CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

| The C/OH Instruction (| Guide explains how to complete th | is form. 1 Filer ID (Ethics Comm 00069589 | ission Filers) | 2 Total pages filed: 89 |
|-------------------------|-----------------------------------|---|--------------------|---|
| 3 CANDIDATE / | MS / MRS / MR FIRS | ST | MI | OFFICE USE ONLY |
| OFFICEHOLDER NAME | The Honorable Joh | n H. | | Date Received |
| I WWE | | | | ELECTRONICALLY FILED |
| | | | | |
| | NICKNAME LAS | | SUFFIX | 07/15/2025 |
| | Buc | у | III | |
| 4 CANDIDATE / | ADDRESS / PO BOX; APT / SUI | TE#; CITY; | ZIP CODE | Date Hand-delivered or Date Postmarked |
| OFFICEHOLDER MAILING | P.O. Box 536 | | | |
| ADDRESS | | | | Receipt # Amount |
| Change of Address | Austin, TX 78767 | | | |
| | Addin, 1X 70707 | | | Date Processed |
| | | | | |
| | | | | Date Imaged |
| | | | | |
| 5 CAMPAIGN TREASURER | MS / MRS / MR FIRS | | MI | |
| NAME | Moll | у | | |
| | | | | |
| | NICKNAME LAS | Γ | SUFFIX | |
| | Bucy | / | | |
| | | | | |
| 6 CAMPAIGN | STREET ADDRESS (NO PO BOX | PLEASE); AP | T / SUITE #; CITY; | STATE; ZIP CODE |
| TREASURER ADDRESS | 13400 Briarwick Dr. | | | |
| | #1001 | | | |
| (Residence or Business) | Austin, TX 78729 | | | |
| | radam, rix ronzo | | | |
| | | | | |
| 7 CAMPAIGN | AREA CODE PHONE NU | MBER EXTENSION | | |
| TREASURER PHONE | (512) 680-3762 | | | |
| THORE | | | | |
| 8 REPORT | | | | _ |
| TYPE | January 15 | th day before election | Runoff | 15th day after campaign treasurer appointment (officeholder only) |
| | X July 15 8tl | n day before election | Exceeded modified | Final Report (Attach C/OH-FR) |
| | | rady before election | reporting limit | Tima Report (Autach G/GHTTN) |
| 9 PERIOD | Month Day Year | | Month Day | Year |
| COVERED | 01/01/2025 | THROUGH | 06/30/2025 | |
| | 01/01/2023 | | 00/30/2020 | , |
| 10 ELECTION | ELECTION DATE | 1 | ELECTION TYPE | |
| LEECTION | Month Day Year | X Primary | Runoff | Other |
| | 03/03/2026 | 1 = | | |
| | | General | Special | |
| | | | | |
| 11 OFFICE | OFFICE HELD (if any) | | 12 OFFICE SOUGHT | |
| | State Representative District 13 | 36 | State Representa | ative District 136 |
| | | | | |
| | 1 | | 1 | |
| | | | | |
| | | GO TO PAGE 2 | | |
| | | OU TO FAGE Z | | |

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 89

| 13 C / OH NAME | Bucy III, John H. (The | e Honorable) | 14 Filer ID 00069589 | (Ethics Commission Filers) |
|--|----------------------------------|--|---------------------------|----------------------------|
| 15 NOTICE FROM POLITICAL COMMITTEE(S) | candidate / officeholder. | political contributions accepted or political expenditu These expenditures may have been made without I officeholders are required to report this informatio | the candidate's or office | eholder's knowledge or |
| Additional Pages | COMMITTEE TYPE | COMMITTEE NAME | | |
| _ | GENERAL | | | |
| | | COMMITTEE ADDRESS | | |
| | SPECIFIC | | | |
| | | COMMITTEE CAMPAIGN TREASURER NAME | | |
| | | COMMITTEE CAMPAIGN TREASURER ADDRES | SS | |
| | | | | |
| 16 CONTRIBUTION TOTALS | | ZED POLITICAL CONTRIBUTIONS (OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE | | \$ 0.00 |
| | S) | \$ 39,588.00 | | |
| EXPENDITURE TOTALS | 3. TOTAL UNITEM | ZED POLITICAL EXPENDITURES | | \$ 0.00 |
| | 4. TOTAL POLITION | AL EXPENDITURES | | \$ 50,630.56 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITIC REPORTING PE | AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD | AST DAY OF THE | \$ 111,582.90 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIF OF THE REPOR | AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD | OF THE LAST DAY | \$ 36,375.00 |
| 17 AFFIDAVIT | | | | |
| | | I swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code. | | |
| | | The Hono | orable John H. Bucy | III |
| | | | f Candidate or Officeho | |
| AFFIX NO | ΓARY STAMP / SEAL AΒ | DVE | | |
| Sworn to and subso | cribed before me, by the s | aid | , this the | day |
| of | , 20, to co | ertify which, witness my hand and seal of office. | | |
| | | | | |
| Signature of office | er administering | Printed name of officer administering | Title of office | r administering oath |
| | | | | |

SUBTOTALS - C/OH

FORM C/OH **COVER SHEET PG 3**

| | | | | | 3 of 89 |
|----|--------|---|-----------------------------|-----------|------------------------|
| _ | ER NAM | ME John H. (The Honorable) | 19 Filer ID 00069589 | (Ethi | ics Commission Filers) |
| | | E SUBTOTALS SCHEDULE | | | SUBTOTAL AMOUNT |
| 1. | X | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | | \$ | 39,208.00 |
| 2. | Х | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | | \$ | 380.00 |
| 3. | | \$ | | | |
| 4. | | SCHEDULE E: LOANS | | \$ | |
| 5. | Х | SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION: | \$ | 50,630.56 | |
| 6. | | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | | \$ | |
| 7. | | SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION | ONS | \$ | |
| 8. | | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | | \$ | |
| 9. | | SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS | | \$ | |
| 10 | . 🔲 | SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS | \$ | | |
| 11 | . 🔲 | SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION | ONS | \$ | |
| 12 | . X | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER | RETURNED | \$ | 150.49 |
| | | | | | |

| | MONEI | ARY POLITICAL (| | SCHEDULE A1 | | | |
|---|--|---|-------------------------|--|------|---|-----------|
| | The Instru | ction Guide explains how | to complete this fo | orm. | 1 | Total pages Schedule A1: Sch: 1/32 Rpt: 4/89 | |
| 2 | FILER NAME Bucy III. Joh | n H. (The Honorable) | | | 3 | Filer ID (Ethics Commission 00069589 | n Filers) |
| 4 | Date 06/26/2025 | 5 Full name of contributor Adair, Dwight6 Contributor address; City; S | out-of-state PAC (ID#: |) | 7 | Amount of Contribution (\$) | \$10.00 |
| 8 | Principal occu Not Employe | Austin, TX 78759 pation / Job title (See Instructionsed | s) | 9 Employer (See Instruction N/A | ons) | | |
| | Date 06/30/2025 | Full name of contributor Adair, Dwight Contributor address; City; S Austin, TX 78759 | out-of-state PAC (ID#:_ |) | | Amount of Contribution (\$) | \$3.00 |
| | Principal occupation / Job title (See Instructions) Not Employed N/A Employer (See Instruct N/A | | | ons) | | | |
| | Date 06/25/2025 | Full name of contributor out-of-state PAC (ID#:) | | | | Amount of Contribution (\$) | \$10.00 |
| | | Austin, TX 78729 | | | | | |
| | Principal occu Engineer | pation / Job title (See Instructions | s) | Employer (See Instruction Self-Employed | ons) | | |
| | Date 06/26/2025 | Full name of contributor Anderson, Mark Contributor address; City; S | | | | Amount of Contribution (\$) | \$82.00 |
| | Principal occu Software Tes | Colorado Springs, CO 80 pation / Job title (See Instructions | | Employer (See Instruction Indio Technologies / / | | ed Systems | |
| | Date 06/30/2025 | Full name of contributor Anzaldua, Ross Contributor address; City; S Round Rock, TX 78664 | out-of-state PAC (ID#:_ | | | Amount of Contribution (\$) | \$25.00 |
| | Principal occu Policy Adviso | pation / Job title (See Instructions or | s) | Employer (See Instruction Texas HHSC | ons) | | |
| | | | | | | | |

| | MONEI | ARY POLITICAL C | NS | | SCHEDUL | E A1 | |
|---|-------------------------------|---|-------------------------------------|--|-----------------------------|---|-----------|
| | The Instru | ction Guide explains how | to complete this for | m. | 1 | Total pages Schedule A1: Sch: 2/32 Rpt: 5/89 | |
| 2 | FILER NAME Bucy III, Joh | n H. (The Honorable) | | | 3 | Filer ID (Ethics Commission 00069589 | n Filers) |
| 4 | Date 06/23/2025 | Full name of contributor Appleton, CarolynContributor address; City; Sta | out-of-state PAC (ID#:ate; Zip Code | | 7 | Amount of Contribution (\$) | \$25.00 |
| _ | Dain sin al a sau | Austin, TX 78717 | | Fundament (On a landamenting | | | |
| 8 | | pation / Job title (See Instructions) indraising & Communications | 9 | Employer (See Instructions Self-Employed | S) | | |
| | Date 06/30/2025 | Full name of contributor Baker, Caitlin Contributor address; City; Sta | out-of-state PAC (ID#: | | | Amount of Contribution (\$) | \$50.00 |
| | Principal occu Analyst | | | | | | |
| | Date 06/30/2025 | Full name of contributor out-of-state PAC (ID#:) Baker, Mary Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$100.00 | |
| | | Austin, TX 78726 | | | | | |
| | Principal occu Not Employe | pation / Job title (See Instructions) ed | 1 | Employer (See Instructions N/A | S) | | |
| | Date 06/26/2025 | Full name of contributor Barron, Mark Contributor address; City; Sta | out-of-state PAC (ID#: | | | Amount of Contribution (\$) | \$50.00 |
| | • | pation / Job title (See Instructions) tions Manager | | Employer (See Instructions University of Texas at A | | tin | |
| | Date 06/30/2025 | Full name of contributor Bingman, Rebecca Contributor address; City; Sta | out-of-state PAC (ID#: | | | Amount of Contribution (\$) | \$100.00 |
| | Principal occu Not Employe | pation / Job title (See Instructions) ed | | Employer (See Instructions N/A | 5) | | |
| | | | | | | | |

| | MONEI | ARY POLITICAL C | | SCHEDUL | E A1 | | | |
|---|--|---|------------------------|---------------|--|-----------------------------|---|-----------|
| | The Instru | ction Guide explains how | to complete this fo | rr | n. | 1 | Total pages Schedule A1: Sch: 3/32 Rpt: 6/89 | |
| 2 | FILER NAME | | | | | 3 | Filer ID (Ethics Commission | n Filers) |
| | Bucy III, Joh | n H. (The Honorable) | | | | | 00069589 | |
| 4 | Date 06/23/2025 | 5 Full name of contributorBlackson, Steve6 Contributor address; City; St | out-of-state PAC (ID#: | | | 7 | Amount of Contribution (\$) | \$100.00 |
| • | Principal occur | Austin, TX 78750 pation / Job title (See Instructions | . | | Employer (See Instructions | | | |
| 0 | Landscape E | |) | 9 | Windy Point Garden Ra | | ade | |
| | · . | | | | | III O | | |
| | Date 06/26/2025 | Full name of contributor Bloemker, Laura Contributor address; City; St | out-of-state PAC (ID#: | |) | | Amount of Contribution (\$) | \$41.00 |
| | | Round Rock, TX 78664 | | | | | | |
| | Principal occu | pation / Job title (See Instructions |) | | Employer (See Instructions | 5) | | |
| | Web Content Writer/Editor Self-Employed | | | Self-Employed | | | | |
| | Date 06/30/2025 | Full name of contributor out-of-state PAC (ID#:) Bloemker, Laura Contributor address; City; State; Zip Code | | | | Amount of Contribution (\$) | \$25.00 | |
| | | Round Rock, TX 78664 | | | | | | |
| | Principal occu | pation / Job title (See Instructions |) | | Employer (See Instructions | <u> </u> | | |
| | | | , | | Self-Employed | , | | |
| | Date Full name of contributor out-of-state PAC (ID# 06/23/2025 Boyda, Mira Contributor address; City; State; Zip Code Cedar Park, TX 78613 | | out-of-state PAC (ID#: | | | | Amount of Contribution (\$) | \$100.00 |
| | Principal occu Realtor | pation / Job title (See Instructions |) | | Employer (See Instructions Pohl Jensen | 5) | | |
| | Date 06/23/2025 | Full name of contributor Boydstun, Dwaine Contributor address; City; St Georgetown, TX 78633 | out-of-state PAC (ID#: | |) | | Amount of Contribution (\$) | \$100.00 |
| | Principal occu Not Employe | pation / Job title (See Instructions ed | | | Employer (See Instructions N/A | 5) | | |
| | | | | | | | | |

| | MONET | ARY POLITICAL CONTRI | BUTION | IS | SCHEDULE | | | |
|---|--------------------------------|--|--------------|---|----------------|---|-----------|--|
| | The Instru | ction Guide explains how to comple | ete this for | n. | 1 | Total pages Schedule A1: Sch: 4/32 Rpt: 7/89 | | |
| 2 | FILER NAME | The Heaven LL | | | 3 | Filer ID (Ethics Commission | n Filers) | |
| | - | n H. (The Honorable) | | | _ | 00069589 | | |
| 4 | Date 06/28/2025 | Full name of contributor out-of-state Bratton, Barbara Contributor address; City; State; Zip Code | e PAC (ID#: |) | 7 | Amount of Contribution (\$) | \$25.00 | |
| | | Leander, TX 78641 | | | | | | |
| 8 | Principal occu CPA | pation / Job title (See Instructions) | 9 | Employer (See Instructions Self-Employed | 5) | | | |
| | Date 06/30/2025 | Bratton, Barbara | e PAC (ID#: |) | | Amount of Contribution (\$) | \$25.00 | |
| | | Leander, TX 78641 | | | | | | |
| | Principal occu CPA | pation / Job title (See Instructions) | | Employer (See Instructions Self-Employed | s) | | | |
| | Date 06/26/2025 | Full name of contributor out-of-state Bright, April Contributor address; City; State; Zip Code | e PAC (ID#: |) | | Amount of Contribution (\$) | \$20.00 | |
| | | Round Rock, TX 78681 | | | | | | |
| | Principal occu Counselor | pation / Job title (See Instructions) | | Employer (See Instructions Life Coach Round Rock | | | | |
| | Date 06/26/2025 | Bulla, Dale & Pat Contributor address; City; State; Zip Code | |) | | Amount of Contribution (\$) | \$25.00 | |
| | Principal occu | Austin, TX 78750 pation / Job title (See Instructions) | | Employer (See Instructions N/A | <u> </u> 5) | | | |
| | Date 06/26/2025 | Full name of contributor out-of-state Burczewski, Adrian Contributor address; City; State; Zip Code | e PAC (ID#: |) | | Amount of Contribution (\$) | \$100.00 | |
| | | Cedar Park, TX 78613 | | | | | | |
| | Principal occu Investment A | pation / Job title (See Instructions) Advisor | | Employer (See Instructions Alpha Capital Managem | | t | | |
| | | | . | | | | | |

| | MONEI | ARY POLITICAL (| | SCHEDUI | LE A1 | | | |
|---|-------------------------------|--|---|------------|--|----------|---|------------|
| | The Instruc | ction Guide explains how | v to complete this fo | orm | 1. | 1 | Total pages Schedule A1: Sch: 5/32 Rpt: 8/89 | |
| 2 | FILER NAME | | | | | 3 | Filer ID (Ethics Commission | on Filers) |
| | | n H. (The Honorable) | _ | | | L | 00069589 | |
| 4 | Date 06/25/2025 | 5 Full name of contributorBurka, Sarah6 Contributor address; City; S | out-of-state PAC (ID#:_ tate; Zip Code | |) | 7 | Amount of Contribution (\$) | \$100.00 |
| _ | | Austin, TX 78750 | , | l <u>-</u> | | | | |
| 8 | Not Employe | pation / Job title (See Instruction ed | S) | | Employer (See Instructions N/A | 5) | | |
| | Date 06/26/2025 | Full name of contributor Butcher, Michelle Contributor address; City; S | out-of-state PAC (ID#:_ | |) | | Amount of Contribution (\$) | \$15.00 |
| | | Round Rock, TX 78681 | | | - 1 (2) | <u> </u> | | |
| | Principal occu | pation / Job title (See Instruction | S) | | Employer (See Instructions Not Employed | 5) | | |
| | Date 06/23/2025 | Full name of contributor CRAFTPAC Contributor address; City; S | out-of-state PAC (ID#:_ tate; Zip Code | |) | | Amount of Contribution (\$) | \$1,000.00 |
| | | Austin, TX 78766 | | | | | | |
| | Principal occu | pation / Job title (See Instruction | s) | | Employer (See Instructions | 5) | | |
| | Date 06/23/2025 | Full name of contributor Cacciola, Jeanette Contributor address; City; S Leander, TX 78641 | out-of-state PAC (ID#:_ | |) | | Amount of Contribution (\$) | \$20.00 |
| | Principal occu Not Employe | pation / Job title (See Instructioned | s) | | Employer (See Instructions N/A | 5) | | |
| | Date 06/25/2025 | Full name of contributor Cates, Jeanette Contributor address; City; S Austin, TX 78750 | out-of-state PAC (ID#:_ | |) | | Amount of Contribution (\$) | \$10.00 |
| | Principal occu Not Employe | pation / Job title (See Instructioned | s) | | Employer (See Instructions N/A | 5) | | |
| | | | | | | | | |

| | MONEI | ARY POLITICAL C | SCHEDULE A1 | | | | |
|---|--|--|------------------------|--|-----------------------------|---|-----------|
| | The Instru | ction Guide explains how | to complete this fo | rm. | 1 | Total pages Schedule A1: Sch: 6/32 Rpt: 9/89 | |
| 2 | FILER NAME | n U (The Henerable) | | | 3 | Filer ID (Ethics Commission | n Filers) |
| | | n H. (The Honorable) | _ | | L | 00069589 | |
| 4 | Date 06/27/2025 | 5 Full name of contributorCates, Jeanette6 Contributor address; City; St | out-of-state PAC (ID#: |) | 7 | Amount of Contribution (\$) | \$10.00 |
| Q | Principal occu | Austin, TX 78750 pation / Job title (See Instructions |) le | Employer (See Instructions | | | |
| 0 | Not Employe | |) | N/A |) | | |
| | Date 06/24/2025 | Full name of contributor Cavanaugh, Stefanie Contributor address; City; St | out-of-state PAC (ID#: | | | Amount of Contribution (\$) | \$500.00 |
| | | Austin, TX 78729 | | | | | |
| | | pation / Job title (See Instructions |) | Employer (See Instructions | | | |
| | CFO Giving Home Health | | | Giving Home Health Ca | re | | |
| | Date 06/30/2025 | | | | Amount of Contribution (\$) | \$250.00 | |
| | | Austin, TX 78723 | | | | | |
| | Principal occu | pation / Job title (See Instructions |) | Employer (See Instructions | 5) | | |
| | Information 7 | Гесhnology | | Dell | | | |
| | Date Full name of contributor out-of-state PAC (ID#:_ 06/26/2025 Chapman, Debra Danburg & Randall (The Hono Contributor address; City; State; Zip Code Austin, TX 78704 | | g & Randall (The Honor | able) | | Amount of Contribution (\$) | \$100.00 |
| | Principal occu Retired | pation / Job title (See Instructions | | Employer (See Instructions N/A | s) | | |
| | Date 06/25/2025 | Full name of contributor Christian, Jacob Contributor address; City; St | out-of-state PAC (ID#: |) | • | Amount of Contribution (\$) | \$50.00 |
| | Principal occu Software Eng | pation / Job title (See Instructions gineer | | Employer (See Instructions Charles Schwab | 5) | | |
| | | | • | | | | |

