, TX 78756
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Taxas, Complete Schedule T
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		gifts/awards/mem- Capitol
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 14/27 Rpt: 20/33	Buckley, Bradley L. (The Honorable) 00081965
4	Date	5 Payee name
	01/15/2025	Mailchimp
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$28.04	405 N. Angier Ave. NE
		Atlanta, GA 30308
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense advertising- communications
		advertising communications
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
\vdash	Date	Dougo nama
	02/17/2025	Payee name Mailahima
		Mailchimp
	Amount (\$)	Payee address; City; State; Zip Code
	\$28.04	405 N. Angier Ave. NE
		Atlanta, GA 30308
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		advertising- communications
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date	Payee name Mailahima
	03/15/2025	Mailchimp
	Amount (\$)	Payee address; City; State; Zip Code
	\$28.04	405 N. Angier Ave. NE
		Atlanta, GA 30308
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense advertising- communications
		advertising- confindincations
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politica Credit Card Payment	Al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
Sch: 15/27 Rpt: 21/33	Buckley, Bradley L. (The Honorable) 00081965	
4 Date	5 Payee name	
04/15/2025	Mailchimp	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$28.04	405 N. Angier Ave. NE	
	Atlanta, GA 30308	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Advertising Expense	
	Check if Austin, TX, officeholder living expense	
	advertising- communications	
O Complete CANACCE	Our distance (Office health as marries and Office as wealth as (Office health as marries and Office health as (Office he	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
experience to serious eye		
Date	Payee name	
05/15/2025	Mailchimp	
Amount (\$)	Payee address; City; State; Zip Code	
\$28.04	405 N. Angier Ave. NE	
	Atlanta, GA 30308	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	advertising- communications	
	advertising communications	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/O		
2 .		
Date	Payee name	
06/15/2025	Mailchimp	
Amount (\$)	Payee address; City; State; Zip Code	
\$28.04	405 N. Angier Ave. NE	
	Atlanta, GA 30308	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense	
	advertising- communications	
Complete ONLY if alive	Candidata/Officeholder name Office acusts	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 16/27 Rpt: 22/33	Buckley, Bradley L. (The Honorable) 00081965
4	Date	5 Payee name
	06/04/2025	McBride's Guns Inc
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$55.25	2915 San Gabriel St
		Austin, TX 78705
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Check if Austin, TX, officeholder living expense
		committee gift reimbursement- Martinez
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	experientare to benefit Grot	
	Date	Payee name
l	03/24/2025	Morgan's Point Resort Ladies Auxillary
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	6 Lake Forest
l		
l		Morgans Point Resort, TX 76513
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
l		Check if Austin, TX, officeholder living expense event sponsorship
l		event sponsorship
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Date	Davisa nama
	03/12/2025	Payee name Nothing Bundt Cakes
┝		-
	Amount (\$) \$194.49	Payee address; City; State; Zip Code 1201 Barbara Jordan Blvd Ste. 680
	Ψ134.43	1201 Barbara Sordan Biva Ste. 000
l		Austin TV 70701
		Austin, TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Pental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		office expense- committee supplies
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
1		

SCHEDULE F1

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

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 17/27 Rpt: 23/33	Buckley, Bradley L. (The Honorable) 00081965
4	Date	5 Payee name
	05/17/2025	Papa John's
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$75.15	411 W. MLK Blvd
		Austin, TX 78701
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		office expense- team dinner
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	03/13/2025	Ragnar Research
	Amount (\$)	Payee address; City; State; Zip Code
	\$6,750.00	103 E Street SE
	Φ0,100.00	100 2 011001 02
		Washington, DC 20003
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Polling Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		polling
		poming
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
-	Date	Payee name
	06/09/2025	SARW PAC
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,500.00	PO Box 373
	Ψ1,000.00	1 0 200010
		Salado, TX 76571
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense event sponsorship
		event sponsorship
	Complete ONL V if direct	Condidate/Office helds
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 18/27 Rpt: 24/33	Buckley, Bradley L. (The Honorable) 00081965
4	Date	5 Payee name
	01/10/2025	Sam's Club
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$151.81	600 West Central Texas Expy
		Harker Heights, TX 76548
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense office supplies- Capitol
		Office Supplies- Capitol
_	Compulate ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OI	
	•	
	Date	Payee name
	01/27/2025	State Preservation Board
	Amount (\$)	Payee address; City; State; Zip Code
	\$65.00	PO Box 13286
		Austin, TX 78711
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Fees- Capitol Office
		1 ees- Capitol Office
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	04/04/2025	Strawberry Patch
	Amount (\$)	Payee address; City; State; Zip Code
	\$653.00	171 South Main Street STE A
		Salado, TX 76571
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		event donation item
	Compulate ONU V if alice	Condidate/Officeholder name Office south
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	,	
L		

