

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.			1 Filer ID (Ethics Commission Filers) 00069589	2 Total pages filed: 240		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR The Honorable	FIRST John H.	MI	OFFICE USE ONLY		
	NICKNAME	LAST Bucy	SUFFIX III	Date Received ELECTRONICALLY FILED 01/15/2026		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; P.O. Box 536 Austin, TX 78767			Date Hand-delivered or Date Postmarked		
				Receipt #	Amount	
				Date Processed		
				Date Imaged		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Molly	FIRST Molly	MI			
	NICKNAME	LAST Bucy	SUFFIX			
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 13400 Briarwick Dr. #1001 Austin, TX 78729		APT / SUITE #;	CITY;	STATE;	ZIP CODE
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 680-3762					
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)					
9 PERIOD COVERED	Month 07/01/2025	Day	Year	Month 12/31/2025	Day	Year
10 ELECTION	ELECTION DATE Month Day Year 03/03/2026		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special			
11 OFFICE	OFFICE HELD (if any) State Representative District 136			12 OFFICE SOUGHT (if known) State Representative District 136		

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

**FORM C/OH
COVER SHEET PG 2**

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13 C / OH NAME	Bucy III, John H. (The Honorable)		14 Filer ID (Ethics Commission Filers) 00069589
15 NOTICE FROM POLITICAL COMMITTEE(S)	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.		
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME	
		COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)		\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 66,169.58
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES		\$ 81,593.55
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 101,787.47
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 36,375.00

17 AFFIDAVIT

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

The Honorable John H. Bucy III

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day
of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering

Printed name of officer administering

Title of officer administering oath

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

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18 FILER NAME	19 Filer ID	(Ethics Commission Filers)
Bucy III, John H. (The Honorable)	00069589	
20 SCHEDULE SUBTOTALS	NAME OF SCHEDULE	
	SUBTOTAL AMOUNT	
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	64,163.17
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	2,006.41
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$	
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	75,568.91
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$	6,024.64
10. <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	
12. <input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	57.60

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/164 Rpt: 4/240
2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 11/11/2025	5 Full name of contributor AbbVie PAC	7 Amount of Contribution (\$) \$500.00
	6 Contributor address; City; State; Zip Code North Chicago, IL 60064	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 12/08/2025	Full name of contributor Adair, Dwight	Amount of Contribution (\$) \$3.00
	Contributor address; City; State; Zip Code Austin, TX 78759	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 12/17/2025	Full name of contributor Adair, Dwight	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Austin, TX 78759	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 12/31/2025	Full name of contributor Adair, Dwight	Amount of Contribution (\$) \$3.00
	Contributor address; City; State; Zip Code Austin, TX 78759	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/15/2025	Full name of contributor Adair, Sandra	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Austin, TX 78759	
Principal occupation / Job title (See Instructions) Film Editor		Employer (See Instructions) Self-Employed / Freelance

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/164 Rpt: 5/240
2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 08/07/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alan, Crudden	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Austin, TX 78717	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aleman-Smoot, Monica	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Austin, TX 78717	
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Government
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alice, Cardon	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Leander, TX 78641	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 07/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alison, Reis	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Georgetown, TX 78628	
Principal occupation / Job title (See Instructions) Development Director		Employer (See Instructions) ACE Academy
Date 11/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alonso, Victor & Susan	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code Austin, TX 78717	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/164 Rpt: 6/240
2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 11/12/2025	5 Full name of contributor Altria Group, Inc. PAC 6 Contributor address; City; State; Zip Code Washington, DC 20001	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) Consultant		9 Employer (See Instructions) Emergent Tree Education
Date 08/07/2025	Full name of contributor Amanda, Stuart Contributor address; City; State; Zip Code Cedar Park, TX 78613	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions) Apple Inc
Date 08/07/2025	Full name of contributor Ana, del Rio Contributor address; City; State; Zip Code Round Rock, TX 78664	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 12/17/2025	Full name of contributor Anderson, Shannon Contributor address; City; State; Zip Code Austin, TX 78717	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 12/30/2025	Full name of contributor Andrade, Maricela Contributor address; City; State; Zip Code Round Rock, TX 78665	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/164 Rpt: 7/240
2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 08/11/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anita, Frey	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code Round Rock, TX 78681	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 07/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anita, Gordon	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Midlothian, VA 23112	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anita, Gordon	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Midlothian, VA 23112	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ann, Clancy	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Austin, TX 78750	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Annette, Priest	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Austin, TX 78729	
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Oracle