| | MONET | ARY POLITICAL (| S | | SCHEDUL | E A1 | | |
|---|---|--|---|-----|--|-----------------------------|--|-----------|
| | The Instruc | ction Guide explains hov | v to complete this fo | orı | n. | 1 | Total pages Schedule A1: Sch: 7/32 Rpt: 10/89 | |
| 2 | FILER NAME Bucy III, John | n H. (The Honorable) | | | | 3 | Filer ID (Ethics Commission 00069589 | n Filers) |
| 4 | Date 06/25/2025 | 5 Full name of contributor Clarke Torres, Colette6 Contributor address; City; S | out-of-state PAC (ID#:_ tate; Zip Code | |) | 7 | Amount of Contribution (\$) | \$250.00 |
| 8 | Principal occu | Austin, TX 78729 pation / Job title (See Instruction: | 5) | 9 | Employer (See Instructions | s) | | |
| | Not Employe | | , | | N/A | | | |
| | Date 06/26/2025 | Full name of contributor Coker, Kyle Contributor address; City; S | | | | | Amount of Contribution (\$) | \$41.00 |
| | Principal occur | Round Rock, TX 78681 pation / Job title (See Instruction | 5) | | Employer (See Instructions | s) | | |
| | Not Employed N/A | | | | -, | | | |
| | Date 06/25/2025 | Full name of contributor out-of-state PAC (ID#:) Cone, Rosemary Contributor address; City; State; Zip Code | | | • | Amount of Contribution (\$) | \$100.00 | |
| | | Austin, TX 78729 | | | | | | |
| | Principal occu Not Employe | pation / Job title (See Instructional ed | 5) | | Employer (See Instructions N/A | s) | | |
| | Date Full name of contributor out-of-state PAC (ID#:_ 06/24/2025 Conyngham, Karen | | |) | • | Amount of Contribution (\$) | \$25.00 | |
| | Principal occu Researcher | pation / Job title (See Instruction: | 5) | | Employer (See Instructions Self-Employed | 5) | | |
| | Date Full name of contributor out-of-state PAC (ID#:) Cook, Ruth Contributor address; City; State; Zip Code Austin, TX 78750 | | | | | Amount of Contribution (\$) | \$50.00 | |
| | Principal occu Not Employe | pation / Job title (See Instructional | S) | | Employer (See Instructions N/A | 5) | | |
| | | | | | | | | |

| | MONEI | ARY POLITICAL (| SCHEDULE A1 | | | | |
|---|---|---|------------------------|--|----------------|--|-----------|
| | The Instru | ction Guide explains hov | v to complete this fo | rm. | 1 | Total pages Schedule A1: Sch: 8/32 Rpt: 11/89 | |
| 2 | FILER NAME | | | | 3 | Filer ID (Ethics Commission | n Filers) |
| | | n H. (The Honorable) | | | ╄ | 00069589 | |
| 4 | Date 06/23/2025 | 5 Full name of contributor Cooper, James6 Contributor address; City; S | out-of-state PAC (ID#: | | 7 | Amount of Contribution (\$) | \$10.00 |
| 8 | Principal occu | Georgetown, TX 78626 pation / Job title (See Instructions | 5) | 9 Employer (See Instruction | <u>s)</u> | | |
| Ü | Bus Driver | pation / Job title (Jee mandetions | | Georgetown ISD | ٥, | | |
| | Date 06/25/2025 | Full name of contributor Copeland, Kristi Contributor address; City; S Austin, TX 78729 | out-of-state PAC (ID#: | | | Amount of Contribution (\$) | \$50.00 |
| | Principal occu | pation / Job title (See Instructions | (2 | Employer (See Instruction | <u> </u> s) | | |
| | Not Employed N/A | | | | -, | | |
| | Date 06/30/2025 | Full name of contributor Costello, Kathy Contributor address; City; S | out-of-state PAC (ID#: | | | Amount of Contribution (\$) | \$50.00 |
| | | Austin, TX 78729 | | | | | |
| | | pation / Job title (See Instructionsed | 5) | Employer (See Instruction N/A | s) | | |
| | Date Full name of contributor out-of-state PA 06/23/2025 Crain, Kenneth Contributor address; City; State; Zip Code Georgetown, TX 78628 | | out-of-state PAC (ID#: | | | Amount of Contribution (\$) | \$100.00 |
| | Principal occu Attorney | pation / Job title (See Instructions | 5) | Employer (See Instruction Self-Employed | s) | | |
| | Date 06/25/2025 | Full name of contributor Dashman, Robert Contributor address; City; S Round Rock, TX 78681 | out-of-state PAC (ID#: | | | Amount of Contribution (\$) | \$10.00 |
| | Principal occu Information S | pation / Job title (See Instructions Specialist | 5) | Employer (See Instruction State of Texas | s) | | |
| | | | | | | | |

| | MONEI | ARY POLITICAL (| CONTRIBUTION | NS | | SCHEDUL | E A1 |
|---|-------------------------------|---|--------------------------------------|---|---|--|-------------|
| | The Instru | ction Guide explains how | to complete this for | rm. | 1 | Total pages Schedule A1: Sch: 9/32 Rpt: 12/89 | |
| 2 | FILER NAME Bucy III, Joh | n H. (The Honorable) | | | 3 | Filer ID (Ethics Commission 00069589 | n Filers) |
| 4 | Date 06/23/2025 | 5 Full name of contributor Davis-Ramos, Jessica6 Contributor address; City; St | out-of-state PAC (ID#: |) | 7 | Amount of Contribution (\$) | \$10.00 |
| 8 | Principal occu | Leander, TX 78641 pation / Job title (See Instructions | .) [9 | Employer (See Instructions | ·, | | |
| ° | | pation / 300 title (See Instructions Il Therapy Assistant | 9 | Apple |) | | |
| | Date 06/25/2025 | Full name of contributor De Leon, Roger Contributor address; City; St | out-of-state PAC (ID#: ate; Zip Code | | | Amount of Contribution (\$) | \$100.00 |
| | | Austin, TX 78729 | | | | | |
| | Principal occu Sales | Principal occupation / Job title (See Instructions) Sales Employer (See Instructions) Indeed Inc. | | | s) | | |
| | Date 06/25/2025 | Full name of contributor Derek, Grossenbacher Contributor address; City; St | out-of-state PAC (ID#:ate; Zip Code |) | | Amount of Contribution (\$) | \$25.00 |
| | | Austin, TX 78717 | | | | | |
| | Principal occu Human Reso | pation / Job title (See Instructions Durces |) | Employer (See Instructions Workforce Solutions Ru | | Capital Area | |
| | | | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | \$10.00 |
| | Principal occu | Austin, TX 78727 pation / Job title (See Instructionsed |) | Employer (See Instructions | <u> </u> | | |
| | Date 06/23/2025 | Full name of contributor Doscher, David Contributor address; City; St Cedar Park, TX 78613 | out-of-state PAC (ID#: ate; Zip Code | | | Amount of Contribution (\$) | \$250.00 |
| | Principal occu Computer Pi | pation / Job title (See Instructions |) | Employer (See Instructions | <u> </u> | | |
| | | | , | | | | |

| | MONET | ARY POLITICAL (| | SCHEDULE | ■ A1 | | | |
|---|-------------------------------|---|-------------------------|----------|--|---|---|---------|
| | The Instru | ction Guide explains hov | to complete this f | orr | n. | 1 | Total pages Schedule A1: Sch: 10/32 Rpt: 13/89 | |
| 2 | FILER NAME Bucy III, Joh | n H. (The Honorable) | | | | 3 | Filer ID (Ethics Commission 00069589 | Filers) |
| 4 | Date 06/23/2025 | 6 Contributor address; City; S | out-of-state PAC (ID#:_ | |) | 7 | Amount of Contribution (\$) | \$5.00 |
| 8 | Principal occu Not Employe | Round Rock, TX 78665 pation / Job title (See Instructionsed | 5) | 9 | Employer (See Instructions N/A | <u> </u> 5) | | |
| | Date 06/26/2025 | Full name of contributor Dulaney, Michael Contributor address; City; S | | | | | Amount of Contribution (\$) | \$25.00 |
| | Principal occu Retired | Cedar Park, TX 78613 pation / Job title (See Instructions | 5) | | Employer (See Instructions N/A | <u> </u> 5) | | |
| | Date 06/23/2025 | Full name of contributor Duron, Patricia Contributor address; City; S | out-of-state PAC (ID#:_ | |) | | Amount of Contribution (\$) | \$20.00 |
| | | Cedar Park, TX 78613 pation / Job title (See Instruction: d Craft Sales | s) | | Employer (See Instructions Self-Employed | <u> </u> 5) | | |
| | Date 06/30/2025 | Full name of contributor Eddins, Christopher Contributor address; City; S Austin, TX 78729 | | | | | Amount of Contribution (\$) | \$5.00 |
| | Principal occu Underwriter | pation / Job title (See Instructions | s) | | Employer (See Instructions Berkley Southwest | <u> </u> | | |
| | Date 06/30/2025 | Full name of contributor Ehrhardt, Harryette (The Contributor address; City; S Dallas, TX 75219 | | | | | Amount of Contribution (\$) | \$25.00 |
| | Principal occu Retired | pation / Job title (See Instructions | 5) | | Employer (See Instructions N/A | s) | | |
| | | | | | | | | |

| | MONET | ARY POLITICAL (| | SCHEDULE A1 | | | | |
|---|--------------------------------|---|---|-------------|--------------------------------|----------|---|---------|
| | The Instruc | ction Guide explains how | to complete this fo | orı | n. | 1 | Total pages Schedule A1: Sch: 11/32 Rpt: 14/89 | |
| 2 | FILER NAME Bucy III, Johi | n H. (The Honorable) | | | | 3 | Filer ID (Ethics Commission 00069589 | Filers) |
| 4 | | 5 Full name of contributor Eikner, Karen | out-of-state PAC (ID#:_ cate; Zip Code | |) | 7 | Amount of Contribution (\$) | \$50.00 |
| 8 | Principal occu | Austin, TX 78729 pation / Job title (See Instructions | (3) | 9 | Employer (See Instructions | <u> </u> | | |
| | Not Employe | | , | | N/A | , | | |
| | Date 06/23/2025 | Full name of contributor Enyart, Katherine Contributor address; City; S | | |) | | Amount of Contribution (\$) | \$20.00 |
| | Principal occu | Austin, TX 78750 pation / Job title (See Instructions | (3) | | Employer (See Instructions | <u> </u> | | |
| | Not Employe | | , | | N/A | , | | |
| | Date 06/30/2025 | Full name of contributor Erskine, Patricia Contributor address; City; S | out-of-state PAC (ID#:_ ate; Zip Code | |) | | Amount of Contribution (\$) | \$5.00 |
| | | Round Rock, TX 78665 | | | | | | |
| | Principal occup Not Employe | pation / Job title (See Instructionsed | 5) | | Employer (See Instructions N/A | s) | | |
| | Date 06/25/2025 | Full name of contributor Farnsworth, Bethany Contributor address; City; S Austin, TX 78729 | | |) | | Amount of Contribution (\$) | \$10.00 |
| | Principal occup Not Employe | pation / Job title (See Instructions | s) | | Employer (See Instructions N/A | 5) | | |
| | Date 06/30/2025 | Full name of contributor Flores, Ramiro Contributor address; City; S Round Rock, TX 78665 | out-of-state PAC (ID#:_ | | | | Amount of Contribution (\$) | \$25.00 |
| | Principal occup Not Employe | pation / Job title (See Instructions | s) | | Employer (See Instructions N/A | s) | | |
| | | | ' | | | | | |

| | MONEI | IONETARY POLITICAL CONTRIBUTIONS | | | | | E A1 |
|---|-------------------------------|---|------------------------|--|-----|---|------------|
| | The Instru | ction Guide explains how to | complete this forr | n. | 1 | Total pages Schedule A1: Sch: 12/32 Rpt: 15/89 | |
| 2 | FILER NAME | | | | 3 | Filer ID (Ethics Commission | n Filers) |
| | Bucy III, Joh | n H. (The Honorable) | | | | 00069589 | |
| 4 | Date 06/30/2025 | 5 Full name of contributor Flynn, Kaitlyn6 Contributor address; City; State; | out-of-state PAC (ID#: | | 7 | Amount of Contribution (\$) | \$25.00 |
| _ | | Austin, TX 78717 | la la | | | | |
| 8 | Principal occu Managemen | | | Employer (See Instructions ResumeSpice |) | | |
| | Date 06/26/2025 | Full name of contributor Focus Advocacy Political Contributor address; City; State; Austin, TX 78746 | out-of-state PAC (ID#: | | | Amount of Contribution (\$) | \$1,000.00 |
| | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions |) | | |
| | · ····o.pa. oooa | | | | , | | |
| | Date 06/25/2025 | Full name of contributor Foerster, Matthew Contributor address; City; State; | out-of-state PAC (ID#: | | | Amount of Contribution (\$) | \$25.00 |
| | | Austin, TX 78729 | | | | | |
| | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions |) | | |
| | Attorney | | | Arnold Placek & Foerste | r P | С | |
| | Date 06/23/2025 | Full name of contributor Galloway, Richard Contributor address; City; State; Cedar Park, TX 78613 | out-of-state PAC (ID#: | | | Amount of Contribution (\$) | \$50.00 |
| | Principal occu Not Employe | pation / Job title (See Instructions) | | Employer (See Instructions N/A |) | | |
| | Date 06/30/2025 | Full name of contributor Garza, Evalyn Contributor address; City; State; Austin, TX 78729 | out-of-state PAC (ID#: | | | Amount of Contribution (\$) | \$25.00 |
| | Principal occu Clerk | pation / Job title (See Instructions) | | Employer (See Instructions |) | | |
| | | | | | | | |

| | MONEI | ARY POLITICAL CO | SCHEDULE A1 | | | | |
|---|--------------------------------|---|---------------------------------------|---|------------|---|-----------|
| | The Instruc | ction Guide explains how t | o complete this for | m. | 1 | Total pages Schedule A1: Sch: 13/32 Rpt: 16/89 | |
| 2 | FILER NAME Bucy III. Joh | n H. (The Honorable) | | | 3 | Filer ID (Ethics Commission 00069589 | n Filers) |
| 4 | Date 06/23/2025 | 5 Full name of contributor Gilbert, Karen 6 Contributor address; City; State | out-of-state PAC (ID#:e; Zip Code |) | 7 | Amount of Contribution (\$) | \$25.00 |
| 8 | Principal occu Not Employe | Georgetown, TX 78633 pation / Job title (See Instructions) | 9 | Employer (See Instructions N/A | ;) | | |
| | Date 06/23/2025 | Full name of contributor Gilby, Kim (The Honorable) Contributor address; City; State | out-of-state PAC (ID#: | | | Amount of Contribution (\$) | \$100.00 |
| | Principal occu Not Employe | Cedar Park, TX 78613 pation / Job title (See Instructions) | | Employer (See Instructions N/A | <u>;</u>) | | |
| | Date 06/23/2025 | Full name of contributor Gonzalez, Manuel Contributor address; City; State | out-of-state PAC (ID#: e; Zip Code | | | Amount of Contribution (\$) | \$100.00 |
| | Dringing aggr | Austin, TX 78729 | | Employer (See Instructions | | | |
| | | pation / Job title (See Instructions) e Government & Community Re | elations | Employer (See Instructions Western Governors Univ | | sity | |
| | Date 06/28/2025 | Full name of contributor Gregory, Wyn Contributor address; City; State Austin, TX 78729 | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | \$50.00 |
| | Principal occu Recruiting M | pation / Job title (See Instructions) anager | | Employer (See Instructions WP Enginr | () | | |
| | Date 06/25/2025 | Full name of contributor Groff, Sara Contributor address; City; State Cedar Park, TX 78613 | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | \$25.00 |
| | Principal occu N/A | pation / Job title (See Instructions) | | Employer (See Instructions N/A |) | | |
| | | | | | | | |

| | MONEI | ARY POLITICAL C | | SCHEDUL | : A1 | | |
|---|-------------------------------------|--|---|---|----------------|---|-----------|
| | The Instru | ction Guide explains how | to complete this for | rm. | 1 | Total pages Schedule A1: Sch: 14/32 Rpt: 17/89 | |
| 2 | FILER NAME Bucy III, Joh | n H. (The Honorable) | | | 3 | Filer ID (Ethics Commission 00069589 | n Filers) |
| 4 | Date 06/23/2025 | Full name of contributor Harrison, Kimberly Contributor address; City; Sta | out-of-state PAC (ID#: ate; Zip Code |) | 7 | Amount of Contribution (\$) | \$100.00 |
| 8 | Principal occu | Austin, TX 78729 spation / Job title (See Instructions) |) 9 | Employer (See Instructions | <u> </u> S) | | |
| | Psychologist Date 06/30/2025 | Full name of contributor Heimerman, Kevin and Kri Contributor address; City; Sta | | Self-Employed | | Amount of Contribution (\$) | \$100.00 |
| | Principal occu Engineer | Austin, TX 78717 upation / Job title (See Instructions) |) | Employer (See Instructions Cisco Systems | <u> </u> S) | | |
| | Date 06/23/2025 | Full name of contributor Heinrich, Allison Contributor address; City; Sta | out-of-state PAC (ID#:ate; Zip Code |) | | Amount of Contribution (\$) | \$25.00 |
| | | Austin, TX 78729 upation / Job title (See Instructions) |) | Employer (See Instructions | S) | | |
| | Political Con Date 06/24/2025 | Full name of contributor Held, Eileen Contributor address; City; Sta | | Self-Employed | | Amount of Contribution (\$) | \$25.00 |
| | Principal occu Sales | pation / Job title (See Instructions) |) | Employer (See Instructions AHFh | 5) | | |
| | Date 06/30/2025 | Full name of contributor Hembree, Susan Contributor address; City; Sta | out-of-state PAC (ID#: | | | Amount of Contribution (\$) | \$25.00 |
| | Principal occu Not Employe | pation / Job title (See Instructions) |) | Employer (See Instructions N/A | 5) | | |
| | | | | | | | |

| | MONET | ARY POLITICAL CONTRIBU | | SCHEDULE A | | | |
|---|-------------------------------|--|----------|---|---------|---|------------|
| | The Instru | ction Guide explains how to complete | this for | n. | 1 | Total pages Schedule A1: Sch: 15/32 Rpt: 18/89 | |
| 2 | FILER NAME Bucy III, Joh | n H. (The Honorable) | | | 3 | Filer ID (Ethics Commission 00069589 | on Filers) |
| 4 | Date 06/30/2025 | Full name of contributor | |) | 7 | Amount of Contribution (\$) | \$25.00 |
| 8 | Principal occu | Austin, TX 78750 pation / Job title (See Instructions) | la | Employer (See Instructions | -, | | |
| 0 | Retired | oation / Job title (See Instituctions) | | N/A | >) | | |
| | Date 06/30/2025 | Full name of contributor out-of-state PAG Herzbrun, Greg Contributor address; City; State; Zip Code | |) | | Amount of Contribution (\$) | \$50.00 |
| | Dringing! goog | Austin, TX 78750 | | Employer (See Instructions | <u></u> | | |
| | Manager Manager | pation / Job title (See Instructions) | | Employer (See Instructions Sony | ·) | | |
| | Date 06/30/2025 | Full name of contributor out-of-state PAG HillCo PAC Contributor address; City; State; Zip Code | C (ID#: |) | | Amount of Contribution (\$) | \$5,000.00 |
| | | Austin, TX 78701 | | | | | |
| | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions | 5) | | |
| | Date 06/23/2025 | Full name of contributor out-of-state PAG Hinkle, Kali Contributor address; City; State; Zip Code Cedar Park, TX 78613 | | | | Amount of Contribution (\$) | \$50.00 |
| | Principal occu Not Employe | oation / Job title (See Instructions) | | Employer (See Instructions N/A | 5) | | |
| | Date 06/26/2025 | Full name of contributor out-of-state PAG Howard, John Contributor address; City; State; Zip Code Marble Falls, TX 78654 | | | | Amount of Contribution (\$) | \$250.00 |
| | Principal occu Attorney | pation / Job title (See Instructions) | | Employer (See Instructions Dell Technologies | 5) | | |
| | | | • | | | | |