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committ Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_		
1	Total pages Schedule F1: Sch: 19/27 Rpt: 25/33	2 FILER NAME Buckley, Bradley L. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00081965
4	Date	5 Payee name
•	06/22/2025	TDCJ
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$660.33	PO Box 4013
		Huntsville, TX 77342
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Event sponsorship donation
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/15/2025	TFRW PAC
	Amount (\$)	Payee address; City; State; Zip Code
	\$590.00	PO Box 171146
		Austin, TX 78717
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense event sponsorship
		event sponsorship
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	01/10/2025	Target
	Amount (\$)	Payee address; City; State; Zip Code
	\$41.06	201 E. Central Texas Expy
		Harker Heights, TX 76548
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		office supplies- Capitol
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to com	plete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 20/27 Rpt: 26/33	Buckley, Bradley L. (The Honorable)	00081965
4	Date	5 Payee name	•
	02/23/2025	Target	
6	Amount (\$)	7 Payee address; City; State; Zip Cod	е
	\$119.88	201 E. Central Texas Expy	
		Harker Heights, TX 76548	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE		Check if Austin, TX, officeholder living expense
			office expense- committee supplies
9	Complete ONLY if direct	Candidate/Officeholder name Office soug	nt Office held
9	expenditure to benefit C/O		it Office field
_	Data		
	Date 03/10/2025	Payee name	
		Target	
	Amount (\$)	Payee address; City; State; Zip Cod	9
	\$100.58	3550 S. General Bruce Drive	
		Temple, TX 76504	
	PURPOSE OF	, (Description
	EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
			I Check if Austin, TX, officeholder living expense
			Check if Austin, TX, officeholder living expense office expense- committee supplies
			Office expense- committee supplies
	Complete ONLY if direct	Candidate/Officeholder name Office soug	office expense- committee supplies
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		office expense- committee supplies
			office expense- committee supplies
	expenditure to benefit C/O	1	office expense- committee supplies
=	expenditure to benefit C/Ol	Payee name	office expense- committee supplies nt Office held
_	expenditure to benefit C/OFDate 05/28/2025	Payee name Target	office expense- committee supplies nt Office held
_	Date 05/28/2025 Amount (\$)	Payee name Target Payee address; City; State; Zip Cod	office expense- committee supplies nt Office held
_	Date 05/28/2025 Amount (\$)	Payee name Target Payee address; City; State; Zip Cod	office expense- committee supplies nt Office held
	Date 05/28/2025 Amount (\$)	Payee name Target Payee address; City; State; Zip Cod 3550 S. General Bruce Dr. Temple, TX 76504	office expense- committee supplies nt Office held
	Date 05/28/2025 Amount (\$) PURPOSE OF	Payee name Target Payee address; City; State; Zip Cod 3550 S. General Bruce Dr. Temple, TX 76504	office expense- committee supplies nt Office held e D) Description Check if travel outside of Texas. Complete Schedule T.
	expenditure to benefit C/OFDate 05/28/2025 Amount (\$) \$27.33	Payee name Target Payee address; City; State; Zip Cod 3550 S. General Bruce Dr. Temple, TX 76504 (a) Category (See Categories listed at the top of this schedule)	office expense- committee supplies nt Office held D) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Date 05/28/2025 Amount (\$) PURPOSE OF	Payee name Target Payee address; City; State; Zip Cod 3550 S. General Bruce Dr. Temple, TX 76504 (a) Category (See Categories listed at the top of this schedule)	office expense- committee supplies nt Office held e D) Description Check if travel outside of Texas. Complete Schedule T.
	Date 05/28/2025 Amount (\$) PURPOSE OF EXPENDITURE	Payee name Target Payee address; City; State; Zip Cod 3550 S. General Bruce Dr. Temple, TX 76504 (a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	office expense- committee supplies nt Office held Discription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Staff gifts
	Date 05/28/2025 Amount (\$) PURPOSE OF	Payee name Target Payee address; City; State; Zip Cod 3550 S. General Bruce Dr. Temple, TX 76504 (a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense Candidate/Officeholder name Office soug	office expense- committee supplies nt Office held Discription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Staff gifts
	Date 05/28/2025 Amount (\$) PURPOSE OF EXPENDITURE Complete ONLY if direct	Payee name Target Payee address; City; State; Zip Cod 3550 S. General Bruce Dr. Temple, TX 76504 (a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense Candidate/Officeholder name Office soug	office expense- committee supplies nt Office held Discription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Staff gifts
	Date 05/28/2025 Amount (\$) PURPOSE OF EXPENDITURE Complete ONLY if direct	Payee name Target Payee address; City; State; Zip Cod 3550 S. General Bruce Dr. Temple, TX 76504 (a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense Candidate/Officeholder name Office soug	office expense- committee supplies nt Office held Discription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Staff gifts