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/164 Rpt: 8/240
2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 08/04/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anthony, Tenaglia	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Round Rock, TX 78664	
8 Principal occupation / Job title (See Instructions) Senior Technical Advisor		9 Employer (See Instructions) Apple Inc.
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anthony, Tenaglia	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Round Rock, TX 78664	
Principal occupation / Job title (See Instructions) Senior Technical Advisor		Employer (See Instructions) Apple Inc
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arcilia, Carrasco	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Round Rock, TX 78664	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Art, Estes	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Round Rock, TX 78681	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ashika, Ganguly	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Austin, TX 78733	
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions) Transit Forward

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/164 Rpt: 9/240
2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 08/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ashley, Norment	7 Amount of Contribution (\$) \$20.00
	6 Contributor address; City; State; Zip Code Round Rock, TX 78681	
8 Principal occupation / Job title (See Instructions) Special Education Coordinator		9 Employer (See Instructions) Hutto ISD
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ashley, Oberholtzer	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Austin, TX 78729	
Principal occupation / Job title (See Instructions) Customer Delivery Manager		Employer (See Instructions) CSG
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ashok, Venkatraj	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Leander, TX 78641	
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) Indeed
Date 08/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Atkinson, Trina	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Montgomery, TX 77356	
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) National BFP
Date 08/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bailey, Victoria	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Austin, TX 78717	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/164 Rpt: 10/240
2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 12/17/2025	5 Full name of contributor Baker, Mary	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Austin, TX 78726	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 08/01/2025	Full name of contributor Barbara, Bratton	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Leander, TX 78641	
Principal occupation / Job title (See Instructions) CPA		Employer (See Instructions) Self-Employed
Date 07/30/2025	Full name of contributor Barbara, Bratton	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Leander, TX 78641	
Principal occupation / Job title (See Instructions) CPA		Employer (See Instructions) Self-Employed
Date 07/28/2025	Full name of contributor Barbara, Bratton	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Leander, TX 78641	
Principal occupation / Job title (See Instructions) CPA		Employer (See Instructions) Self-Employed
Date 08/05/2025	Full name of contributor Barbara, Fetonte	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Austin, TX 78749	
Principal occupation / Job title (See Instructions) State Worker		Employer (See Instructions) TWC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/164 Rpt: 11/240
2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 08/07/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barbara, Kimball	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Cedar Park, TX 78613	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barbara, Terry	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Austin, TX 78729	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barbini, Charlotte	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Round Rock, TX 78681	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 09/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barron, Joe	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Round Rock, TX 78665	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 10/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barron, Joe	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Round Rock, TX 78665	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/164 Rpt: 12/240
2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 11/08/2025	5 Full name of contributor Barron, Joe	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Round Rock, TX 78665	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 12/08/2025	Full name of contributor Barron, Joe	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Round Rock, TX 78665	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 09/03/2025	Full name of contributor Barry, Catherine	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Round Rock, TX 78664	
Principal occupation / Job title (See Instructions) Health Science Specialist		Employer (See Instructions) VHA
Date 10/03/2025	Full name of contributor Barry, Catherine	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Round Rock, TX 78664	
Principal occupation / Job title (See Instructions) Health Science Specialist		Employer (See Instructions) VHA
Date 11/03/2025	Full name of contributor Barry, Catherine	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Round Rock, TX 78664	
Principal occupation / Job title (See Instructions) Health Science Specialist		Employer (See Instructions) VHA