| | MONEI | ARY POLITICAL C | SCHEDULE A1 | | | | |
|---|-------------------------------|---|---|----------------------------------|----------------|---|-----------|
| | The Instru | ction Guide explains how | to complete this fo | orm. | 1 | Total pages Schedule A1: Sch: 16/32 Rpt: 19/89 | |
| 2 | FILER NAME | | | | 3 | Filer ID (Ethics Commission | n Filers) |
| | | n H. (The Honorable) | _ | | | 00069589 | |
| 4 | Date 06/25/2025 | 5 Full name of contributorJohnson, Kameron6 Contributor address; City; St | out-of-state PAC (ID#: | | 7 | Amount of Contribution (\$) | \$50.00 |
| | | Round Rock, TX 78681 | | | | | |
| 8 | | pation / Job title (See Instructions |) | 9 Employer (See Instructions | s) | | |
| | Attorney | | | Johnson Roberts LLP | | | |
| | Date 06/23/2025 | Full name of contributor Kaelin, Kelly Contributor address; City; St | out-of-state PAC (ID#: ate; Zip Code |) | | Amount of Contribution (\$) | \$50.00 |
| | | Austin, TX 78729 | | | | | |
| | Principal occu | pation / Job title (See Instructions |) | Employer (See Instructions | 5) | | |
| | Compliance | Communications Specialist | | Nelnet | | | |
| | Date 06/30/2025 | Full name of contributor Kelley, Alan Contributor address; City; St | out-of-state PAC (ID#: |) | • | Amount of Contribution (\$) | \$25.00 |
| | | Round Rock, TX 78665 | | | | | |
| | Principal occu | pation / Job title (See Instructions |) | Employer (See Instructions | 5) | | |
| | Sales | | | Snap Kitchen | | | |
| | Date 06/26/2025 | Full name of contributor Kester, Steven Contributor address; City; St Austin, TX 78731 | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | \$500.00 |
| | Principal occu Senior Mana | pation / Job title (See Instructions ager |) | Employer (See Instructions Apple | 5) | | |
| | Date 06/23/2025 | Full name of contributor Koepke, Amber Contributor address; City; St Round Rock, TX 78681 | out-of-state PAC (ID#: |) | • | Amount of Contribution (\$) | \$25.00 |
| | Principal occu Not Employe | pation / Job title (See Instructions |) | Employer (See Instructions | <u> </u> S) | | |
| | | | | | | | |

| | MONEI | ARY POLITICAL (| CONTRIBUTIO | N | IS | | SCHEDUL | E A1 |
|---|--------------------|---|-------------------------|-----|--|---|---|-----------------|
| | The Instru | ction Guide explains hov | v to complete this fo | orı | n. | 1 | Total pages Schedule A1: Sch: 17/32 Rpt: 20/89 | |
| 2 | FILER NAME | n H. (The Honorable) | | | | 3 | Filer ID (Ethics Commission 00069589 | n Filers) |
| _ | - | | | | | Ļ | | |
| 4 | Date 06/25/2025 | 5 Full name of contributorKotecha, Harish6 Contributor address; City; S | out-of-state PAC (ID#:_ | |) | 7 | Amount of Contribution (\$) | \$50.00 |
| | | Cedar Park, TX 78613 | | | | | | |
| 8 | Principal occu | pation / Job title (See Instruction | s) | 9 | Employer (See Instructions | 5) | | |
| | Not Employe | ed | | | N/A | | | |
| | Date | Full name of contributor | out-of-state PAC (ID#:_ | |) | | Amount of Contribution (\$) | |
| | 06/24/2025 | Krzywonski, Sid | | | | | | \$50.00 |
| | | Contributor address; City; S | State; Zip Code | | | 1 | | |
| | | | | | | | | |
| | | | | | | | | |
| | | Cedar Park, TX 78613 | | | | | | |
| | | pation / Job title (See Instruction | s) | | Employer (See Instructions | 5) | | |
| | Not Employe | ed | | | N/A | | | |
| | Date | Full name of contributor | out-of-state PAC (ID#:_ | |) | | Amount of Contribution (\$) | |
| | 06/30/2025 | LaMance Sarrett, Ben & | Nancy | | | | | \$25.00 |
| | | Contributor address; City; S | State; Zip Code | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | Round Rock, TX 78681 | | _ | | <u>L</u> | | |
| | • | pation / Job title (See Instruction | S) | | Employer (See Instructions | 5) | | |
| | Attorney | | | | Self-Employed | | | |
| | Date | Full name of contributor | out-of-state PAC (ID#:_ | |) | | Amount of Contribution (\$) | |
| | 06/30/2025 | Langlet, Patricia | | | | | | \$10.00 |
| | | Contributor address; City; S | State; Zip Code | | | | | |
| | | | | | | | | |
| | | Augtin TV 70717 | | | | | | |
| | Dringing con | Austin, TX 78717 pation / Job title (See Instruction | 0) | _ | Employer (Coa Instructions | <u>, </u> | | |
| | • | vents Specialist | 5) | | Employer (See Instructions Kasasa |) | | |
| | | | | | | | | |
| | Date | Full name of contributor | out-of-state PAC (ID#:_ | |) | | Amount of Contribution (\$) | += 00.00 |
| | 06/30/2025 | Lannen, Virginia | | | | | | \$500.00 |
| | | Contributor address; City; S | State; Zip Code | | | | | |
| | | | | | | | | |
| | | Dallac TV 75222 | | | | | | |
| | Dringing! | Dallas, TX 75223 | <u>c)</u> | _ | Employer (See Instructions | ·/ | | |
| | CEO | pation / Job title (See Instruction | 5) | | Employer (See Instructions Pegasus School |) | | |
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| | MONET | ARY POLITICAL C | SCHEDULE A1 | | | |
|---|-----------------------------------|--|--|---|---------------|---|
| | The Instruc | ction Guide explains how | to complete this for | m. | 1 | Total pages Schedule A1: Sch: 18/32 Rpt: 21/89 |
| 2 | FILER NAME Bucy III, Joh | n H. (The Honorable) | | | 3 | Filer ID (Ethics Commission Filers) 00069589 |
| 4 | Date 06/28/2025 | 5 Full name of contributor Lester, Brigid6 Contributor address; City; Sta | out-of-state PAC (ID#: atte; Zip Code | | 7 | Amount of Contribution (\$) \$10.00 |
| 8 | Principal occu | Cedar Park, TX 78613 pation / Job title (See Instructions) | 9 | Employer (See Instructions | s) | |
| | Not Employe Date 06/25/2025 | Full name of contributor Lewis, William Contributor address; City; Sta | | N/A | | Amount of Contribution (\$) \$100.00 |
| | Principal occu | Round Rock, TX 78681 pation / Job title (See Instructions) | | Employer (See Instructions | S) | |
| | Not Employe | | | N/A | | |
| | Date 06/23/2025 | Full name of contributor Loewy, Adam Contributor address; City; Sta | out-of-state PAC (ID#: | | • | Amount of Contribution (\$) \$15,000.00 |
| | | Austin, TX 78701 | | | | |
| | Principal occu Attorney | pation / Job title (See Instructions) | | Employer (See Instructions Loewy Law Firm | 5) | |
| | Date 06/30/2025 | Full name of contributor Lubinski, Paul Contributor address; City; Sta | out-of-state PAC (ID#:ate; Zip Code |) | | Amount of Contribution (\$) \$1.00 |
| | Principal occu Engineer | pation / Job title (See Instructions) | | Employer (See Instructions Trane Technologies | 5) | |
| | Date 06/27/2025 | Full name of contributor Lutes, Lavern Contributor address; City; Sta | out-of-state PAC (ID#: | | • | Amount of Contribution (\$) \$41.00 |
| | Principal occu Electrical En | pation / Job title (See Instructions) gineer | | Employer (See Instructions Psemi Corporation | 5) | |
| | | | 1 | | | |

| | MONET | ARY POLITICAL (| SCHEDULE A1 | | | | | |
|---|-------------------------------|--|-------------------------|-----|-------------------------------------|----------------|---|-----------|
| | The Instruc | ction Guide explains hov | v to complete this f | orı | m. | 1 | Total pages Schedule A1: Sch: 19/32 Rpt: 22/89 | |
| 2 | FILER NAME Bucy III, Joh | n H. (The Honorable) | | | | 3 | Filer ID (Ethics Commission 00069589 | ı Filers) |
| 4 | Date 06/23/2025 | 5 Full name of contributor Maas, Ellen | out-of-state PAC (ID#:_ | |) | 7 | Amount of Contribution (\$) | \$50.00 |
| _ | <u> </u> | Austin, TX 78717 | | _ | 5 1 (0 1 1 1 | | | |
| 8 | Principal occu Retired | pation / Job title (See Instruction | 5) | 9 | Employer (See Instructions N/A | 5) | | |
| | Date 06/30/2025 | Full name of contributor McAndrew, Robert Contributor address; City; S Austin, TX 78717 | | |) | | Amount of Contribution (\$) | \$50.00 |
| | Principal occu | pation / Job title (See Instruction | s) | | Employer (See Instructions | <u> </u> 5) | | |
| | Not Employe | ed | | | N/A | | | |
| | Date 06/30/2025 | Full name of contributor Miller, John Contributor address; City; S | out-of-state PAC (ID#:_ | |) | | Amount of Contribution (\$) | \$10.00 |
| | | Austin, TX 78729 | | | | | | |
| | Principal occu CEO and Pre | pation / Job title (See Instruction esident | s) | | Employer (See Instructions T3 Sixty | s) | | |
| | Date 06/23/2025 | Full name of contributor Moak Casey PAC Contributor address; City; S Austin, TX 78701 | | |) | | Amount of Contribution (\$) | \$250.00 |
| | Principal occu | pation / Job title (See Instruction | s) | | Employer (See Instructions | s) | | |
| | Date 06/25/2025 | Full name of contributor Moldenhauer, Sheila Contributor address; City; S Round Rock, TX 78664 | out-of-state PAC (ID#:_ | |) | | Amount of Contribution (\$) | \$25.00 |
| | Principal occu Not Employe | pation / Job title (See Instructioned | s) | | Employer (See Instructions N/A | s) | | |
| | | | | | | | | |

| | MONET | ARY POLITICAL CONT | | SCHEDULE A1 | | | |
|---|-------------------------------|--|-------------------|---|----------|---|-----------|
| | The Instruc | ction Guide explains how to cor | mplete this form | m. | 1 | Total pages Schedule A1: Sch: 20/32 Rpt: 23/89 | |
| 2 | FILER NAME Bucy III, John | n H. (The Honorable) | | | 3 | Filer ID (Ethics Commission 00069589 | n Filers) |
| 4 | Date 06/26/2025 | Moore, Linda 6 Contributor address; City; State; Zip (| | | 7 | Amount of Contribution (\$) | \$250.00 |
| 8 | Principal occu | Austin, TX 78729 pation / Job title (See Instructions) | 9 | Employer (See Instructions | <u> </u> | | |
| | Not Employe | d | | N/A | | | |
| | Date 06/23/2025 | Murphy, Kevin Contributor address; City; State; Zip (| | | | Amount of Contribution (\$) | \$25.00 |
| | Dringing con | Leander, TX 78641 | | Employer (Coo Instructions | _ | | |
| | Not Employe | oation / Job title (See Instructions) | | Employer (See Instructions N/A | 5) | | |
| | Date | | (| 14/7 | | Amount of Contribution (\$) | |
| | 06/23/2025 | Murphy, Kevin Contributor address; City; State; Zip 0 | f-state PAC (ID#: | | | yundun di Contribution (¢) | \$25.00 |
| | | Leander, TX 78641 | | | | | |
| | Principal occu Not Employe | pation / Job title (See Instructions) | | Employer (See Instructions N/A |) | | |
| | Date 06/23/2025 | Muse, Walter | | | | Amount of Contribution (\$) | \$25.00 |
| | Principal occu Attorney | pation / Job title (See Instructions) | | Employer (See Instructions State of Texas | 5) | | |
| | Date 06/26/2025 | Full name of contributor out-o Musselman, KT (The Honorable) Contributor address; City; State; Zip o | f-state PAC (ID#: |) | | Amount of Contribution (\$) | \$41.00 |
| | | pation / Job title (See Instructions) | | Employer (See Instructions |) | | |
| | Justice of the | Peace | | Williamson County | | | |
| | | | | | | | |

| | MONEI | ARY POLITICAL (| SCHEDULE A1 | | | | |
|---|-------------------------------|--|------------------------|---|--|---|-----------|
| | The Instru | ction Guide explains how | to complete this fo | orm. | 1 | Total pages Schedule A1: Sch: 21/32 Rpt: 24/89 | |
| 2 | FILER NAME | | | | 3 | Filer ID (Ethics Commission | n Filers) |
| | Bucy III, Joh | n H. (The Honorable) | | | | 00069589 | |
| 4 | Date 06/26/2025 | 5 Full name of contributor Nichols, Colby6 Contributor address; City; S | out-of-state PAC (ID#: | | 7 | Amount of Contribution (\$) | \$500.00 |
| Ω | Principal occu | Austin, TX 78738 pation / Job title (See Instructions | 2) | Employer (See Instructions | | | |
| Ü | Attorney | pation / 300 title (See matractions | , | Nichols Law Office | " | | |
| | Date 06/25/2025 | Full name of contributor Nieft, Peter Contributor address; City; S Austin, TX 79717 | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | \$50.00 |
| | Principal occu | pation / Job title (See Instructions | 5) | Employer (See Instructions | <u> </u> | | |
| | Not Employe | | , | N/A | , | | |
| | Date 06/23/2025 | Full name of contributor Norment, Ashley Contributor address; City; S | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | \$25.00 |
| | | Round Rock, TX 78681 | | | | | |
| | | pation / Job title (See Instructions cation Coordinator | 5) | Employer (See Instructions Hutto ISD | s) | | |
| | Date 06/25/2025 | Full name of contributor Oakes, Gene Contributor address; City; S Austin, TX 78729 | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | \$100.00 |
| | Principal occu Not Employe | pation / Job title (See Instructions ed | 5) | Employer (See Instructions N/A | 5) | | |
| | Date 06/26/2025 | Full name of contributor Peebles, Kay Contributor address; City; S Taylor, TX 76574 | out-of-state PAC (ID#: | | | Amount of Contribution (\$) | \$41.00 |
| | Principal occu Commodity | pation / Job title (See Instructions Manager | 5) | Employer (See Instructions Entegris | s) | | |
| | | | | | | | |

| | MONEI | ONETARY POLITICAL CONTRIBUTIONS | | | | SCHEDULE A1 | | |
|---|--------------------------------|---|---|---|----------------|---|-----------|--|
| | The Instruc | ction Guide explains how | to complete this fo | orm. | 1 | Total pages Schedule A1: Sch: 22/32 Rpt: 25/89 | | |
| 2 | FILER NAME | | | | 3 | Filer ID (Ethics Commission | n Filers) | |
| | Bucy III, Joh | n H. (The Honorable) | | | | 00069589 | | |
| 4 | Date 06/26/2025 | 5 Full name of contributor Pelosi, Jan6 Contributor address; City; S | out-of-state PAC (ID#:_ tate; Zip Code | | 7 | Amount of Contribution (\$) | \$41.00 | |
| Ω | Drincinal occu | Austin, TX 78717 pation / Job title (See Instructions | s) I | 9 Employer (See Instructions | | | | |
| 0 | Not Employe | | o) | N/A | 5) | | | |
| | Date 06/23/2025 | Full name of contributor Piner, Elizabeth Contributor address; City; S | out-of-state PAC (ID#:_ | | | Amount of Contribution (\$) | \$250.00 | |
| | | Austin, TX 78729 | | | L | | | |
| | Principal occu Not Employe | pation / Job title (See Instructionsed | s) | Employer (See Instruction: N/A | s) | | | |
| | Date 06/26/2025 | Full name of contributor Piner, Elizabeth Contributor address; City; S | out-of-state PAC (ID#:_ | | | Amount of Contribution (\$) | \$41.00 | |
| | | Austin, TX 78729 | | | | | | |
| | Principal occu | pation / Job title (See Instructions | s) | Employer (See Instructions | <u>I</u> S) | | | |
| | Not Employe | ed | | N/A | | | | |
| | Date 06/29/2025 | Full name of contributor Piner, Elizabeth Contributor address; City; S Austin, TX 78729 | out-of-state PAC (ID#:_ | | | Amount of Contribution (\$) | \$25.00 | |
| | Principal occu Not Employe | pation / Job title (See Instructionsed | 5) | Employer (See Instructions N/A | s) | | | |
| | Date 06/30/2025 | Full name of contributor Piner, Elizabeth Contributor address; City; S Austin, TX 78729 | out-of-state PAC (ID#:_ | | | Amount of Contribution (\$) | \$50.00 | |
| | Principal occu Planning Ass | pation / Job title (See Instructions sistant | 5) | Employer (See Instructions NJ Pinelands Commiss | | | | |
| | | | | | | | | |

| | MONET | ARY POLITICAL CON | NTRIBUTION | S | | SCHEDULI | ■ A1 |
|---|--------------------------------|---|----------------------------------|---|----------|---|-------------|
| | The Instruc | ction Guide explains how to c | complete this form | n. | 1 | Total pages Schedule A1: Sch: 23/32 Rpt: 26/89 | |
| 2 | FILER NAME Bucy III, Joh | n H. (The Honorable) | | | 3 | Filer ID (Ethics Commission 00069589 | ı Filers) |
| 4 | Date 06/23/2025 | Powers, Kristine | ut-of-state PAC (ID#: ip Code | | 7 | Amount of Contribution (\$) | \$25.00 |
| _ | | Cedar Park, TX 78613 | | | | | |
| 8 | Principal occu Teacher | pation / Job title (See Instructions) | | Employer (See Instructions Leander ISD | i) | | |
| | Date 06/25/2025 | Priest, Anne Contributor address; City; State; Z | ut-of-state PAC (ID#: ip Code | | | Amount of Contribution (\$) | \$25.00 |
| | Principal occu | Austin, TX 78729 pation / Job title (See Instructions) | | Employer (See Instructions | <u> </u> | | |
| | Not Employe | d | | N/A | | | |
| | Date 06/30/2025 | Full name of contributor on the pugliese, Thomas Contributor address; City; State; Z | ut-of-state PAC (ID#: | | | Amount of Contribution (\$) | \$25.00 |
| | | Austin, TX 78717 | | | | | |
| | Principal occu Software Eng | pation / Job title (See Instructions) gineer | | Employer (See Instructions Apple | 5) | | |
| | Date 06/25/2025 | Quick, Lynn | | | | Amount of Contribution (\$) | \$50.00 |
| | Principal occu Not Employe | pation / Job title (See Instructions) | | Employer (See Instructions N/A | <u> </u> | | |
| | Date 06/30/2025 | Full name of contributor on Ranus, Kristen Contributor address; City; State; Z Austin, TX 78729 | ut-of-state PAC (ID#: | | | Amount of Contribution (\$) | \$10.00 |
| | Principal occu Research As | pation / Job title (See Instructions) | | Employer (See Instructions Texas State | 5) | | |
| | Nescarett As | Sisteri | | TONG OTHER | | | |