SCHEDULE F1

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

Food/Beverage Expense Gift/Awards/Memorials Expense

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 21/27 Rpt: 27/33	Buckley, Bradley L. (The Honorable) 00081965
4 Date	5 Payee name
06/20/2025	Target
6 Amount (\$) \$35.05	7 Payee address; City; State; Zip Code 201 E. Central Texas Expy Harker Heights, TX 76548
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense event expense- parade
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/07/2025	Temple Chamber of Commerce
Amount (\$) \$253.00	Payee address; City; State; Zip Code 201 Santa Fe Way #105
	Temple, TX 76501
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fees- Dues
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date 03/23/2025	Payee name Temple Chamber of Commerce
Amount (\$) \$40.00	Payee address; City; State; Zip Code 201 Santa Fe Way #105
	Temple, TX 76501
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense event expense
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
	Sch: 22/27 Rpt: 28/33	Buckley, Bradley L. (The Honorable) 00081965	
4	Date	5 Payee name	_
	01/27/2025	Texas Conservative Coalition	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$2,000.00	PO Box 2659	
		Austin, TX 78768	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITORE	Check if Austin, TX, officeholder living expense	
		Fees- Dues	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
9	Complete ONLY if direct expenditure to benefit C/OI		
L	Date		_
	Date	Payee name Texas House Criminal Justice Caucus	
	03/02/2025		_
	Amount (\$)	Payee address; City; State; Zip Code	
	\$350.00	PO Box 2910	
		Austin, TX 78768	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		dues	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	1	
	Date	Payee name	_
	03/02/2025	Texas House Republican Caucus	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$2,000.00	PO Box 13305	
		Austin, TX 78711	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		dues	
L	Complete ONLY if dies -t	Condidate/Officeholder name Office cought	_
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	•		_

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

l	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 23/27 Rpt: 29/33	Buckley, Bradley L. (The Honorable) 00081965
4	Date	5 Payee name
	02/15/2025	Texas Young Republican Federation
6	Amount (\$)	7 Payee address; City; State; Zip Code
l	\$750.00	2604 Bright Rock Ln
		Conroe, TX 77304
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Event Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Event sponsorship
L		
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
L	'	
	Date	Payee name
L	04/24/2025	The Flower Shop
	Amount (\$)	Payee address; City; State; Zip Code
	\$221.91	602 Old Town Rd #9
		Salado, TX 76571
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		memorials/flowers
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	06/05/2025	The Flower Shop
⊢	Amount (\$)	Payee address; City; State; Zip Code
	\$276.04	1734 Crockett Rd
l		
		Palestine, TX 75801
⊢	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF	Gift/Awards/Memorials Expense Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		memorials/flowers
L		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	experience to beliefit 6/01	·