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/164 Rpt: 13/240
2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 12/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barry, Catherine	7 Amount of Contribution (\$) \$5.00
	6 Contributor address; City; State; Zip Code Round Rock, TX 78664	
8 Principal occupation / Job title (See Instructions) Health Science Specialist		9 Employer (See Instructions) VHA
Date 07/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barry, Catherine	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Round Rock, TX 78664	
Principal occupation / Job title (See Instructions) Health Science Specialist		Employer (See Instructions) VHA
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barry, Rosen	Amount of Contribution (\$) \$2.00
	Contributor address; City; State; Zip Code Stormville, NY 12582-5302	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baw, Ali	Amount of Contribution (\$) \$30.00
	Contributor address; City; State; Zip Code Cedar Park, TX 78630	
Principal occupation / Job title (See Instructions) IT Development		Employer (See Instructions) Self-Employed
Date 08/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bearden, Mary	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Emigrant, MT 59027	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/164 Rpt: 14/240
2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 08/21/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bearden, Mary	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Emigrant, MT 59027	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bears Rebecca, Fonte	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Austin, TX 78729	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ben, Casey	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Austin, TX 78729	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Self-Employed
Date 08/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ben & Nancy, LaMance Sarrett	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Round Rock, TX 78681	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self-Employed
Date 09/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berry, Robin	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Austin, TX 78729	
Principal occupation / Job title (See Instructions) Editor/Publisher		Employer (See Instructions) TCEQ