| | MONEI | ONETARY POLITICAL CONTRIBUTIONS | | | | SCHEDULE A | | |
|---|--------------------------------|---|-------------------------------------|--|--|---|---------|--|
| | The Instru | ction Guide explains how | to complete this fo | rm. | 1 | Total pages Schedule A1: Sch: 24/32 Rpt: 27/89 | | |
| 2 | FILER NAME | n II (The Henerable) | | | 3 | Filer ID (Ethics Commission | Filers) | |
| _ | - | n H. (The Honorable) | | | L | 00069589 | | |
| 4 | Date 06/30/2025 | 5 Full name of contributor Ray, Tim6 Contributor address; City; St | out-of-state PAC (ID#: |) | 7 | Amount of Contribution (\$) | \$25.00 | |
| g | Principal occu | Austin, TX 78729 pation / Job title (See Instructions | a 10 | 9 Employer (See Instructions | | | | |
| 0 | Cybersecurit | |] | Contractor |) | | | |
| | Date 06/30/2025 | Full name of contributor Reames, Joan Contributor address; City; St | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | \$50.00 | |
| | | Austin, TX 78750 | | | L | | | |
| | Principal occu Not Employe | pation / Job title (See Instructions ed | (i) | Employer (See Instructions N/A | s) | | | |
| | Date 06/23/2025 | Full name of contributor Reed, Susan Contributor address; City; St | out-of-state PAC (ID#:ate; Zip Code |) | | Amount of Contribution (\$) | \$50.00 | |
| | | Austin, TX 78750 | | | | | | |
| | Principal occu | pation / Job title (See Instructions |) | Employer (See Instructions | <u>. </u> | | | |
| | Not Employe | ed | | N/A | | | | |
| | Date 06/30/2025 | Full name of contributor Reeves, Lindsey Contributor address; City; St Round Rock, TX 78681 | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | \$25.00 | |
| | Principal occu Registered N | pation / Job title (See Instructions Iurse |) | Employer (See Instructions Ascension Seton | 5) | | | |
| | Date 06/23/2025 | Full name of contributor Reynolds, Joseph Contributor address; City; St Austin, TX 78731 | out-of-state PAC (ID#:ate; Zip Code |) | | Amount of Contribution (\$) | \$50.00 | |
| | Principal occu Not Employe | pation / Job title (See Instructions |) | Employer (See Instructions N/A | 5) | | | |
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| | MONET | ARY POLITICAL CONTR | IBUTION | S | | SCHEDUL | E A1 |
|---|-------------------------------|--|---------------|---|----------------|---|-------------|
| | The Instruc | ction Guide explains how to compl | ete this forr | m. | 1 | Total pages Schedule A1: Sch: 25/32 Rpt: 28/89 | |
| 2 | FILER NAME Bucy III, Joh | n H. (The Honorable) | | | 3 | Filer ID (Ethics Commission 00069589 | n Filers) |
| 4 | Date 06/30/2025 | | |) | 7 | Amount of Contribution (\$) | \$25.00 |
| 8 | Principal occu Accountant | Austin, TX 78729 pation / Job title (See Instructions) | 9 | Employer (See Instructions | <u> </u> s) | | |
| | Date 06/26/2025 | Robinson, Randall | | | | Amount of Contribution (\$) | \$100.00 |
| | Principal occu Not Employe | pation / Job title (See Instructions) | | Employer (See Instructions | 5) | | |
| | Date 06/25/2025 | Full name of contributor out-of-sta Ruiz, Yvette Contributor address; City; State; Zip Code | e PAC (ID#: |) | | Amount of Contribution (\$) | \$5.00 |
| | Deignaignal | Round Rock, TX 78665 | | Franks or (Cook batturations | | | |
| | Admin Assis | pation / Job title (See Instructions) tant | | Employer (See Instructions Austin Community Colle | • | | |
| | Date 06/25/2025 | Saenz, Matilda | |) | | Amount of Contribution (\$) | \$50.00 |
| | Principal occu Not Employe | pation / Job title (See Instructions) | | Employer (See Instructions N/A | 5) | | |
| | Date 06/25/2025 | Sanchez, Doris | |) | • | Amount of Contribution (\$) | \$25.00 |
| | • | pation / Job title (See Instructions) ions Specialist | | Employer (See Instructions Williamson County | 5) | | |
| | | | • | | | | |

| | MONEI | ONETARY POLITICAL CONTRIBUTIONS | | | | SCHEDULE / | | | |
|---|--------------------------------|--|--|---|----|---|-----------|--|--|
| | The Instru | ction Guide explains hov | v to complete this fo | orm. | 1 | Total pages Schedule A1: Sch: 26/32 Rpt: 29/89 | | | |
| 2 | FILER NAME | | | | 3 | Filer ID (Ethics Commission | n Filers) | | |
| | | n H. (The Honorable) | _ | | | 00069589 | | | |
| 4 | Date 06/23/2025 | 5 Full name of contributor Schlabach, Amy 6 Contributor address; City; S | out-of-state PAC (ID#:_ itate; Zip Code | | 7 | Amount of Contribution (\$) | \$100.00 | | |
| • | Principal occu | Cedar Park, TX 78613 pation / Job title (See Instruction | | 9 Employer (See Instructions | | | | | |
| 0 | Public Health | | 5) | Department of State He | | Services | | | |
| | Date 06/30/2025 | Full name of contributor Sethi, Pooja (The Honora Contributor address; City; S Austin, TX 78730 | | | | Amount of Contribution (\$) | \$25.00 | | |
| | Principal occu | pation / Job title (See Instruction | (2) | Employer (See Instructions | e) | | | | |
| | Not Employe | | 3) | N/A | 3) | | | | |
| | Date 06/23/2025 | Full name of contributor Shear, Michael Contributor address; City; S | out-of-state PAC (ID#:_ |) | | Amount of Contribution (\$) | \$10.00 | | |
| | | Cedar Park, TX 78641 | | | | | | | |
| | Principal occu IT Services | pation / Job title (See Instruction | s) | Employer (See Instructions Strategic Office Network | | LC | | | |
| | Date 06/23/2025 | Full name of contributor Sheets, Jonathan Contributor address; City; S Cedar Park, TX 78613 | out-of-state PAC (ID#:_ |) | | Amount of Contribution (\$) | \$25.00 | | |
| | Principal occu Financial Ad | pation / Job title (See Instruction visor | s) | Employer (See Instructions A+ FCU | s) | | | | |
| | Date 06/30/2025 | Full name of contributor Shelton, Kristin Contributor address; City; S Austin, TX 78717 | out-of-state PAC (ID#:_ | | | Amount of Contribution (\$) | \$25.00 | | |
| | Principal occu Teacher | pation / Job title (See Instruction | s) | Employer (See Instructions Round Rock ISD | s) | | | | |
| | | | | | | | | | |

| | MONEI | DNETARY POLITICAL CONTRIBUTIONS | | | | | SCHEDULE A1 | | |
|---|-------------------------------|---|-------------------------|------|---------------------------------|----------------|---|-----------|--|
| | The Instru | ction Guide explains how | to complete this fo | orm. | | 1 | Total pages Schedule A1: Sch: 27/32 Rpt: 30/89 | | |
| 2 | FILER NAME | n II (The Henerable) | | | | 3 | Filer ID (Ethics Commission | n Filers) | |
| _ | | n H. (The Honorable) | | | | L | 00069589 | | |
| 4 | Date 06/23/2025 | 5 Full name of contributor Sherriff, Valarie 6 Contributor address; City; S | out-of-state PAC (ID#:_ | |) | 7 | Amount of Contribution (\$) | \$10.00 | |
| _ | Drivering | Austin, TX 78717 | , 1 | la = | (0 | | | | |
| 8 | Not Employe | pation / Job title (See Instructionsed | 5) | | mployer (See Instructions /A | 5) | | | |
| | Date 06/30/2025 | Full name of contributor Sidney, David Contributor address; City; S | out-of-state PAC (ID#:_ | |) | | Amount of Contribution (\$) | \$50.00 | |
| | | Cedar Park, TX 78613 | | | | | | | |
| | Principal occu Not Employe | pation / Job title (See Instructions ed | S) | | mployer (See Instructions /A | 5) | | | |
| | Date 06/25/2025 | Full name of contributor Smith, Elizabeth J Contributor address; City; S | out-of-state PAC (ID#:_ | |) | | Amount of Contribution (\$) | \$10.00 | |
| | | Cedar Park, TX 78613 | | | | | | | |
| | Principal occu Retired | pation / Job title (See Instructions | 5) | | mployer (See Instructions /A | 5) | | | |
| | Date 06/30/2025 | Full name of contributor Soliz, Jesse Contributor address; City; S Cedar Park, TX 78613 | out-of-state PAC (ID#: | |) | | Amount of Contribution (\$) | \$25.00 | |
| | Principal occu Not Employe | pation / Job title (See Instructions | s) | | mployer (See Instructions | <u>l</u> 5) | | | |
| | Date 06/25/2025 | Full name of contributor Sosa, Guadalupe (The Ho Contributor address; City; S Austin, TX 78704 | | | | | Amount of Contribution (\$) | \$50.00 | |
| | Principal occu Not Employe | pation / Job title (See Instructions ed | 5) | | mployer (See Instructions /A | s) | | | |
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| | MONEI | DNETARY POLITICAL CONTRIBUTIONS | | | | SCHEDULE A1 | | |
|---|-------------------------------|--|------------------------|---|----------------|---|---------|--|
| | The Instru | ction Guide explains hov | v to complete this fo | orm. | 1 | Total pages Schedule A1: Sch: 28/32 Rpt: 31/89 | | |
| 2 | FILER NAME | | | | 3 | Filer ID (Ethics Commission | Filers) | |
| | Bucy III, Joh | n H. (The Honorable) | | | | 00069589 | | |
| 4 | Date 06/23/2025 | 5 Full name of contributorSteensma, Jean6 Contributor address; City; S | out-of-state PAC (ID#: | | 7 | Amount of Contribution (\$) | \$25.00 | |
| 8 | Principal occu | Round Rock, TX 78681 pation / Job title (See Instructions | 5) | Employer (See Instructions | <u> </u> | | | |
| Ü | Not Employe | | , | N/A | 3) | | | |
| | Date 06/30/2025 | Full name of contributor Sundberg, Colleen Contributor address; City; S | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | \$25.00 | |
| | | Round Rock, TX 78681 | | | L | | | |
| | Principal occu Not Employe | pation / Job title (See Instructionsed | 5) | Employer (See Instructions N/A | s) | | | |
| | Date 06/23/2025 | Full name of contributor Swift, Larry Contributor address; City; S | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | \$50.00 | |
| | | Round Rock, TX 78664 | | | | | | |
| | • | pation / Job title (See Instructions | 5) | Employer (See Instructions | s) | | | |
| | Not Employe | | | N/A | | | | |
| | Date 06/30/2025 | Full name of contributor Tejchma, Manuela Contributor address; City; S Austin, TX 78729 | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | \$25.00 | |
| | Principal occu Manager | pation / Job title (See Instructions | s) | Employer (See Instructions National Instruments | <u>I</u> S) | | | |
| | Date 06/30/2025 | Full name of contributor Tenaglia, Anthony Contributor address; City; S Round Rock, TX 78664 | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | \$25.00 | |
| | Principal occu Technology | pation / Job title (See Instruction: | 5) | Employer (See Instructions Apple | s) | | | |
| | | | | | | | | |

| | MONET | ARY POLITICAL CONTRIE | BUTION | S | | SCHEDUL | E A1 |
|---|-------------------------------|---|-------------|--|---|---|------------|
| | The Instruc | ction Guide explains how to comple | te this for | n. | 1 | Total pages Schedule A1: Sch: 29/32 Rpt: 32/89 | |
| 2 | FILER NAME Bucy III, John | n H. (The Honorable) | | | 3 | Filer ID (Ethics Commission 00069589 | on Filers) |
| 4 | Date 06/30/2025 | Terry, Barbara 6 Contributor address; City; State; Zip Code | PAC (ID#: |) | 7 | Amount of Contribution (\$) | \$50.00 |
| 8 | Principal occu Not Employe | Austin, TX 78729 Dation / Job title (See Instructions) | 9 | Employer (See Instructions N/A | <u> </u> 5) | | |
| | Date 06/24/2025 | Full name of contributor out-of-state Texas Medical Association PAC Contributor address; City; State; Zip Code Austin, TX 78701 | PAC (ID#: | | • | Amount of Contribution (\$) | \$5,000.00 |
| | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions | <u> </u> | | |
| | Date 06/23/2025 | Full name of contributor out-of-state Texas Trial Lawyers Association Contributor address; City; State; Zip Code | PAC (ID#: | | | Amount of Contribution (\$) | \$2,500.00 |
| | Principal occu | Austin, TX 78701 Dation / Job title (See Instructions) | | Employer (See Instructions | s) | | |
| | Date 06/30/2025 | Thompson, George | PAC (ID#: | | | Amount of Contribution (\$) | \$50.00 |
| | | oation / Job title (See Instructions) tion Programmer | | Employer (See Instructions RVH Solutions Inc | 5) | | |
| | Date 06/23/2025 | Full name of contributor out-of-state Touchet, Stephen Contributor address; City; State; Zip Code Austin, TX 78729 | |) | • | Amount of Contribution (\$) | \$10.00 |
| | Principal occu Teacher | pation / Job title (See Instructions) | | Employer (See Instructions Retired | 5) | | |
| | | | • | | | | |

| | MONET | ARY POLITICAL CON | ITRIBUTION | S | | SCHEDUL | E A1 |
|---|-------------------------------|---|----------------------|--|---------|---|-------------|
| | The Instruc | ction Guide explains how to c | omplete this forr | n. | 1 | Total pages Schedule A1: Sch: 30/32 Rpt: 33/89 | |
| 2 | FILER NAME Bucy III, Joh | n H. (The Honorable) | | | 3 | Filer ID (Ethics Commission 00069589 | n Filers) |
| 4 | Date 06/25/2025 | Full name of contributor ou ou Trimble Quiz, Cristabella Contributor address; City; State; Zi | |) | 7 | Amount of Contribution (\$) | \$10.00 |
| _ | Dringing age | Austin, TX 78729 | 10 | Employer (See Instructions | <u></u> | | |
| 8 | | pation / Job title (See Instructions) ve Professional | 9 | Employer (See Instructions The University of Texas | | Austin | |
| | Date 06/30/2025 | Villalon, Alyssa Contributor address; City; State; Zi | |) | | Amount of Contribution (\$) | \$25.00 |
| | Principal occu | Austin, TX 78729 pation / Job title (See Instructions) | | Employer (See Instructions | ·, | | |
| | Business ow | | | Sportball |) | | |
| | Date 06/30/2025 | Full name of contributor ou villarreal, John Contributor address; City; State; Zi | t-of-state PAC (ID#: |) | | Amount of Contribution (\$) | \$5.00 |
| | | Austin, TX 78729 | | | | | |
| | Principal occu Teacher | pation / Job title (See Instructions) | | Employer (See Instructions Austin ISD | 5) | | |
| | Date 06/26/2025 | Full name of contributor ou Weinberg Strategies LLC Contributor address; City; State; Zi Austin, TX 78704 | | | | Amount of Contribution (\$) | \$250.00 |
| | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions | 5) | | |
| | Date 06/25/2025 | Full name of contributor ou White, Heather Holden Contributor address; City; State; Zi Round Rock, TX 78681 | t-of-state PAC (ID#: | | | Amount of Contribution (\$) | \$10.00 |
| | Principal occu Not Employe | pation / Job title (See Instructions) | | Employer (See Instructions N/A | 5) | | |
| | | | 1 | | | | |

| | MONET | ARY POLITICAL C | ONTRIBUTION | IS | | SCHEDUL | E A1 |
|---|-------------------------------|--|--|--|--------|---|-------------|
| | The Instruc | ction Guide explains how | to complete this for | m. | 1 | Total pages Schedule A1: Sch: 31/32 Rpt: 34/89 | |
| 2 | FILER NAME Bucy III, John | n H. (The Honorable) | | | 3 | Filer ID (Ethics Commission 00069589 | n Filers) |
| 4 | Date 06/25/2025 | 5 Full name of contributor White, Lauri6 Contributor address; City; Sta | out-of-state PAC (ID#: tte; Zip Code |) | 7 | Amount of Contribution (\$) | \$25.00 |
| 8 | Principal occur | Austin, TX 78729 pation / Job title (See Instructions) | l q | Employer (See Instructions | :) | | |
| Ü | Regulatory S | . , | | American Electric Powe | | | |
| | Date 06/30/2025 | Full name of contributor Whitlow, Stuart Contributor address; City; Sta | | | | Amount of Contribution (\$) | \$100.00 |
| | Dringinal occur | Austin, TX 78755 pation / Job title (See Instructions) | | Employer (See Instructions | ·/_ | | |
| | Attorney | pation / Job title (See instructions) | | Self-Employed | ·) | | |
| | Date 06/23/2025 | Full name of contributor Williamson, Sondra Contributor address; City; Sta | out-of-state PAC (ID#: atte; Zip Code |) | | Amount of Contribution (\$) | \$50.00 |
| | | Cedar Park, TX 78613 | | | | | |
| | Principal occu Freelance W | pation / Job title (See Instructions) riter | | Employer (See Instructions Self-Employed | 5) | | |
| | Date 06/29/2025 | Full name of contributor Yawn, Keith Contributor address; City; Sta Austin, TX 78731 | out-of-state PAC (ID#: ate; Zip Code |) | | Amount of Contribution (\$) | \$250.00 |
| | Principal occu Director | pation / Job title (See Instructions) | | Employer (See Instructions State of Texas | 5) | | |
| | Date 06/30/2025 | Full name of contributor Yee, Edward Contributor address; City; Sta | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | \$50.00 |
| | Principal occu Pilot | pation / Job title (See Instructions) | | Employer (See Instructions American Airlines | 5) | | |
| | | | L | | | | |

| MONET | ARY POLITICAL CONTRIBUTION | SCHEDULE A1 | |
|---------------------------------|--|----------------------------------|---|
| The Instru | ction Guide explains how to complete this f | orm. | 1 Total pages Schedule A1: Sch: 32/32 Rpt: 35/89 |
| 2 FILER NAME Bucy III, Joh | nn H. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00069589 |
| 4 Date 06/24/2025 | Full name of contributor out-of-state PAC (ID#:_Zamadics, Celia Contributor address; City; State; Zip Code | | 7 Amount of Contribution (\$) \$25.00 |
| | Austin, TX 78729 | | |
| 8 Principal occu Not Employe | upation / Job title (See Instructions) ed | 9 Employer (See Instructions N/A | 5) |
| Date 06/30/2025 | Full name of contributor out-of-state PAC (ID#:_Zimmerman, Mary Contributor address; City; State; Zip Code |) | Amount of Contribution (\$) \$50.00 |
| | Austin, TX 78750 | | |
| Principal occu Not Employe | upation / Job title (See Instructions) ed | Employer (See Instructions N/A | 5) |
| | | | |

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 36/89 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Bucy III, John H. (The Honorable) 00069589 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS **6** Full name of contributor 9 In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 06/27/2025 Eichler, Shera \$380.00 i Emails 7 Contributor address; City; State; Zip Code Austin, TX 78701 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) Founding Partner Second Floor Strategies 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By 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 | | Legal Services The Instruction Guide | Salaries/\ | Vages | /Contract Labor | | OTHER (enter a | category not listed above) | |
|---|--|--|--|-----------------------|-------|-----------------|-------|---|----------------------------|-----|
| 1 | Total pages Schedule F1: | 2 FILER NAME | | | | | 3 | Filer ID | (Ethics Commission Filer | rs) |
| | Sch: 1/51 Rpt: 37/89 | l | hn H. (The Honora | ble) | | | | 00069589 | | |
| 4 | Date | 5 Payee name | | | | | | | | |
| | 06/29/2025 | ActBlue | | | | | | | | |
| 6 | Amount (\$) \$859.77 | 7 Payee addre | | State; Zip Co | ode | | | | | |
| | | Somerville, | MA 02144 | | | | | | | |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (s Accounting | ee Categories listed at the to /Banking | op of this schedule) | (b) | ш | , TX, | de of Texas. Comp officeholder living essing fees | | |
| 9 | Complete ONLY if direct expenditure to benefit C/O | | iceholder name | Office sou | ight | | | Office he | ld | |
| | Date | Payee name | | | | | | | | |
| | 06/30/2025 | ActBlue | | | | | | | | |
| | Amount (\$) \$92.93 | Payee addre 366 Summo Somerville, | er St | State; Zip Co | ode | | | | | |
| | PURPOSE | (a) Category (s | ee Categories listed at the to | on of this schodulo) | (b) | Description | | | | |
| | OF EXPENDITURE | Accounting | | op of this scriedule) | | Check if travel | , TX, | de of Texas. Comp officeholder living essing fees | | |
| | Complete ONLY if direct expenditure to benefit C/O | | iceholder name | Office sou | ight | | | Office he | ld | |
| | Date | Payee name | | | | | | | | |
| | 01/27/2025 | Action Netv | vork | | | | | | | |
| | Amount (\$) \$10.00 | Payee addre 1900 L St N #900 Washingtor | | State; Zip Co | ode | | | | | |
| | PURPOSE OF EXPENDITURE | (a) Category (s Advertising | ee Categories listed at the to Expense | op of this schedule) | (b) | | , TX, | de of Texas. Comp | | |
| | Complete ONLY if direct expenditure to benefit C/ON | | iceholder name | Office sou | ight | | | Office he | eld | |
| | | | | | | | | | | |