SCHEDULE F1

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
	Sch: 24/27 Rpt: 30/33	Buckley, Bradley L. (The Honorable) 00081965				
4	Date	5 Payee name				
	01/14/2025	Tiff's Treats				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$62.09	1235 East 51st Street				
		Austin, TX 78723				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.				
	EXPENDITORE	Check if Austin, TX, officeholder living expense				
		gifts- Capitol				
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
	Date	Payee name				
	05/15/2025	Tito's Belt Buckles				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$1,824.98	14210 Sandfield Drive				
		Houston, TX 77077				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.				
	_/	Check if Austin, TX, officeholder living expense				
	committee gifts					
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OI					
	Data					
	Date 03/10/2025	Payee name Walmart				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$67.00	2604 N. Main Street				
		Belton, TX 76513				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
		office expense- committee supplies				
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 25/27 Rpt: 31/33	Buckley, Bradley L. (The Honorable)	00081965
4	Date	5 Payee name	
	06/30/2025	WinRed	
6	Amount (\$) \$205.08	7 Payee address; City; State; Zip Code 4250 Fairfax Dr STE 600	
		Arlington, VA 22203	
8	PURPOSE OF EXPENDITURE	1 663	utside of Texas. Complete Schedule T. TX, officeholder living expense
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	01/16/2025	Zoom	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$17.04	55 Almaden Blvd Ste 600	
		San Jose, CA 95113	
	PURPOSE OF EXPENDITURE	Onice Overneau/Nental Expense	utside of Texas. Complete Schedule T. TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought	Office held
	Date 02/17/2025	Payee name Zoom	
	Amount (\$) \$17.04	Payee address; City; State; Zip Code 55 Almaden Blvd Ste 600	
		San Jose, CA 95113	
	PURPOSE OF EXPENDITURE	Office Overficad/Nertial Expense	utside of Texas. Complete Schedule T. TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
	Sch: 26/27 Rpt: 32/33	Buckley, Bradley L. (The Honorable) 00081965	
4	Date	5 Payee name	
	03/16/2025	Zoom	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$17.04	55 Almaden Blvd Ste 600	
		San Jose, CA 95113	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		office expense	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	1	
F	Date	Payee name	=
	04/16/2025	Zoom	
	Amount (\$)	Payee address; City; State; Zip Code	-
	\$17.04	55 Almaden Blvd Ste 600	
		San Jose, CA 95113	
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense office expense	
		отное ехрепае	
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	-
	expenditure to benefit C/OI		
F	Date	Payee name	=
	05/16/2025	Zoom	
H	Amount (\$)	Payee address; City; State; Zip Code	_
	\$17.04	55 Almaden Blvd Ste 600	
		San Jose, CA 95113	
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	-
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense office expense	
		Office expense	
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
			-

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		/ - ıl Coı	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Office Ove Polling Exp Printing Ex Salaries/W	rhead ense pens ages	e /Contract Labor		Solicitation/Fundraisin Transportation Equipin Travel in District Travel Out of District OTHER (enter a cate	ment & Related Ex	
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (E	thics Commissio	n Filers)
	Sch: 27/27 Rpt: 33/33		Buckley, Bradley L. (The Honorable)					00081965		,
4	Date	5	Payee name							
	06/16/2025		Zoom							
6	Amount (\$) \$17.04	7	Payee address; City; State; 55 Almaden Blvd Ste 600 San Jose, CA 95113	; Zip Coo	de					
8	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sch Office Overhead/Rental Expense	nedule)		므	, TX,	de of Texas. Complete officeholder living exp		
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholder name C	Office sou	ght			Office held		