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/164 Rpt: 15/240
2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 10/14/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berry, Robin	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Austin, TX 78729	
8 Principal occupation / Job title (See Instructions) Editor/Publisher		9 Employer (See Instructions) TCEQ
Date 11/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berry, Robin	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Austin, TX 78729	
Principal occupation / Job title (See Instructions) Editor/Publisher		Employer (See Instructions) TCEQ
Date 12/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berry, Robin	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Austin, TX 78729	
Principal occupation / Job title (See Instructions) Editor/Publisher		Employer (See Instructions) TCEQ
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beth, Franks	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Cedar Park, TX 78613	
Principal occupation / Job title (See Instructions) Senior Pricing Manager		Employer (See Instructions) Sophos
Date 07/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bethany, Farnsworth	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Austin, TX 78729	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/164 Rpt: 16/240
2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 08/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bethany, Farnsworth	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Austin, TX 78729	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Betsy, Rubie	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Los Angeles, CA 90034	
Principal occupation / Job title (See Instructions) Web Developer		Employer (See Instructions) ConsumerTrack
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bill, Largent	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Austin, TX 78717	
Principal occupation / Job title (See Instructions) Program Director		Employer (See Instructions) The Georgetown Project
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bingman, Rebecca	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Austin, TX 78750	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 12/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blackard, Patrick	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Round Rock, TX 78681	
Principal occupation / Job title (See Instructions) Videographer		Employer (See Instructions) Self-Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/164 Rpt: 17/240	
2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589	
4 Date 11/18/2025	5 Full name of contributor Blackridge 6 Contributor address; City; State; Zip Code Austin, TX 78701	7 Amount of Contribution (\$) \$2,000.00	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date 12/31/2025		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bloemker, Laura Contributor address; City; State; Zip Code Round Rock, TX 78664	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Web Content Writer / Editor		Employer (See Instructions) Self-Employed	
Date 08/05/2025		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bobby, Sams Contributor address; City; State; Zip Code Round Rock, TX 78664	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A	
Date 08/21/2025		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Born, Laureen Contributor address; City; State; Zip Code Georgetown, TX 76527	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A	
Date 09/21/2025		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Born, Laureen Contributor address; City; State; Zip Code Georgetown, TX 76527	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/164 Rpt: 18/240
2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 10/21/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Born, Laureen 6 Contributor address; City; State; Zip Code Georgetown, TX 76527	7 Amount of Contribution (\$) \$10.00
	8 Principal occupation / Job title (See Instructions) Not Employed	9 Employer (See Instructions) N/A
Date 11/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Born, Laureen Contributor address; City; State; Zip Code Georgetown, TX 76527	Amount of Contribution (\$) \$10.00
	Principal occupation / Job title (See Instructions) Not Employed	Employer (See Instructions) N/A
Date 12/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Born, Laureen Contributor address; City; State; Zip Code Georgetown, TX 76527	Amount of Contribution (\$) \$10.00
	Principal occupation / Job title (See Instructions) Not Employed	Employer (See Instructions) N/A
Date 12/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boydston, Dwaine Contributor address; City; State; Zip Code Georgetown, TX 78633	Amount of Contribution (\$) \$50.00
	Principal occupation / Job title (See Instructions) Not Employed	Employer (See Instructions) N/A
Date 12/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boydston, Dwaine Contributor address; City; State; Zip Code Georgetown, TX 78633	Amount of Contribution (\$) \$50.00
	Principal occupation / Job title (See Instructions) Not Employed	Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/164 Rpt: 19/240
2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 08/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bratton, Barbara	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Leander, TX 78641	
8 Principal occupation / Job title (See Instructions) CPA		9 Employer (See Instructions) Self-Employed
Date 08/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bratton, Barbara	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Leander, TX 78641	
Principal occupation / Job title (See Instructions) CPA		Employer (See Instructions) Self-Employed
Date 09/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bratton, Barbara	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Leander, TX 78641	
Principal occupation / Job title (See Instructions) CPA		Employer (See Instructions) Self-Employed
Date 09/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bratton, Barbara	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Leander, TX 78641	
Principal occupation / Job title (See Instructions) CPA		Employer (See Instructions) Self-Employed
Date 10/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bratton, Barbara	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Leander, TX 78641	
Principal occupation / Job title (See Instructions) CPA		Employer (See Instructions) Self-Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/164 Rpt: 20/240
2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 11/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bratton, Barbara	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Leander, TX 78641	
8 Principal occupation / Job title (See Instructions) CPA		9 Employer (See Instructions) Self-Employed
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bratton, Barbara	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Leander, TX 78641	
Principal occupation / Job title (See Instructions) CPA		Employer (See Instructions) Self-Employed
Date 08/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brennan, Ann	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Round Rock, TX 78665	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 07/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brigid, Lester	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Cedar Park, TX 78613	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brittain, Judy	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Austin, TX 78729	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/164 Rpt: 21/240
2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 09/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brogden, William	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Leander, TX 78641	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) N/A
Date 08/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bryan, Helen	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Austin, TX 78746	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 12/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bryan, Helen	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Austin, TX 78746	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burtschell Gregg, Kathy	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Austin, TX 78729-7626	
Principal occupation / Job title (See Instructions) Counselor		Employer (See Instructions) Meridian World School
Date 08/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Butcher, Michelle	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code Round Rock, TX 78681	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 19/164 Rpt: 22/240
2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 09/26/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Butcher, Michelle	7 Amount of Contribution (\$) \$15.00
	6 Contributor address; City; State; Zip Code Round Rock, TX 78681	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 10/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Butcher, Michelle	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code Round Rock, TX 78681	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 11/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Butcher, Michelle	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code Round Rock, TX 78681	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 12/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Butcher, Michelle	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code Round Rock, TX 78681	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Butler, Bruce	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Houston, TX 77006	
Principal occupation / Job title (See Instructions) VP		Employer (See Instructions) University of Texas

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 20/164 Rpt: 23/240
2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 11/18/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cain, Randy C.	7 Amount of Contribution (\$) \$500.00
	6 Contributor address; City; State; Zip Code Austin, TX 78763	
8 Principal occupation / Job title (See Instructions) Government & Legislative Affairs Consulting		9 Employer (See Instructions) Self-Employed
Date 12/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Callaway, Linda	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Cedar Park, TX 78613	
Principal occupation / Job title (See Instructions) General Manager		Employer (See Instructions) Christopher Cross Records
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Calvert, Pelletier	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Indian Trail, NC 28079	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Camron, Rushin	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Austin, TX 78729	
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions) Ixia
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cara, Keirstead	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Austin, TX 78729	
Principal occupation / Job title (See Instructions) Com specialist		Employer (See Instructions) University of Texas at Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 21/164 Rpt: 24/240
2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 08/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cara, Lundquist	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code Flower Mound, TX 75022	
8 Principal occupation / Job title (See Instructions) HR Director		9 Employer (See Instructions) Textron Bell
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carol, Adams	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Austin, TX 78717-5367	
Principal occupation / Job title (See Instructions) Insurance Administration Manager		Employer (See Instructions) Fringe Benefit Group
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carol, Richards	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code Manchester, NH 03104	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carolene, English	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Round Rock, TX 78664	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 07/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carrie, Richardson	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Round Rock, TX 78681-4055	
Principal occupation / Job title (See Instructions) President & Founder Consultancy		Employer (See Instructions) CWR Strategies