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 Salarice Magnes/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: 2/51 Rpt: 38/89 | Bucy III, John H. (The Honorable) 00069589 |
| 4 | Date | 5 Payee name |
| | 02/26/2025 | Action Network |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$10.00 | 1900 L St NW |
| | | #900 |
| | | Washington, DC 20036 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Advertising Expense |
| | LXI LINDITORE | Check if Austin, TX, officeholder living expense |
| | | Email service |
| a | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| , | expenditure to benefit C/O | |
| | Date | Payee name |
| | 03/26/2025 | Action Network |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$13.00 | 1900 L St NW |
| | Ψ13.00 | #900 |
| | | |
| | | Washington, DC 20036 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Email service |
| | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | 1 |
| | Date | Payee name |
| | 04/28/2025 | Action Network |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$10.00 | 1900 L St NW |
| | | #900 |
| | | Washington, DC 20036 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Advertising Expense |
| | EXI ENDITORE | Check if Austin, TX, officeholder living expense |
| | | Email service |
| | Complete ONLY if alian -t | Condidate/Officeholder name Office county |
| | 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

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 | |
|---|--|
| 1 Total pages Schedule F1: | |
| Sch: 3/51 Rpt: 39/89 | Bucy III, John H. (The Honorable) 00069589 |
| 4 Date 05/27/2025 | 5 Payee name Action Network |
| 6 Amount (\$) \$10.00 | 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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Email Service |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| Date 06/26/2025 | Payee name Action Network |
| Amount (\$) \$27.50 | 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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Email Service |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| Date | Payee name |
| 04/22/2025 | Alexis Frezza Campaign |
| Amount (\$) \$250.00 | Payee address; City; State; Zip Code 2209 Sandra Dr |
| | Cedar Park, TX 78613 |
| 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 Campaign contribution |
| 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 Salaries/Wages/Contract Labor

| | Credit Card Payment | The Instruction Guide explains how to comple | ete this form. |
|---|---|--|---|
| 1 | Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
| | Sch: 4/51 Rpt: 40/89 | Bucy III, John H. (The Honorable) | 00069589 |
| 4 | Date | 5 Payee name | • |
| | 01/08/2025 | Amazon Fresh | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | |
| | \$98.10 | 410 Terry Ave N | |
| | | | |
| | | Seattle, WA 98109 | |
| 8 | PURPOSE | | Description |
| ľ | OF | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) | Check if travel outside of Texas. Complete Schedule T. |
| l | EXPENDITURE | . 000, 2010 ago 2. xpo. 100 | Check if Austin, TX, officeholder living expense |
| | | | Office snacks and drinks |
| | | | |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought | Office held |
| L | experiantific to belieff crof | <u> </u> | |
| | Date | Payee name | |
| | 01/09/2025 | Amazon Fresh | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$7.00 | 410 Terry Ave N | |
| | | | |
| l | | Seattle, WA 98109 | |
| ┢ | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) | Description |
| l | OF EXPENDITURE | Food/Beverage Expense | Check if travel outside of Texas. Complete Schedule T. |
| l | EXPENDITURE | | Check if Austin, TX, officeholder living expense |
| | | | Delivery fee/tip |
| L | Operation ONLY if dispose | Out did to 10 ff as halden a sure | Office held |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought | Office held |
| ┡ | · | | |
| | Date | Payee name | |
| | 01/24/2025 | Amazon | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$324.72 | 410 Terry Ave N | |
| | | | |
| | | Seattle, WA 98109 | |
| | 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 TVs for office |
| | | | 1 V3 for Office |
| L | Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held |
| | expenditure to benefit C/OI | | Office field |
| | | | |
| | | | |
| | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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: 5/51 Rpt: 41/89 | Bucy III, John H. (The Honorable) 00069589 |
| 4 | Date | 5 Payee name |
| | 01/28/2025 | Amazon |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$8.65 | 410 Terry Ave N |
| | | |
| | | Seattle, WA 98109 |
| 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 |
| | | Cinice Supplies |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| ľ | expenditure to benefit C/OI | |
| H | Date | Payee name |
| | 01/28/2025 | Amazon |
| ┝ | Amount (\$) | Payee address; City; State; Zip Code |
| | \$10.38 | 410 Terry Ave N |
| | Ψ10.50 | 410 Telly / We IV |
| | | Seattle, WA 98109 |
| ⊢ | PURPOSE | |
| | OF | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | Check if Austin, TX, officeholder living expense |
| | | Kitchen supplies |
| | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | |
| | Date | Payee name |
| | 03/20/2025 | Amazon |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$28.75 | 410 Terry Ave N |
| | | |
| | | Seattle, WA 98109 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Office Overhead/Rental Expense |
| | 2/11/2/10/12 | Check if Austin, TX, officeholder living expense |
| | | Office snacks |
| \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/Wages/Contract Labor

| | Credit Card Payment | The Instruction Guide explains how to complete this | form. |
|---|---|---|--|
| 1 | Total pages Schedule F1: Sch: 6/51 Rpt: 42/89 | 2 FILER NAME Bucy III, John H. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00069589 |
| _ | Date 2703 | i i | 00009389 |
| 4 | 04/01/2025 | 5 Payee name Amazon | |
| 6 | Amount (\$) \$34.38 | 7 Payee address; City; State; Zip Code 410 Terry Ave N | |
| _ | PURPOCE | Seattle, WA 98109 | |
| 8 | PURPOSE OF EXPENDITURE | Che | ription eck if travel outside of Texas. Complete Schedule T. eck if Austin, TX, officeholder living expense e supplies |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought H | Office held |
| | Date | Payee name | |
| | 04/01/2025 | Amazon | |
| | Amount (\$) \$35.58 | Payee address; City; State; Zip Code 410 Terry Ave N | |
| | | Seattle, WA 98109 | |
| | PURPOSE OF EXPENDITURE | Che Che Che | ription eck if travel outside of Texas. Complete Schedule T. eck if Austin, TX, officeholder living expense e supplies |
| | Complete ONLY if direct expenditure to benefit C/Ol | Candidate/Officeholder name Office sought H | Office held |
| | Date 06/11/2025 | Payee name Amazon | |
| | Amount (\$) \$31.38 | Payee address; City; State; Zip Code 410 Terry Ave N | |
| | | Seattle, WA 98109 | |
| | PURPOSE OF EXPENDITURE | Office Overficad/Nertial Expense | eck if travel outside of Texas. Complete Schedule T. eck if Austin, TX, officeholder living expense |
| | 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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| | Contributions/ Donations Made By Candidate/Officeholder/Politica | | Travel Out of District OTHER (enter a category not listed above) |
|---|--|--|--|
| | 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: 7/51 Rpt: 43/89 | Bucy III, John H. (The Honorable) | 00069589 |
| 4 | Date | 5 Payee name | |
| | 02/21/2025 | Black Austin Democrats | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | |
| | \$500.00 | P.O. Box 170007 | |
| | | | |
| | | Austin, TX 78717 | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| | OF | , , , , , , , , , , , , , , , , , , , | outside of Texas. Complete Schedule T. |
| | EXPENDITURE | Candidate/Officeholder/Political Committee | TX, officeholder living expense |
| | | Legacy Bruno | ch event sponsorship |
| | | | |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought | Office held |
| | experience to borione Gro | • | |
| | Date | Payee name | |
| | 04/22/2025 | Blair for Leander Campaign | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$250.00 | 11620 Hero Way West | |
| | | Ste. 130-209 | |
| | | Leander, TX 78641 | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| | OF EXPENDITURE | Contributions/Donations Made By | outside of Texas. Complete Schedule T. |
| | | Carrandato, Cinicario di Carrininta | TX, officeholder living expense |
| | | Campaign co | nuibulon |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held |
| | expenditure to benefit C/Ol | | Office field |
| | Date | Paragraphic Paragr | |
| | 02/28/2025 | Payee name Blue Victory Communications, LLC | |
| | | • | |
| | Amount (\$) \$5,000.00 | Payee address; City; State; Zip Code P.O. Box 300626 | |
| | \$5,000.00 | P.O. BOX 300020 | |
| | | A TV 70705 | |
| | | Austin, TX 78705 | |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | outside of Texas. Complete Schedule T. |
| | EXPENDITURE | Consulting Expense | TX, officeholder living expense |
| | | Communicati | |
| | | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held |
| | expenditure to benefit C/O | 1 | |
| | | | |
| | | | |
| | | | |

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

| | Candidate/Officeholder/Politica Credit Card Payment | I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. |
|----------|--|---|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 8/51 Rpt: 44/89 | Bucy III, John H. (The Honorable) 00069589 |
| 4 | Date | 5 Payee name |
| | 03/07/2025 | Blue Victory Communications, LLC |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$5,000.00 | P.O. Box 300626 |
| | | |
| | | Austin, TX 78705 |
| 8 | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Consulting Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Communications |
| | | Communications |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| 9 | expenditure to benefit C/O | |
| — | Data | |
| | Date | Payee name |
| | 04/21/2025 | Blue Victory Communications, LLC |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$5,000.00 | P.O. Box 300626 |
| | | |
| | | Austin, TX 78705 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Consulting Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Communications |
| | | Communications |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | - · · · · · · · · · · · · · · · · · · · |
| | D . | |
| | Date | Payee name |
| | 01/06/2025 | Boost Mobile |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$35.00 | 9060 Irvine Center Dr |
| | | |
| | | Irvine, CA 92618 |
| | 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. |
| | | Compaign phone |
| | | Campaign phone |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| _ | | |
| | | |
| L | | |

SCHEDULE F1

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

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

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

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

| | Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | |
|----------|--|--|--------|
| <u> </u> | T.1 C.1.1 =: | | _ |
| 1 | Total pages Schedule F1: Sch: 9/51 Rpt: 45/89 | 2 FILER NAME Bucy III, John H. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00069589 | |
| 4 | Date | 5 Payee name | \Box |
| | 02/06/2025 | Boost Mobile | |
| 6 | Amount (\$) \$35.00 | 7 Payee address; City; State; Zip Code 9060 Irvine Center Dr Irvine, CA 92618 | |
| 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 Campaign phone | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held | |
| | Date | Payee name | |
| | 03/06/2025 | Boost Mobile | |
| | Amount (\$) | Payee address; City; State; Zip Code | _ |
| | \$35.00 | 9060 Irvine Center Dr | |
| | | | |
| | | Irvine, CA 92618 | |
| | 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 | |
| | | Campaign phone | |
| | | | |
| | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held | |
| | Date | Payee name | |
| | 04/07/2025 | Boost Mobile | |
| | Amount (\$) | Payee address; City; State; Zip Code | _ |
| | \$35.00 | 9060 Irvine Center Dr | |
| | | | |
| | | Irvine, CA 92618 | |
| | 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 | |
| | | Campaign phone | |
| | | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | _ |
| | expenditure to benefit C/O | | |
| | | | - |
| | | | |
| | | | |

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

| | Candidate/Officeholder/Politica Credit Card Payment | The Instruction Guide explains how to complete this form. |
|---|--|---|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 10/51 Rpt: 46/89 | Bucy III, John H. (The Honorable) 00069589 |
| 4 | Date | 5 Payee name |
| | 05/06/2025 | Boost Mobile |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$35.00 | 9060 Irvine Center Dr |
| | | |
| | | Irvine, CA 92618 |
| 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 |
| | | Campaign phone |
| | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | |
| | Date | Payee name |
| | 06/06/2025 | Boost Mobile |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$35.00 | 9060 Irvine Center Dr |
| | | |
| | | Irvine, CA 92618 |
| | 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 |
| | | Campaign phone |
| | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | - |
| | Date | Payee name |
| | 01/31/2025 | Burke, Kyle |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$500.00 | 2203 Marcus Abrams Blvd |
| | | |
| | | Austin, TX 78748 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Salaries/Wages/Contract Labor |
| | | Check if Austin, TX, officeholder living expense Legislative salary supplement |
| | | Legislative salary supplement |
| _ | 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 C

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

| | Candidate/Officeholder/Politica Credit Card Payment | I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. |
|---|--|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 11/51 Rpt: 47/89 | Bucy III, John H. (The Honorable) 00069589 |
| 4 | Date | 5 Payee name |
| | 02/28/2025 | Burke, Kyle |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$250.00 | 2203 Marcus Abrams Blvd |
| | | |
| L | | Austin, TX 78748 |
| 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 Legislative salary supplement |
| | | Legislative satisfy supplement |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| ľ | expenditure to benefit C/O | the state of the s |
| F | Date | Payee name |
| | 03/31/2025 | Burke, Kyle |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$250.00 | 2203 Marcus Abrams Blvd |
| | | |
| | | Austin, TX 78748 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Salaries/Wages/Contract Labor |
| | _,, _,,,,,, | Check if Austin, TX, officeholder living expense |
| | | Legislative salary supplement |
| ⊢ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/Ol | |
| ⊨ | Date | Daysa nama |
| | 04/30/2025 | Payee name Burke, Kyle |
| | | |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$250.00 | 2203 Marcus Abrams Blvd |
| | | A |
| | | Austin, TX 78748 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Legislative salary supplement |
| | | |
| Н | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | 1 |
| Г | | |
| 1 | | |
| l | | |

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

| | Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | |
|---|--|---|
| ┰ | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| 1 | Sch: 12/51 Rpt: 48/89 | Bucy III, John H. (The Honorable) 00069589 |
| 4 | Date | 5 Payee name |
| | 05/31/2025 | Burke, Kyle |
| 6 | Amount (\$) \$250.00 | 7 Payee address; City; State; Zip Code 2203 Marcus Abrams Blvd Austin, TX 78748 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF | Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | Check if Austin, TX, officeholder living expense Legislative salary supplement |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | Date | Payee name |
| | 06/30/2025 | Burke, Kyle |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$250.00 | 2203 Marcus Abrams Blvd |
| | | |
| | | Austin, TX 78748 |
| | 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 |
| | | Legislative salary supplement |
| | | |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | Date | Payee name |
| | 06/05/2025 | Campaign Verify |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$95.00 | 1215 31st St NW |
| | | P.O. Box 3554 |
| | | Washington, DC 20007 |
| _ | DUDDOOF | - |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | Fees Check if travel outside of Texas. Complete Schedule 1. Check if Austin, TX, officeholder living expense |
| | | Identification verification |
| | | isonalioalon |
| _ | 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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| | Credit Card Payment | The Instruction Guide explains how to complete this form. |
|---|----------------------------|--|
| 1 | Total pages Schedule F1: | |
| | Sch: 13/51 Rpt: 49/89 | Bucy III, John H. (The Honorable) 00069589 |
| 4 | Date | 5 Payee name |
| | 03/19/2025 | Cedar Park and Leander Pride |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$515.24 | 2800 E. Whitestone Blvd |
| | | Suite 120, PMB 101 |
| | | Cedar Park, TX 78613 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Contributions/Donations Made By |
| | | Candidate/Officeholder/Political Committee |
| | | Event sponsorship |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| | Date | Payee name |
| | 04/10/2025 | Clayton Spangler Photographic Design |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$549.00 | 235 Point Lick Dr |
| | | |
| | | Charleston, WV 25306 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Printing Expense |
| | | Check if Austin, TX, officeholder living expense Panoramic Photo |
| | | Tallorame Photo |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| | Date | Payee name |
| | 03/26/2025 | Cupprimo |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$19.92 | 8650 Spicewood Springs Rd |
| | | #105 |
| | | Austin, TX 78759 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Cupcakes for staff |
| | | Cupcakes for stain |
| | 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 Comm

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

| | Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | |
|---|--|---|
| ┰ | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| 1 | Sch: 14/51 Rpt: 50/89 | Bucy III, John H. (The Honorable) |
| 4 | Date | 5 Payee name |
| | 04/17/2025 | Eastside Pies |
| 6 | Amount (\$) \$107.04 | 7 Payee address; City; State; Zip Code 1401 Rosewood Ave |
| | 4101.01 | 1101110001100047100 |
| | | Austin, TX 78702 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. |
| | LXI LINDITORL | Check if Austin, TX, officeholder living expense |
| | | Food for witnesses |
| | | |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | Date | Payee name |
| | 04/22/2025 | Elect Naudin for Leander City Council |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$250.00 | 801 S. Hwy 183 |
| | | Ste. 414 |
| | | |
| | | Leander, TX 78641 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Contributions/Donations Made By |
| | | Candidate/Officeholder/Political Committee |
| | | Campaign contribution |
| | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/Ol | Candidate/Officeholder name Office sought Office held |
| | Date | Payee name |
| | 01/06/2025 | Gannett |
| _ | Amount (\$) | Payee address; City; State; Zip Code |
| | \$21.31 | 7950 Jones Branch Dr |
| | Φ21.31 | 7950 Jones Branch Di |
| | | |
| | | McLean, VA 22107 |
| | 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 |
| | | Newspaper subscription |
| L | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | 1 |
| | | |
| | | |
| | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| | Credit Card Payment | The Instruction Guide explains how to complete this form. | | | | | |
|---|--|--|--|--|--|--|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) | | | | | |
| | Sch: 15/51 Rpt: 51/89 | Bucy III, John H. (The Honorable) 00069589 | | | | | |
| 4 | Date | 5 Payee name | | | | | |
| | 02/04/2025 | 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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Newspaper subscription | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/Ol | Candidate/Officeholder name Office sought Office held | | | | | |
| | Date | Payee name | | | | | |
| | 03/04/2025 | 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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Newspaper subscription | | | | | |
| | Complete ONLY if direct expenditure to benefit C/Ol | Candidate/Officeholder name Office sought Office held | | | | | |
| | Date | Payee name | | | | | |
| | 04/04/2025 | 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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Newspaper subscription | | | | | |
| | Complete ONLY if direct expenditure to benefit C/Ol | 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 Con

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

| | Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | - Committee | Gift/Awards/Memorials Exp Legal Services | Salaries | /Wage | s/Contract Labor | | Travel Out of Dis OTHER (enter a | strict category not listed above) |
|---|--|----------------|---|----------------------|--------|-------------------|--------|-------------------------------------|--------------------------------------|
| Ļ | | | The Instruction Guid | e exhigins now to (| ompl | ete tilis itilii. | 1. | | /=··· |
| 1 | Total pages Schedule F1: | | | | | | 3 | Filer ID | (Ethics Commission Filers) |
| | Sch: 16/51 Rpt: 52/89 | Bucy III, | John H. (The Honora | ıble) | | | | 00069589 | |
| 4 | Date | 5 Payee na | me | | | | | | |
| L | 05/05/2025 | Gannett | | | | | | | |
| 6 | Amount (\$) | 7 Payee ad | dress; City; | State; Zip C | Code | | | | |
| | \$21.31 | 7950 Jor | nes Branch Dr | | | | | | |
| | | | | | | | | | |
| | | McLean, | VA 22107 | | | | | | |
| 8 | PURPOSE | | (See Categories listed at the t | on of this schedule) | (b) | Description | | | |
| | OF | | verhead/Rental Expe | | ` | _ ` | outsi | de of Texas. Com | plete Schedule T. |
| | EXPENDITURE | J30 3 | | - | | Check if Austin | n, TX, | officeholder living | g expense |
| | | | | | | Newspaper s | subs | scription | |
| | | | | | | | | | |
| 9 | Complete ONLY if direct | | Officeholder name | Office so | ught | | | Office he | eld |
| | expenditure to benefit C/O | 1 | | | | | | | |
| | Date | Payee na | me | | | | | | |
| | 06/04/2025 | Gannett | | | | | | | |
| | Amount (\$) | Payee ad | dress; City; | State; Zip C | Code | | | | |
| | \$21.31 | 7950 Jor | nes Branch Dr | | | | | | |
| | | | | | | | | | |
| | | McLean, | VA 22107 | | | | | | |
| | PURPOSE | (a) Category | (See Categories listed at the t | op of this schedule) | (b) | Description | | | |
| | OF EXPENDITURE | Office O | /erhead/Rental Expe | nse | | = | | | plete Schedule T. |
| | - | | | | | — | | officeholder living | g expense |
| | | | | | | Newspaper s | งนมร | στιμαστι | |
| _ | Complete ONLY if direct | Candidata | Officeholder name | Office so | l lab+ | | | Office he | 2ld |
| | Complete ONLY if direct expenditure to benefit C/OH | | Omcendidei Hame | Office SC | ugnt | | | Office ne | tiu |
| _ | Data | | | | | | | | |
| | Date | Payee na | | | | | | | |
| | 01/14/2025 | GoFund | vie | | | | | | |
| | Amount (\$) | Payee ad | • | State; Zip C | Code | | | | |
| | \$1,000.00 | P.O. Box | 121270, 815 E. St | | | | | | |
| | | | | | | | | | |
| | | San Dieg | go, CA 92101 | | | | | | |
| | PURPOSE | (a) Category | (See Categories listed at the t | op of this schedule) | (b) | Description | | | |
| | OF EXPENDITURE | Contribu | tions/Donations Made | е Ву | | ш | | | plete Schedule T. |
| | LAFEINDITURE | Candidat | te/Officeholder/Politic | al Committee | | | | officeholder living | |
| | | | | | | Donation for | fune | eral expens | es |
| | | | | | | | | | |
| | Complete ONLY if direct expenditure to benefit C/OH | | Officeholder name | Office so | ought | | | Office he | eld |
| | experiorale to belief C/Of | ı | | | | | | | |
| | | | | | _ | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

| | Candidate/Officeholder/Politica Credit Card Payment | | mmittee | Legal Services | Salar | - | es/Contract Labor | | OTHER (enter a | strict category not listed above) | |
|---|--|---------|-----------------|--|-------------------------|---------|------------------------------|------|-----------------------|--------------------------------------|---|
| | | | | The Instruction Gu | ide explains how to | comp | olete this form. | | | | |
| 1 | Total pages Schedule F1: | 2 | FILER NAME | | | | | 3 | Filer ID | (Ethics Commission Filers) | , |
| | Sch: 17/51 Rpt: 53/89 | | Bucy III, Joh | ın H. (The Hono | rable) | | | | 00069589 | | |
| 4 | Date | 5 | Payee name | | | | | | | | |
| | 06/16/2025 | | GoFundMe | | | | | | | | |
| 6 | Amount (\$) | 7 | Payee addres | ss; City; | State; Zip | Code | | | | | |
| | \$500.00 | | P.O. Box 12 | 1270, 815 E. St | · | | | | | | |
| | | | | | | | | | | | |
| | | | San Diego, | CA 92101 | | | | | | | |
| 8 | PURPOSE | (2) | | | | (h | N Decementary | | | | |
| ľ | OF | رم) | | e Categories listed at th s/Donations Ma | | (" | Description Check if travel | outs | ide of Texas Com | nplete Schedule T. | |
| | EXPENDITURE | | | officeholder/Polit | | | | | , officeholder living | | |
| | | | | | | | Donation for | me | dical expen | ses | |
| | | | | | | | | | | | |
| 9 | Complete ONLY if direct | | Candidate/Offic | ceholder name | Office | sough | it | | Office h | eld | |
| | expenditure to benefit C/OI | Н | | | | | | | | | |
| | Date | | Payee name | | | | | | | | _ |
| | 01/02/2025 | | Google LLC | | | | | | | | |
| | Amount (\$) | | Payee addres | ss; City; | State; Zip | Code | | | | | _ |
| | \$23.03 | | 1600 Amphi | theatre Pkwy | | | | | | | |
| | | | · | • | | | | | | | |
| | | | Mountain Vi | ew, CA 94043 | | | | | | | |
| | PURPOSE | (a) | | e Categories listed at th | a tan of this sahadula) | (b |) Description | | | | |
| | OF | ' | | e categories listed at th nead/Rental Exp | | | ` | outs | ide of Texas. Con | nplete Schedule T. | |
| | EXPENDITURE | | | | | | | | , officeholder living | g expense | |
| | | | | | | | Google Work | spa | ace | | |
| | | | | | | | | | | | |
| | Complete ONLY if direct expenditure to benefit C/OI | | Candidate/Offic | ceholder name | Office | sough | it | | Office h | eld | |
| | experialture to beliefit C/Oi | | | | | | | | | | |
| | Date | | Payee name | | | | | | | | |
| | 02/03/2025 | | Google LLC | | | | | | | | |
| | Amount (\$) | | Payee addres | ss; City; | State; Zip | Code |) | | | | |
| | \$23.03 | | 1600 Amphi | theatre Pkwy | | | | | | | |
| | | | | | | | | | | | |
| | | | Mountain Vi | ew, CA 94043 | | | | | | | |
| | PURPOSE | (a) | Category (Se | e Categories listed at th | e top of this schedule) | (b |) Description | | | | |
| | OF EXPENDITURE | | | nead/Rental Exp | | | | | | plete Schedule T. | |
| | EXPENDITORE | | | | | | _ | | , officeholder livin | g expense | |
| | | | | | | | Google Work | spa | ace | | |
| | Operation ONE V. C. P. | L_ | 0 | | 0.00 | <u></u> | | | 6‴ : | -1.1 | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | | Candidate/Offic | cenolder name | Office | sough | Ι | | Office h | eia | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

| | Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | |
|----------|--|---|----------|
| _ | Total pages Cab - dula Ed | <u> </u> | 4 |
| 1 | Total pages Schedule F1: | | |
| | Sch: 18/51 Rpt: 54/89 | Bucy III, John H. (The Honorable) 00069589 | |
| 4 | Date | 5 Payee name | |
| | 03/03/2025 | Google LLC | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | _ |
| | \$23.03 | 1600 Amphitheatre Pkwy | |
| | + 25.00 | | |
| | | Mauratain Vieus CA 04042 | |
| | | Mountain View, CA 94043 | _ |
| 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 | |
| | | Google Workspace | |
| <u> </u> | | | _ |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held | |
| | experialitate to bettern 6/61 | | |
| | Date | Payee name | |
| | 04/01/2025 | Google LLC | |
| | Amount (\$) | Payee address; City; State; Zip Code | _ |
| | \$23.03 | 1600 Amphitheatre Pkwy | |
| | | | |
| | | Mountain View CA 94043 | |
| | | Mountain View, CA 94043 | _ |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description Check if top of a large Complete Schedule I | |
| | EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |
| | | Google Workspace | |
| | | Google Workspace | |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | _ |
| | Complete ONLY if direct expenditure to benefit C/Oł | S | |
| _ | | | ╛ |
| | Date | Payee name | |
| | 05/01/2025 | Google LLC | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$23.03 | 1600 Amphitheatre Pkwy | |
| | | | |
| | | Mountain View, CA 94043 | |
| | PURPOSE | | 4 |
| | OF | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expanse (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 | |
| | | Google Workspace | |
| | | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | \dashv |
| | expenditure to benefit C/O | | |
| | | | 4 |
| | | | |
| | | | _ |

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 con | nple | lete this form. |
|---|---|--|------|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME | | 3 Filer ID (Ethics Commission Filers) |
| | Sch: 19/51 Rpt: 55/89 | Bucy III, John H. (The Honorable) | | 00069589 |
| 4 | Date | 5 Payee name | _ | |
| | 06/02/2025 | Google LLC | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Cod | de | |
| | \$23.03 | 1600 Amphitheatre Pkwy | | |
| | | | | |
| | | Mountain View, CA 94043 | | |
| 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 Google Workspace |
| | | | | Google Workspace |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office soug | aht | Office held |
| 9 | expenditure to benefit C/O | | JIIL | Office field |
| | Data | D | — | |
| | Date 01/13/2025 | Payee name HEB | | |
| | | | | |
| | Amount (\$) \$63.68 | Payee address; City; State; Zip Coo 1000 E. 41st St | ле | |
| | Φ03.00 | 1000 E. 41St St | | |
| | | Aughin TV 707F1 | | |
| | | Austin, TX 78751 | | |
| | PURPOSE OF | , , | (b) | Description Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | Food/Beverage Expense | | Check if days outside of Texas. Complete Schedule 1. |
| | | | | Office snacks and drinks |
| | | | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office soug | ght | Office held |
| | expenditure to benefit C/O | 1 | | |
| | Date | Payee name | | |
| | 01/15/2025 | HEB | | |
| | Amount (\$) | Payee address; City; State; Zip Coo | de | |
| | \$59.94 | 2701 E. 7th | | |
| | | | | |
| | | Austin, TX 78702 | | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) | (b) |) Description |
| | OF | Food/Beverage Expense | ` ' | Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | | | Check if Austin, TX, officeholder living expense |
| | | | | Opening Day snacks |
| | Operation Children | Outstild to 10 ff as held | l : | |
| | Complete ONLY if direct expenditure to benefit C/Ol | Candidate/Officeholder name Office soug | thç | t 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 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: 20/51 Rpt: 56/89 | Bucy III, John H. (The Honorable) 00069589 |
| 4 | Date | 5 Payee name |
| | 01/28/2025 | HEB |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$130.07 | 2701 E. 7th |
| | | |
| | | Austin, TX 78702 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Office snacks and drinks |
| | | Since shades and diffice |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| F | Date | Payee name |
| | 02/10/2025 | HEB |
| Н | Amount (\$) | Payee address; City; State; Zip Code |
| | \$147.55 | 1000 E. 41st St |
| | | |
| | | Austin, TX 78751 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Office snacks and drinks |
| | | |
| ┝ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| F | Date | Payee name |
| | 02/19/2025 | HEB |
| Г | Amount (\$) | Payee address; City; State; Zip Code |
| | \$106.93 | 14028 N. Hwy 183 |
| | | |
| | | Austin, TX 78717 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Food/Beverage Expense |
| | | Check if Austin, TX, officeholder living expense |
| | | Office snacks and drinks |
| \vdash | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | · · · · · · · · · · · · · · · · · · · |
| \vdash | | |
| | | |
| ı | | |

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: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 21/51 Rpt: 57/89 | Bucy III, John H. (The Honorable) 00069589 |
| 4 | Date | 5 Payee name |
| | 03/04/2025 | HEB |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$165.95 | 14028 N. Hwy 183 |
| | | |
| | | Austin, TX 78717 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Office snacks and drinks |
| | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | 1 |
| _ | Date | Payee name |
| | 03/13/2025 | HEB |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$126.96 | 14028 N. Hwy 183 |
| | | |
| | | Austin, TX 78717 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Office snacks and drinks |
| | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | 1 |
| | Date | Payee name |
| | 03/20/2025 | HEB |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$76.36 | 14028 N. Hwy 183 |
| | | |
| | | Austin, TX 78717 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Office snacks and drinks |
| | | Cinos situato una unino |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | |
| | | |
| | | |
| ı | | |

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 | te this form. |
|---|---|---|---|
| 1 | Total pages Schedule F1: Sch: 22/51 Rpt: 58/89 | 2 FILER NAME Bucy III, John H. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00069589 |
| 4 | Date 03/26/2025 | 5 Payee name HEB | |
| 6 | Amount (\$) \$144.85 | 7 Payee address; City; State; Zip Code 1000 E. 41st St | |
| 8 | PURPOSE OF EXPENDITURE | Food/Beverage Expense | Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office snacks and drinks |
| 9 | Complete ONLY if direct expenditure to benefit C/Ol | Candidate/Officeholder name Office sought H | Office held |
| | Date 04/02/2025 | Payee name HEB | |
| | Amount (\$) \$105.07 | Payee address; City; State; Zip Code 14028 N. Hwy 183 Austin, TX 78717 | |
| | PURPOSE OF EXPENDITURE | Food/Beverage Expense | Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office snacks and drinks |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought | Office held |
| | Date 04/14/2025 | Payee name HEB | |
| | Amount (\$) \$153.44 | Payee address; City; State; Zip Code 14028 N. Hwy 183 | |
| | | Austin, TX 78717 | |
| | PURPOSE OF EXPENDITURE | Food/Beverage Expense | Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office snacks and drinks |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought | Office held |
| | | | |

SCHEDULE F1

Solicitation/Fundraising Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

| Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment | | Legal Services | //Beverage Expense Polling Expense wards/Memorials Expense Printing Expense sl Services Salaries/Wages/Contract Labor | | | Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | | | |
|---|--|-------------------|---|----------------------|----------|--|------|--------------------|---------------------|-----------|
| L | | | The Instruction Guide | e explains how to d | comple | ete this form. | _ | | | |
| 1 | Total pages Schedule F1: | 2 FILER NA | ME | | | | 3 | Filer ID | (Ethics Commission | n Filers) |
| | Sch: 23/51 Rpt: 59/89 | Bucy III, | John H. (The Honora | ble) | | | | 00069589 | 9 | |
| 4 | Date | 5 Payee na | me | | | | | | | |
| | 04/22/2025 | HEB | | | | | | | | |
| _ | | | dragg: City: | Ctata: 7in (| | | | | | |
| 6 | Amount (\$) | 7 Payee ad | | State; Zip C | Joue | | | | | |
| | \$105.83 | 7012 VIII | age Center Dr | | | | | | | |
| | | | | | | | | | | |
| | | Austin, T | X 78731 | | | | | | | |
| 8 | PURPOSE | (a) Category | (See Categories listed at the t | op of this schedule) | (b) | Description | | | | |
| | OF EXPENDITURE | | verage Expense | | | | | | omplete Schedule T. | |
| | LAFENDITORE | | | | | Check if Austin | | | ing expense | |
| | | | | | | Office snacks | s ar | nd drinks | | |
| | | | | | | | | | | |
| 9 | Complete ONLY if direct expenditure to benefit C/O | | Officeholder name | Office so | ought | | | Office | held | |
| | Date | Payee na | me | | | | | | | |
| | 04/22/2025 | HEB | | | | | | | | |
| | Amount (\$) | Payee ad | dress; City; | State; Zip C | Code | | | | | |
| | \$10.28 | 1000 E. | | , р | | | | | | |
| | Ψ10.20 | 1000 L. | 1201 01 | | | | | | | |
| | | Austin, T | X 78751 | | | | | | | |
| | PURPOSE | (a) Category | (See Categories listed at the t | op of this schedule) | (b) | Description | | | | |
| | OF EXPENDITURE | Food/Be | verage Expense | | | | | | omplete Schedule T. | |
| | | | | | | Office snacks | | , officeholder liv | ing expense | |
| | | | | | | Office Stracks | s ai | iu uririks | | |
| | | | | | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | | Officeholder name | Office so | ought | | | Office | held | |
| | experientare to benefit 6/61 | • | | | | | | | | |
| | Date | Payee na | me | | | | | | | |
| | 04/25/2025 | HEB | | | | | | | | |
| | Amount (\$) | Payee ad | dress; City; | State; Zip C | Code | | | | | |
| | \$116.44 | - | Parmer Ln | | | | | | | |
| | Ψ110. FT | | | | | | | | | |
| | | A * · · - | V 70707 | | | | | | | |
| | | Austin, T | X (8/2/ | | _ | | | | | |
| | PURPOSE OF | | (See Categories listed at the t | op of this schedule) | (b) | Description | | | | |
| | EXPENDITURE | Food/Be | verage Expense | | | _ | | | omplete Schedule T. | |
| | - | | | | | Check if Austin | | | ıng expense | |
| | | | | | | Office Stracks | s al | iu uiiliks | | |
| | | | | | <u> </u> | | | | | |
| | Complete ONLY if direct | | Officeholder name | Office so | ought | | | Office | held | |
| | expenditure to benefit C/OH | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

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 comple | te this form. |
|---|---|---|---|
| 1 | Total pages Schedule F1: Sch: 24/51 Rpt: 60/89 | 2 FILER NAME Bucy III, John H. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00069589 |
| 4 | Date 05/01/2025 | 5 Payee name HEB | • |
| 6 | Amount (\$) \$143.04 | 7 Payee address; City; State; Zip Code 14028 N. Hwy 183 Austin, TX 78717 | |
| 8 | PURPOSE OF EXPENDITURE | Food/Beverage Expense | Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office snacks and drinks |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought | Office held |
| | Date 05/12/2025 | Payee name HEB | |
| | Amount (\$) \$105.29 | Payee address; City; State; Zip Code 7015 Village Center Dr Austin, TX 78731 | |
| | PURPOSE OF EXPENDITURE | Food/Beverage Expense | Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office snacks and drinks |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought | Office held |
| | Date 05/21/2025 | Payee name HEB | |
| | Amount (\$) \$14.07 | Payee address; City; State; Zip Code 7015 Village Center Dr | |
| | | Austin, TX 78731 | |
| | PURPOSE OF EXPENDITURE | Food/Beverage Expense | Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office snacks and drinks |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought | Office held |
| | | | |

SCHEDULE F1

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

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

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

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

| | Credit Card Payment | The Instruction Guide explains how to comple | ete this form. |
|---|---|--|---|
| 1 | Total pages Schedule F1: Sch: 25/51 Rpt: 61/89 | FILER NAME Bucy III, John H. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00069589 |
| 4 | Date 05/22/2025 | 5 Payee name HEB | ' |
| 6 | Amount (\$) \$102.05 | 7 Payee address; City; State; Zip Code 5808 Burnet Rd | |
| 8 | PURPOSE OF EXPENDITURE | Austin, TX 78756 (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) | Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office snacks and drinks |
| 9 | Complete ONLY if direct expenditure to benefit C/Ol | Candidate/Officeholder name Office sought | Office held |
| | Date 05/29/2025 | Payee name HEB | |
| | Amount (\$) \$55.28 | Payee address; City; State; Zip Code 20935 U.S. Hwy 281 N San Antonio, TX 78258 | |
| | PURPOSE OF EXPENDITURE | | Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office snacks and drinks |
| | Complete ONLY if direct expenditure to benefit C/Ol | Candidate/Officeholder name Office sought | Office held |
| | Date 06/11/2025 | Payee name HEB | |
| | Amount (\$) \$131.10 | Payee address; City; State; Zip Code 14028 N. Hwy 183 | |
| | | Austin, TX 78717 | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office snacks and drinks |
| | 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 Commi

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

| | Candidate/Officenoider/Politica Credit Card Payment | The Instruction Guide explains how to complete this form. |
|---|--|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 26/51 Rpt: 62/89 | Bucy III, John H. (The Honorable) 00069589 |
| 4 | Date | 5 Payee name |
| | 01/31/2025 | Heinrich, Allison |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$500.00 | 13400 Briarwick Dr |
| | | #1705 |
| | | Austin, TX 78729 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Salaries/Wages/Contract Labor |
| | | Check if Austin, TX, officeholder living expense Legislative salary supplement |
| | l | Legislative salary supplement |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OH | |
| | Date | Payee name |
| | 02/28/2025 | Heinrich, Allison |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$250.00 | 13400 Briarwick Dr |
| | | #1705 |
| | l | Austin, TX 78729 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Salaries/Wages/Contract Labor |
| | EXPENDITURE | Check if Austin, TX, officeholder living expense |
| | ! | Legislative salary supplement |
| | Constitute ONII Wife diment | Office held |
| | Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought Office held H |
| | <u> </u> | |
| | Date | Payee name |
| | 03/31/2025 | Heinrich, Allison |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$250.00 | 13400 Briarwick Dr |
| | | #1705 |
| | | Austin, TX 78729 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Salaries/Wages/Contract Labor |
| | | Legislative salary supplement |
| | l | 20glolative cataly cappionient |
| | 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 Comm

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 | Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. |
|---|--|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 27/51 Rpt: 63/89 | Bucy III, John H. (The Honorable) 00069589 |
| 4 | Date | 5 Payee name |
| | 04/30/2025 | Heinrich, Allison |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$250.00 | 13400 Briarwick Dr |
| | | #1705 |
| | | Austin, TX 78729 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Salaries/Wages/Contract Labor |
| | | ☐ Check if Austin, TX, officeholder living expense Legislative salary supplement |
| | | Legislative salary supplement |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | |
| | Date | Payee name |
| | 05/31/2025 | Heinrich, Allison |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$250.00 | 13400 Briarwick Dr |
| | | #1705 |
| | | Austin, TX 78729 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Salaries/Wages/Contract Labor |
| | | Check if Austin, TX, officeholder living expense Legislative salary supplement |
| | | Legislative Salary Supplement |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | 1 |
| | Date | Payee name |
| | 06/15/2025 | Heinrich, Allison |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$1,000.00 | 13400 Briarwick Dr |
| | | #1705 |
| | | Austin, TX 78729 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Consulting Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense |
| | | Campaign management/consulting |
| | 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 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: 28/51 Rpt: 64/89 | Bucy III, John H. (The Honorable) 00069589 |
| 4 | Date | 5 Payee name |
| | 06/30/2025 | Heinrich, Allison |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$250.00 | 13400 Briarwick Dr |
| | | #1705 |
| | | Austin, TX 78729 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Salaries/Wages/Contract Labor |
| | | Check if Austin, TX, officeholder living expense Legislative salary supplement |
| | | Legislative salary supplement |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | |
| | Date | Payee name |
| | 01/31/2025 | Hickman, Benjamin |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$500.00 | 4909 Duval St |
| | | |
| | | Austin, TX 78751 |
| | 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 Legislative salary supplement |
| | | Logislative satisfy supplement |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | 1 |
| | Date | Payee name |
| | 02/28/2025 | Hickman, Benjamin |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$250.00 | 4909 Duval St |
| | | |
| | | Austin, TX 78751 |
| | 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 Legislative salary supplement |
| | | Legislative salary supplement |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | |
| | | |
| | | |
| | | |

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By 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: 29/51 Rpt: 65/89 | Bucy III, John H. (The Honorable) 00069589 |
| 4 | Date | 5 Payee name |
| | 03/31/2025 | Hickman, Benjamin |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$250.00 | 4909 Duval St |
| | | |
| | | Austin, TX 78751 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Salaries/Wages/Contract Labor |
| | LAFENDITORE | Check if Austin, TX, officeholder living expense |
| | | Legislative salary supplement |
| _ | Computate ONLY if dispost | Condidate/Officeholder name Office pought |
| 9 | Complete ONLY if direct expenditure to benefit C/Oł | Candidate/Officeholder name Office sought Office held |
| L | | |
| | Date | Payee name |
| | 04/30/2025 | Hickman, Benjamin |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$250.00 | 4909 Duval St |
| | | |
| | | Austin, TX 78751 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Salaries/Wages/Contract Labor |
| | | Check if Austin, TX, officeholder living expense Legislative salary supplement |
| | | Legislative salary supplement |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| H | Date | Payee name |
| | 05/31/2025 | Payee name |
| | | Hickman Reniamin |
| \vdash | | Hickman, Benjamin |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | | <u> </u> |
| | Amount (\$) | Payee address; City; State; Zip Code 4909 Duval St |
| | Amount (\$) \$250.00 | Payee address; City; State; Zip Code 4909 Duval St Austin, TX 78751 |
| | Amount (\$) \$250.00 | Payee address; City; State; Zip Code 4909 Duval St Austin, TX 78751 (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | Amount (\$) \$250.00 | Payee address; City; State; Zip Code 4909 Duval St Austin, TX 78751 (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. |
| | Amount (\$) \$250.00 PURPOSE OF | Payee address; City; State; Zip Code 4909 Duval St Austin, TX 78751 (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | Amount (\$) \$250.00 PURPOSE OF | Payee address; City; State; Zip Code 4909 Duval St Austin, TX 78751 (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | Amount (\$) \$250.00 PURPOSE OF | Payee address; City; State; Zip Code 4909 Duval St Austin, TX 78751 (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | Amount (\$) \$250.00 PURPOSE OF EXPENDITURE | Payee address; City; State; Zip Code 4909 Duval St Austin, TX 78751 (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Candidate/Officeholder name Office sought Code (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Legislative salary supplement Candidate/Officeholder name Office sought Office held |
| | Amount (\$) \$250.00 PURPOSE OF EXPENDITURE Complete ONLY if direct | Payee address; City; State; Zip Code 4909 Duval St Austin, TX 78751 (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Candidate/Officeholder name Office sought Code (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Legislative salary supplement Candidate/Officeholder name Office sought Office held |
| | Amount (\$) \$250.00 PURPOSE OF EXPENDITURE Complete ONLY if direct | Payee address; City; State; Zip Code 4909 Duval St Austin, TX 78751 (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Candidate/Officeholder name Office sought Code (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Legislative salary supplement Candidate/Officeholder name Office sought Office held |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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: 30/51 Rpt: 66/89 | Bucy III, John H. (The Honorable) | 00069589 |
| 4 | Date | 5 Payee name | |
| | 06/30/2025 | Hickman, Benjamin | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | |
| | \$250.00 | 4909 Duval St | |
| | | | |
| | | Austin, TX 78751 | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| | OF EXPENDITURE | Salaries/Wages/Contract Labor | avel outside of Texas. Complete Schedule T. |
| | LAPENDITORE | | ustin, TX, officeholder living expense |
| | | Legislativ | e salary supplement |
| _ | Complete ONL V if direct | Candidate/Officeholder name Office cought | Office held |
| 9 | Complete ONLY if direct expenditure to benefit C/Ol | Candidate/Officeholder name Office sought | Office neid |
| _ | | | |
| | Date | Payee name | |
| | 03/11/2025 | Hilda Montgomery Campaign | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$1,000.00 | 1201 Lacey Oak Loop | |
| | | | |
| | | Round Rock, TX 78681 | |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| | EXPENDITURE | Contributions/Donations Wade By | avel outside of Texas. Complete Schedule T. ustin, TX, officeholder living expense |
| | | | n contribution |
| | | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held |
| | expenditure to benefit C/O | 1 | |
| | Date | Payee name | |
| | 04/07/2025 | Hyatt Regency Austin | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$70.00 | 208 Barton Springs Rd | |
| | | . • | |
| | | Austin, TX 78704 | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| | OF | | avel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | | ustin, TX, officeholder living expense |
| | | Event drir | ks |
| | | | |
| | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought | Office held |
| | experiulture to beliefft C/O | 1 | |
| | | | |
| | | | |

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 compl | ete this form. |
|---|---|--|---|
| 1 | Total pages Schedule F1: Sch: 31/51 Rpt: 67/89 | 2 FILER NAME Bucy III, John H. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00069589 |
| 4 | Date 04/07/2025 | 5 Payee name Hyatt Regency Austin | <u>'</u> |
| 6 | Amount (\$) \$70.00 | 7 Payee address; City; State; Zip Code 208 Barton Springs Rd Austin, TX 78704 | |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Event drinks |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought H | Office held |
| | Date 01/22/2025 | Payee name Innovation & Technology Caucus of the Texas Leg | gislature |
| | Amount (\$) \$250.00 | Payee address; City; State; Zip Code 1108 Lavaca St Ste. 110-701 Austin, TX 78701 | |
| | 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 Caucus dues |
| | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought | Office held |
| | Date 05/15/2025 | Payee name Jersey Mike's Subs | |
| | Amount (\$) \$292.22 | Payee address; City; State; Zip Code 1000 E. 41st St Suite. 235 Austin, TX 78751 | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Food for House Sergeants |
| | 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 -

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

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

| | Candidate/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: 32/51 Rpt: 68/89 | Bucy III, John H. (The Honorable) 00069589 |
| 4 | Date | 5 Payee name |
| | 02/10/2025 | Kerbey Lane Cafe |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$121.53 | 2606 Guadalupe St |
| | | |
| | | Austin, TX 78705 |
| 8 | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Staff birthday lunch |
| | | Stall billing |
| _ | Complete 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 | Leander ISD Educational Excellence Foundation |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$175.00 | 204 W. South St |
| | | |
| | | Leander, TX 78646 |
| | 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 LEEF Gala tickets |
| | | LLLF Gala lickets |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | |
| | | |
| | Date | Payee name |
| | 01/13/2025 | Legislative Study Group |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$1,000.00 | P.O. Box 12943 |
| | | |
| | | 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. |
| | 2/11/2/10/12 | Check if Austin, TX, officeholder living expense |
| | | Caucus dues |
| | 0 1: 0 | |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held H |
| | | |
| | | |
| | | |
| | | |

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: 33/51 Rpt: 69/89 | Bucy III, John H. (The Honorable) 00069589 |
| 4 | Date | 5 Payee name |
| | 01/17/2025 | Movability |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$139.22 | 535 E. 5th St |
| | | |
| | | Austin, TX 78701 |
| 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 |
| | | Breakfast tickets |
| | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| F | Date | Payee name |
| | 02/05/2025 | NGPVan, Inc |
| Н | Amount (\$) | Payee address; City; State; Zip Code |
| | \$716.36 | 655 15th St. NW |
| | | Ste. 650 |
| | | Washington, DC 20005 |
| Г | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Solicitation/Fundraising Expense |
| | | Check if Austin, TX, officeholder living expense Database software |
| | | Database software |
| H | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| F | Date | Payee name |
| | 02/06/2025 | NGPVan, Inc |
| Н | Amount (\$) | Payee address; City; State; Zip Code |
| | \$358.18 | 655 15th St. NW |
| | | Ste. 650 |
| | | Washington, DC 20005 |
| H | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Solicitation/Fundraising Expense |
| | EXPENDITURE | Check if Austin, TX, officeholder living expense |
| | | Database software |
| \vdash | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | · · · · · · · · · · · · · · · · · · · |
| \vdash | | |
| | | |
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| | Candidate/Officeholder/Politica Credit Card Payment | | ve) |
|---|--|---|------------|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission | on Filers) |
| | Sch: 34/51 Rpt: 70/89 | Bucy III, John H. (The Honorable) 00069589 | |
| 4 | Date | 5 Payee name | |
| | 03/03/2025 | NGPVan, Inc | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | |
| | \$358.18 | 655 15th St. NW | |
| | | Ste. 650 | |
| | | Washington, DC 20005 | |
| 8 | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| | EXPENDITURE | Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |
| | | Database software | |
| | | Balabace collinare | |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held | |
| _ | • | | |
| | Date | Payee name | |
| | 04/02/2025 | NGPVan, Inc | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$358.18 | 655 15th St. NW | |
| | | Ste. 650 | |
| | | Washington, DC 20005 | |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| | EXPENDITURE | Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |
| | | Database software | |
| | | Battabase Sollware | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | |
| | expenditure to benefit C/OI | DH | |
| | Date | Payee name | |
| | 05/02/2025 | NGPVan, Inc | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$358.18 | 655 15th St. NW | |
| | | Ste. 650 | |
| | | Washington, DC 20005 | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| | OF EXPENDITURE | Solicitation/Fundraising Expense | |
| | ZA ZHOHOKZ | Check if Austin, TX, officeholder living expense | |
| | | Database software | |
| - | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | |
| | expenditure to benefit C/O | | |
| | | | |
| | | | |
| | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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

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 | Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. |
|----------|--|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 35/51 Rpt: 71/89 | Bucy III, John H. (The Honorable) 00069589 |
| 4 | Date | 5 Payee name |
| | 06/30/2025 | NGPVan, Inc |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$358.18 | 655 15th St. NW |
| | | Ste. 650 |
| | | Washington, DC 20005 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Database software |
| | | Dalabase soliware |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/Ol | 1 |
| Г | Date | Payee name |
| | 01/16/2025 | Nespresso |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$162.36 | 111 W. 33rd St |
| | | 5th Floor |
| | | New York, NY 10120 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Nespresso machine |
| | | Nespiesso macinite |
| H | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | 1 |
| | Date | Payee name |
| | 03/04/2025 | Nespresso |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$255.50 | 111 W. 33rd St |
| | | 5th Floor |
| | | New York, NY 10120 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Coffee |
| | | Collec |
| \vdash | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | 1 |
| Г | | |
| | | |
| | | |

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) 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: 36/51 Rpt: 72/89 | Bucy III, John H. (The Honorable) 00069589 |
| 4 | Date | 5 Payee name |
| | 05/08/2025 | Nespresso |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$150.00 | 111 W. 33rd St |
| | | 5th Floor |
| | | New York, NY 10120 |
| 8 | PURPOSE | |
| 0 | OF | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | Check if Austin, TX, officeholder living expense |
| | | Coffee |
| | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | 1 |
| | Date | Payee name |
| | 01/31/2025 | Nine Banded Strategies, LLC |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$500.00 | 1315 Elizabeth Blvd |
| | 4000.00 | |
| | | Fort Worth, TX 76110 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | Check if Austin, TX, officeholder living expense |
| | | Legislative salary supplement |
| | | |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | | |
| | Date | Payee name |
| | 02/28/2025 | Nine Banded Strategies, LLC |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$250.00 | 1315 Elizabeth Blvd |
| | | |
| | | Fort Worth, TX 76110 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Salaries/Wages/Contract Labor |
| | LAFENDITORE | Check if Austin, TX, officeholder living expense |
| | | Legislative salary supplement |
| | 0 1. 0 | |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | - Farmers to borrow 0/01 | |
| | | |
| | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage |
Contributions/ Donations Made By - Gift/Awards/Men

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

| | Candidate/Officenoider/Politica Credit Card Payment | The Instruction Guide explains how to complete this form. |
|---|--|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 37/51 Rpt: 73/89 | Bucy III, John H. (The Honorable) 00069589 |
| 4 | Date | 5 Payee name |
| | 03/31/2025 | Nine Banded Strategies, LLC |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$250.00 | 1315 Elizabeth Blvd |
| | | |
| | | Fort Worth, TX 76110 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Salaries/Wages/Contract Labor |
| | | Legislative salary supplement |
| | | Logislative satary supplement |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| 9 | expenditure to benefit C/O | |
| | | |
| | Date | Payee name |
| | 04/30/2025 | Nine Banded Strategies, LLC |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$250.00 | 1315 Elizabeth Blvd |
| | | |
| | | Fort Worth, TX 76110 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Salaries/Wages/Contract Labor |
| | | Legislative salary supplement |
| | | Logicianto caialy cappionicia |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | - · · · · · · · · · · · · · · · · · · · |
| H | | |
| | Date | Payee name |
| | 05/31/2025 | Nine Banded Strategies, LLC |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$250.00 | 1315 Elizabeth Blvd |
| | | |
| | | Fort Worth, TX 76110 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Salaries/Wages/Contract Labor |
| | | Check if Austin, TX, officeholder living expense |
| | | Legislative salary supplement |
| | | |
| | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held H |
| | | |
| | | |
| | | |

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor, Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

| | Credit Card Payment | The Instruction Guide explains how to complete this form. |
|---|--|---|
| 1 | Total pages Schedule F1: | <u> </u> |
| | Sch: 38/51 Rpt: 74/89 | Bucy III, John H. (The Honorable) 00069589 |
| 4 | Date | 5 Payee name |
| | 06/30/2025 | Nine Banded Strategies, LLC |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$250.00 | 1315 Elizabeth Blvd |
| | | |
| | | Fort Worth, TX 76110 |
| 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 |
| | | Legislative salary supplement |
| | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| | Date | Payee name |
| | 02/03/2025 | Office Depot |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$19.47 | 907 W. 5th St |
| | , - | |
| | | Austin, TX 78703 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Office supplies |
| | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| | Date | Payee name |
| | 03/06/2025 | Penfold Theatre Company |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$1,000.00 | 2120 N. Mays St |
| | | #290 |
| | | Round Rock, TX 78664 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Contributions/Donations Made By |
| | LAFENDITORE | Candidate/Officeholder/Political Committee |
| | | Amplify Austin donation |
| | Complete ONL V if direct | Candidate/Officeholder name Office sought Office held |
| | Complete ONLY if direct expenditure to benefit C/O | U |
| | | |
| | | |
| | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commi 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 | | | Legal Services | ais Expense | Salaries/V | | se s/Contract Labor | | OTHER (enter a | strict category not listed al | oove) |
|---|---|----------|-------------------------|-----------------------|-----------------------|------------|------|------------------------|-------|---------------------|----------------------------------|--------------|
| | Credit Card Payment | | | The Instruction | Guide explains | how to co | mple | ete this form. | | | | |
| 1 | Total pages Schedule F1: | 2 | FILER NAME | | | | | | 3 | Filer ID | (Ethics Commiss | sion Filers) |
| | Sch: 39/51 Rpt: 75/89 | | Bucy III, Joh | nn H. (The Ho | norable) | | | | | 00069589 | | |
| 4 | Date | 5 | Payee name | | | | | | | | | |
| | 05/31/2025 | | Pete's Dueli | ng Live Piano | Bar | | | | | | | |
| 6 | Amount (\$) | 7 | Payee addres | ss; City; | State | e; Zip Co | de | | | | | |
| | \$78.79 | | 421 E. 6th S | St | | | | | | | | |
| | | | | | | | | | | | | |
| | | | Austin, TX 7 | 8701 | | | | | | | | |
| 8 | PURPOSE | (a) | Category (Se | e Categories listed a | at the top of this so | hedule) | (b) | Description | | | | |
| | OF EXPENDITURE | | | age Expense | at the top of this se | ricuaic) | | | outsi | de of Texas. Com | plete Schedule T. | |
| | EXPENDITORE | | | | | | | — | | officeholder living | g expense | |
| | | | | | | | | Staff apprecia | atio | n | | |
| | | | | | | | | | | | | |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | | andidate/Offic | ceholder name | | Office sou | ght | | | Office h | eld | |
| | | | | | | | | | | | | |
| | Date | | Payee name | | | | | | | | | |
| | 05/31/2025 | | Pete's Dueli | ng Live Piano | Bar | | | | | | | |
| | Amount (\$) | | Payee address | ss; City; | State | e; Zip Co | de | | | | | |
| | \$200.68 | | 421 E. 6th S | St | | | | | | | | |
| | | | | | | | | | | | | |
| | | | Austin, TX 7 | 8701 | | | | | | | | |
| | PURPOSE | (a) | Category (Se | e Categories listed a | at the top of this sc | hedule) | (b) | Description | | | | |
| | OF EXPENDITURE | | Food/Bevera | age Expense | | | | | | | plete Schedule T. | |
| | - | | | | | | | Staff apprecia | | officeholder living | g expense | |
| | | | | | | | | otan approon | alio | "" | | |
| _ | Complete ONLY if direct | <u> </u> | :andidate/Offic | ceholder name | | Office sou | aht | | | Office h | eld. | |
| | expenditure to benefit C/OI | | zarialaato, O iii | seriolaer riame | | 011100 000 | 9 | | | Omoo n | ora - | |
| _ | Date | | Doves name | | | | | | | | | |
| | 01/28/2025 | 1 | Payee name Pressable | | | | | | | | | |
| | | | | Cit :: | Ctata | -: 7:- Co | ما م | | | | | |
| | Amount (\$) \$25.00 | ı | Payee addres | • | State | e; Zip Co | ue | | | | | |
| | φ25.00 | | | SIUII SI | | | | | | | | |
| | | | 7th Floor | T)/ 7000F | | | | | | | | |
| | | | San Antonio |), TX 78205 | | | | | | | | |
| | PURPOSE OF | | • | e Categories listed a | at the top of this so | hedule) | (b) | Description | oto: | do of Toyon Com | voloto Cobodulo T | |
| | EXPENDITURE | | Advertising | Expense | | | | | | officeholder living | plete Schedule T. g expense | |
| | | | | | | | | Web hosting | | | | |
| | | | | | | | | | | | | |
| | Complete ONLY if direct | | andidate/Offic | ceholder name | | Office sou | ght | | | Office h | eld | |
| | expenditure to benefit C/OI | Н | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| ı | | | | | | | | | | | | |

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

| | Candidate/Officeholder/Politica Credit Card Payment | | Legal Services The Instruction Guide | Salaries | Wages | /Contract Labor | | OTHER (enter a | category not listed above) |
|---|--|----------------------|---------------------------------------|---------------------|------------------|-----------------|-------|---|----------------------------|
| 1 | Total pages Schedule F1: | 2 FILER NAME | | | | | 3 | Filer ID | (Ethics Commission Filers) |
| | Sch: 40/51 Rpt: 76/89 | Bucy III, Jo | nn H. (The Honoral | ole) | | | | 00069589 | |
| 4 | Date | 5 Payee name | | | | | | | |
| | 02/28/2025 | Pressable | | | | | | | |
| 6 | Amount (\$) | 7 Payee addre | ss; City; | State; Zip C | ode | | | | |
| | \$25.00 | 110 E. Hou | ston St | | | | | | |
| | | 7th Floor | | | | | | | |
| | | San Antonio | o, TX 78205 | | | | | | |
| 8 | PURPOSE OF | (a) Category (S | ee Categories listed at the to | p of this schedule) | (b) | Description | | | |
| | EXPENDITURE | Advertising | Expense | | | | | de of Texas. Com officeholder living | |
| | | | | | | Web hosting | , 1, | onicendider living | y expense |
| | | | | | | rros noomig | | | |
| 9 | Complete ONLY if direct | | ceholder name | Office so | ught | | | Office he | eld |
| | expenditure to benefit C/OI | H | | | | | | | |
| | Date | Payee name | | | | | | | |
| | 03/28/2025 | Pressable | | | | | | | |
| | Amount (\$) | Payee addre | ss; City; | State; Zip C | ode | | | | |
| | \$25.00 | 110 E. Hou | ston St | | | | | | |
| | | 7th Floor | | | | | | | |
| | | San Antonio | o, TX 78205 | | | | | | |
| | PURPOSE | (a) Category (S | ee Categories listed at the to | p of this schedule) | (b) | Description | | | |
| | OF EXPENDITURE | Advertising | Expense | | | = | | de of Texas. Com | |
| | | | | | | Web hosting | , IA, | officeholder living | g expense |
| | | | | | | rros noomig | | | |
| | Complete ONLY if direct | | ceholder name | Office so | ught | | | Office he | eld |
| | expenditure to benefit C/OI | H | | | | | | | |
| | Date | Payee name | | | | | | | |
| | 04/29/2025 | Pressable | | | | | | | |
| | Amount (\$) | Payee addre | ss; City; | State; Zip C | ode | | | | |
| | \$25.00 | 110 E. Hou | ston St | | | | | | |
| | | 7th Floor | | | | | | | |
| | | San Antonio | o, TX 78205 | | | | | | |
| | PURPOSE | (a) Category (S | ee Categories listed at the to | p of this schedule) | (b) | Description | | | |
| | OF EXPENDITURE | Advertising | Expense | | | | | de of Texas. Com | |
| | | | | | | Web hosting | , TX, | officeholder living | g expense |
| | | | | | | WED HOSHIN | | | |
| _ | Complete ONLY if direct | L Candidate/Offi | ceholder name | Office so | <u>l</u> ught | | | Office he | eld |
| | expenditure to benefit C/OI | Н | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District
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: 41/51 Rpt: 77/89 | | Filer ID (Ethics Commission Filers) 00069589 |
| 4 | Date 05/28/2025 | 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 | / Advertising Expense | le of Texas. Complete Schedule T. officeholder living expense |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought OH | Office held |
| | Date 06/30/2025 | 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 | Advertising Expense | le of Texas. Complete Schedule T. officeholder living expense |
| | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought OH | Office held |
| | Date 06/18/2025 | Payee name Print Worley LLC | |
| | Amount (\$) \$886.80 | Payee address; City; State; Zip Code 8222 N. Lamar Blvd Ste. E44 Austin, TX 78753 | |
| | PURPOSE OF EXPENDITURE | T Tilling Expense | le of Texas. Complete Schedule T. officeholder living expense icates |
| | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought OH | 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

| | Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | |
|---|--|---|---|
| - | Total pages Cab - dul - Ed | | _ |
| 1 | Total pages Schedule F1: Sch: 42/51 Rpt: 78/89 | 2 FILER NAME Bucy III, John H. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00069589 | |
| 4 | Date | 5 Payee name | _ |
| | 01/03/2025 | Public Storage | |
| 6 | Amount (\$) \$137.00 | 7 Payee address; City; State; Zip Code 13675 N. Hwy 183 Austin, TX 78750 | |
| 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 Storage unit rent | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held | |
| | Date | Payee name | |
| | 02/03/2025 | Public Storage | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$137.00 | 13675 N. Hwy 183 | |
| | | | |
| | | Austin, TX 78750 | |
| | 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 | |
| | | Storage unit rent | |
| | | | |
| | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held | |
| | Date | Payee name | |
| | 03/03/2025 | Public Storage | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$137.00 | 13675 N. Hwy 183 | |
| | | Austin, TX 78750 | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| | OF | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. | |
| | EXPENDITURE | Check if Austin, TX, officeholder living expense | |
| | | Storage unit rent | |
| | 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 C

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

| | Candidate/Officeholder/Politica Credit Card Payment | I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. |
|---|--|---|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 43/51 Rpt: 79/89 | Bucy III, John H. (The Honorable) 00069589 |
| 4 | Date | 5 Payee name |
| | 04/03/2025 | Public Storage |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$137.00 | 13675 N. Hwy 183 |
| | | |
| | | Austin, TX 78750 |
| 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 Storage unit rent |
| | | Storage unit tent |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | |
| | | |
| | Date | Payee name |
| | 05/05/2025 | Public Storage |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$137.00 | 13675 N. Hwy 183 |
| | | |
| | | Austin, TX 78750 |
| | 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 Storage unit rent |
| | | Storage unit rent |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | - · · · · · · · · · · · · · · · · · · · |
| | Data | |
| | Date | Payee name |
| | 06/03/2025 | Public Storage |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$137.00 | 13675 N. Hwy 183 |
| | | |
| | | Austin, TX 78750 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Office Overhead/Rental Expense |
| | ZA ZHOHORZ | Check if Austin, TX, officeholder living expense |
| | | Storage unit rent |
| _ | Operation ONE VIII II | Ora didata (Office hadden granne |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | p = 1 2 25 3/01 | |
| | | |
| | | |

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor, Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

| | Credit Card Payment | The Instruction Guide explains how to complete this form. |
|---|---|--|
| 1 | Total pages Schedule F1: | |
| | Sch: 44/51 Rpt: 80/89 | Bucy III, John H. (The Honorable) 00069589 |
| 4 | Date | 5 Payee name |
| | 04/22/2025 | Round Rock Chamber of Commerce |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$83.72 | 212 E. Main St |
| | | |
| | | Round Rock, TX 78664 |
| 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. |
| | EXPENDITORE | Check if Austin, TX, officeholder living expense |
| | | Taste of Round Rock event tickets |
| _ | | |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | | |
| | Date | Payee name |
| | 06/18/2025 | Round Rock Chamber of Commerce |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$149.00 | 212 E. Main St |
| | | |
| | | Round Rock, TX 78664 |
| | 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 89th Session Executive Review tickets |
| | | OSUI SESSION EXECUTIVE REVIEW TICKETS |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | |
| | Date | Davida marra |
| | 06/27/2025 | Payee name Shoal Creek Saloon |
| | | |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$171.16 | 909 N. Lamar Blvd |
| | | A TV 70700 |
| | | Austin, TX 78703 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Staff lunch |
| | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | |
| _ | | |
| | | |
| | | |

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

ng Expense Travel in Distr ing Expense Travel Out of ries/Wages/Contract Labor OTHER (ente

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

| | 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: 45/51 Rpt: 81/89 | Bucy III, John H. (The Honorable) 00069589 |
| 4 | Date | 5 Payee name |
| | 05/20/2025 | Sunfish Sales |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$170.00 | 110 Harris St |
| | | |
| | | Madison, TN 37115 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Committee Chair Gift - Disease Prevention |
| | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| ⊨ | Date | Davida nama |
| | 04/22/2025 | Payee name Texas Democratic Party |
| | | , |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$2,500.00 | P.O. Box 15707 |
| | | |
| | | Austin, TX 78761 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee |
| | | Candidate/Officeholder/Political Committee |
| | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| - | Date | Davida nama |
| | 06/06/2025 | Payee name Texas Democratic Party |
| | | · |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$715.00 | 314 E. Highland Mall Blvd |
| | | #508 |
| | | Austin, TX 78752 |
| | 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 |
| | | VAN access |
| | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| | | |
| | | |
| | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Travel Out of District

| | Credit Card Payment | The Instruction Guide explains how to complete this form. | |
|---|---|--|---|
| 1 | Total pages Schedule F1: | | |
| | Sch: 46/51 Rpt: 82/89 | Bucy III, John H. (The Honorable) 00069589 | |
| 4 | Date | 5 Payee name | |
| | 01/23/2025 | Texas Energy and Climate Caucus | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | |
| | \$200.00 | P.O. Box 301074 | |
| | | | |
| | | Austin, TX 78703 | |
| 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. | |
| | EXI ENDITORE | Check if Austin, TX, officeholder living expense | |
| | | Caucus dues | |
| Ļ | Opening ONLY & Street | Occasional Office health and a second of the | |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held | |
| | | | _ |
| | Date | Payee name | |
| | 01/13/2025 | Texas House LGBTQ Caucus | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$800.00 | 1400 Congress Ave | |
| | | | |
| | | Austin, TX 78701 | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| | OF EXPENDITURE | Fees Check if travel outside of Texas. Complete Schedule T. | |
| | | Check if Austin, TX, officeholder living expense Caucus dues | |
| | | Statutus autos | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | _ |
| | expenditure to benefit C/OI | | |
| - | Date | Daysa nama | _ |
| | 04/13/2025 | Payee name Texas Silver Haired Legislature Foundation | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$650.00 | 108 W. Ollie St | |
| | Ψ030.00 | #14 | |
| | | | |
| | | Llano, TX 78643 | |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made Ry Contributions/Donations Made Ry | |
| | EXPENDITURE | Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |
| | | TSHL Gala sponsorship | |
| | | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | _ |
| | expenditure to benefit C/OI | 1 | |
| | | | _ |
| | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

| | Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | |
|----------|--|---|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 47/51 Rpt: 83/89 | Bucy III, John H. (The Honorable) 00069589 |
| 4 | Date | 5 Payee name |
| | 01/23/2025 | Texas Women's Health Caucus |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$500.00 | P.O. Box 2910 |
| | | |
| | | Austin, TX 78768 |
| Ļ | DUDDOGE | |
| 8 | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Caucus dues |
| | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| ľ | expenditure to benefit C/OI | |
| ⊨ | Data | |
| | Date | Payee name |
| L | 06/20/2025 | Texas Young Democrats PAC |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$250.00 | 13224 Marrero Dr |
| | | |
| | | Austin, TX 78729 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Contributions/Donations Made By |
| | LAFLINDITORL | Candidate/Officeholder/Political Committee |
| | | Event sponsorship |
| L | | |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| L | | |
| | Date | Payee name |
| | 03/22/2025 | Travis County Democratic Party |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$2,500.00 | 1311 E. 6th St |
| | | #B |
| | | Austin, TX 78702 |
| \vdash | 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 |
| | | JBR event sponsorship |
| L | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| L | expenditure to benefit C/OI | 1 |
| | | |
| | | |
| | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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: 48/51 Rpt: 84/89 | 2 FILER NAME Bucy III, John H. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00069589 |
| 4 Date 01/06/2025 | 5 Payee name True Foods Kitchen |
| 6 Amount (\$) \$118.67 | 7 Payee address; City; State; Zip Code 222 West Ave Ste. HR100 Austin, TX 78701 |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Staff lunch |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held H |
| Date 02/03/2025 | Payee name United States Postal Service |
| Amount (\$) \$10.10 | Payee address; City; State; Zip Code 823 Congress Ave Ste. 150 Austin, TX 78701 |
| 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 Postage for tax forms |
| Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| Date 02/10/2025 | Payee name Upper Crust Bakery |
| Amount (\$) \$34.00 | Payee address; City; State; Zip Code 4508 Burnet Rd |
| | Austin, TX 78756 |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Staff birthday cheesecake |
| Complete ONLY if direct expenditure to benefit C/O | 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 Comm

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

| | Candidate/Officeholder/Politica | The Instruction Guide explains how to complete this form. |
|---|--|---|
| 1 | Total pages Schedule F1: Sch: 49/51 Rpt: 85/89 | 2 FILER NAME Bucy III, John H. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00069589 |
| Ļ | | |
| 4 | Date 01/13/2025 | 5 Payee nameWalgreens |
| 6 | Amount (\$) \$21.64 | 7 Payee address; City; State; Zip Code 13435 N. Hwy 183 Ste. 8 Austin, TX 78750 |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Printing Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Photos for office |
| 9 | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| | Date | Payee name |
| | 05/13/2025 | Walgreens |
| | Amount (\$) \$32.46 | Payee address; City; State; Zip Code 11724 Research Blvd |
| | | Austin, TX 78759 |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office supplies |
| | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| | Date 06/11/2025 | Payee name Walarans |
| | Amount (\$) \$4.86 | Walgreens Payee address; City; State; Zip Code 13435 N. Hwy 183 Ste. 8 Austin, TX 78750 |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Printing Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Photos for office |
| | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| | Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) |
|---|--|--|
| | | The Instruction Guide explains how to complete this form. |
| 1 | Total pages Schedule F1: Sch: 50/51 Rpt: 86/89 | 2 FILER NAME Bucy III, John H. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00069589 |
| _ | | |
| 4 | Date | 5 Payee name |
| | 01/09/2025 | Women's March ATX |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$250.00 | 2460 Dundee Rd |
| | | #824 |
| | | Northbrook, IL 60065 |
| | | <u> </u> |
| 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. |
| | | Candidate/Officeholder/Political Committee |
| | | Event sponsorship |
| | | |
| 9 | Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought Office held |
| | experialiture to benefit C/Oi | 1 |
| | Date | Payee name |
| | 05/16/2025 | Yeti |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$332.16 | 220 S. Congress Ave |
| | φ332.10 | 220 S. Colligless Ave |
| | | |
| | | Austin, TX 78704 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Gift/Awards/Memorials Expense |
| | LXI LINDITORE | Check if Austin, TX, officeholder living expense |
| | | Committee Chair Gift - Elections |
| | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | 1 |
| | Date | Payee name |
| | 05/22/2025 | Yeti |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$348.40 | 220 S. Congress Ave |
| | φ340.40 | 220 S. Colligless Ave |
| | | |
| | | Austin, TX 78704 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Gift/Awards/Memorials Expense |
| | EXPENDITORE | Check if Austin, TX, officeholder living expense |
| | | Staff gifts |
| _ | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | 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 | , ₋ I Cor | mmittee | Gift/Awa Legal S | everage Exp ards/Memor ervices istruction | ials Expen | | | Expens Wages | se s/Contrac | | | Travel | in District Out of Di R (enter a | strict | not listed abo | ve) |
|---|---|-------------------------|--------------|---------------------|---|------------|-------------|-----------|-----------------|-----------------|--------|-----------|----------|--|-----------|----------------|------------|
| 1 | Total pages Schedule F1: | 2 | FILER NAM | E | | | | | | | | 3 | Filer I | D | (Ethics | s Commissio | on Filers) |
| L | Sch: 51/51 Rpt: 87/89 | | Bucy III, Jo | | (The Ho | norabl | e) | | | | | | 0006 | 9589 | | | |
| 4 | Date | 5 | Payee name | ; | | | | | | | | | | | | | |
| | 01/28/2025 | | Zohaib Qa | dri Car | mpaign | | | | | | | | | | | | |
| 6 | Amount (\$) | 7 | Payee addre | ess; | City; | | State; | Zip C | ode | | | | | | | | |
| | \$250.00 | | P.O. Box 4 | 944 | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| | | | Austin, TX | 78768 | } | | | | | | | | | | | | |
| 8 | PURPOSE | (a) | Category (S | See Cated | ories listed | at the top | of this sch | edule) | (b) | Descr | iption | | | | | | |
| | OF EXPENDITURE | | Contributio | | | | | , | | | | vel outsi | de of Te | xas. Com | plete Sch | edule T. | |
| l | EXPENDITURE | | Candidate/ | Office | holder/P | olitical | Comm | ittee | | _ | | | | | g expense | | |
| | | | | | | | | | | Cam | paign | contr | ibutio | า | | | |
| | | | | | | | | | | | | | | | | | |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | | Candidate/Of | iceholo | ler name | | C | Office so | ught | | | | C | office h | eld | | |
| | | | | | | | | | | | | | | | | | |

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

SCHEDULE K

| | The Instru | ction Guide explains how to complete this form. | 1 | | pages Schedule K: 1/2 Rpt: 88/89 | |
|---|--------------------|--|---------|---------|-------------------------------------|---------|
| 2 | FILER NAME | C (Ethics Commission | Filers) | | | |
| | Bucy III, Joh | n H. (The Honorable) | 9589 | | | |
| 4 | Date 05/26/2025 | Name of person from whom amount is received Ann Johnson Campaign Address of person from whom amount is received; City; State; Zip Code | | | 8 Amount (\$) | \$42.50 |
| | | Houston, TX 77253 | | | | |
| | | 7 Purpose for which amount is received | politio | cal con | tribution returned to filer | |
| | Date | Name of person from whom amount is received | | | Amount (\$) | |
| | 05/26/2025 | Cunningham, Charles (The Honorable) | | | | \$45.00 |
| | | Address of person from whom amount is received; City; State; Zip Code Austin, TX 78768 | | | | |
| | | Purpose for which amount is received | politio | cal con | tribution returned to filer | |
| | | Reimbursement for Committee Chair Gift | | | | |
| | Date | Name of person from whom amount is received | | | Amount (\$) | |
| | 01/07/2025 | Frost Bank | | | | \$4.03 |
| | | | | | | |
| | | | | | | |
| | | San Antonio, TX 78296 | | | | |
| | | | nolitio | cal con | I tribution returned to filer | |
| | | Interest | ponti | our com | | |
| | Date | Name of person from whom amount is received | | | Amount (\$) | |
| | 02/06/2025 | Frost Bank | | | | \$4.05 |
| | | Address of person from whom amount is received; City; State; Zip Code | | | | |
| | | | | | | |
| | | San Antonio, TX 78296 | | | | |
| | | | politic | eal con | I tribution returned to filer | |
| | | Interest | ponti | our com | | |
| | Date | Name of person from whom amount is received | | | Amount (\$) | |
| | 03/06/2025 | Frost Bank | | | | \$3.58 |
| | | Address of person from whom amount is received; City; State; Zip Code | | | | |
| | | | | | | |
| | | 0 1 | | | | |
| | | San Antonio, TX 78296 | | | 1 | |
| | | - | politio | cal con | tribution returned to filer | |
| | | Interest | | | | |
| | | | | | | |

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

SCHEDULE K

| _ | | | | | | | | |
|---|---------------|---|----------|----------|---------------------------------|---------|--|--|
| | The Instru | ages Schedule K: 2/2 Rpt: 89/89 | | | | | | |
| 2 | FILER NAME | | 3 | Filer ID | (Ethics Commission | Filers) | | |
| | Bucy III, Joh | n H. (The Honorable) | (| 00069 | 589 | | | |
| ┰ | Date | 5 Name of person from whom amount is received | <u> </u> | | 8 Amount (\$) | | | |
| ľ | 04/04/2025 | Frost Bank | | | γ «ποαπε (φ) | \$3.24 | | |
| | 0-1/0-1/2020 | | | | | Ψ0.24 | | |
| | | 6 Address of person from whom amount is received; City; State; Zip Code | | | | | | |
| | | | | | | | | |
| | | San Antonio, TX 78296 | | | | | | |
| | | | olitica | al contr | I | | | |
| | | Interest | UIILIC | ai conti | ibution returned to lifer | | | |
| ⊨ | | interest | | | - | | | |
| | Date | Name of person from whom amount is received | | | Amount (\$) | | | |
| | 05/06/2025 | Frost Bank | | | | \$3.31 | | |
| | | Address of person from whom amount is received; City; State; Zip Code | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | San Antonio, TX 78296 | | | | | | |
| | | Purpose for which amount is received | olitica | al contr | ibution returned to filer | | | |
| | | Interest | | | | | | |
| F | Date | Name of person from whom amount is received | | | Amount (\$) | | | |
| | 06/05/2025 | Frost Bank | | | () | \$2.78 | | |
| | | Address of person from whom amount is received; City; State; Zip Code | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | San Antonio, TX 78296 | | | | | | |
| | | Purpose for which amount is received Check if p | olitica | al contr | ibution returned to filer | | | |
| | | Interest | | | | | | |
| F | Date | Name of person from whom amount is received | | | Amount (\$) | | | |
| | 05/29/2025 | Penny Morales Shaw Campaign | | | (4) | \$42.00 | | |
| | | Address of person from whom amount is received; City; State; Zip Code | | | | , | | |
| | | | | | | | | |
| | | | | | | | | |
| | | Houston, TX 77292 | | | | | | |
| | | Purpose for which amount is received Check if p | olitica | al contr | i ribution returned to filer | | | |
| | | Reimbursement for Committee Chair Gift | | | | | | |
| ⊢ | | | | | | | | |
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