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 22/164 Rpt: 25/240
2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 08/13/2025	5 Full name of contributor Carrie, Richardson 6 Contributor address; City; State; Zip Code Round Rock, TX 78681-4055	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) President & Founder Consultancy		9 Employer (See Instructions) CWR Strategies
Date 08/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Casey, Benjamin Contributor address; City; State; Zip Code Austin, TX 78729	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Pharmacy
Date 08/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Cates, Jeanette Contributor address; City; State; Zip Code Austin, TX 78750	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Cates, Jeanette Contributor address; City; State; Zip Code Austin, TX 78750	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 09/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Cates, Jeanette Contributor address; City; State; Zip Code Austin, TX 78750	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 23/164 Rpt: 26/240
2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 09/27/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cates, Jeanette 6 Contributor address; City; State; Zip Code Austin, TX 78750	7 Amount of Contribution (\$) \$10.00
	8 Principal occupation / Job title (See Instructions) Not Employed	9 Employer (See Instructions) N/A
Date 10/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cates, Jeanette Contributor address; City; State; Zip Code Austin, TX 78750	Amount of Contribution (\$) \$10.00
	Principal occupation / Job title (See Instructions) Not Employed	Employer (See Instructions) N/A
Date 10/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cates, Jeanette Contributor address; City; State; Zip Code Austin, TX 78750	Amount of Contribution (\$) \$10.00
	Principal occupation / Job title (See Instructions) Not Employed	Employer (See Instructions) N/A
Date 11/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cates, Jeanette Contributor address; City; State; Zip Code Austin, TX 78750	Amount of Contribution (\$) \$10.00
	Principal occupation / Job title (See Instructions) Not Employed	Employer (See Instructions) N/A
Date 11/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cates, Jeanette Contributor address; City; State; Zip Code Austin, TX 78750	Amount of Contribution (\$) \$10.00
	Principal occupation / Job title (See Instructions) Not Employed	Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 24/164 Rpt: 27/240
2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 12/25/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cates, Jeanette 6 Contributor address; City; State; Zip Code Austin, TX 78750	7 Amount of Contribution (\$) \$10.00
	8 Principal occupation / Job title (See Instructions) Not Employed	9 Employer (See Instructions) N/A
Date 12/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cates, Jeanette Contributor address; City; State; Zip Code Austin, TX 78750	Amount of Contribution (\$) \$10.00
	Principal occupation / Job title (See Instructions) Not Employed	Employer (See Instructions) N/A
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Catherine, Barry Contributor address; City; State; Zip Code Round Rock, TX 78664	Amount of Contribution (\$) \$5.00
	Principal occupation / Job title (See Instructions) Health Science Specialist	Employer (See Instructions) VHA
Date 08/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cathey, Roberts Contributor address; City; State; Zip Code Austin, TX 78729	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions) Not Employed	Employer (See Instructions) N/A
Date 07/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cathey, Roberts Contributor address; City; State; Zip Code Austin, TX 78729	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions) Not Employed	Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 25/164 Rpt: 28/240
2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 08/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cathy & Randy, Woodward	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Cincinnati, OH 45251	
8 Principal occupation / Job title (See Instructions) IT		9 Employer (See Instructions) Self-Employed
Date 08/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chance, Krista	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Harker Heights, TX 76548	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Baylor Scott and White
Date 08/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charles, Trundle	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Dallas, TX 75238	
Principal occupation / Job title (See Instructions) Associate		Employer (See Instructions) Walmart
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charles, Zeller	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Austin, TX 78733	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charlotta, Remschel	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Round Rock, TX 78664	
Principal occupation / Job title (See Instructions) Nurse		Employer (See Instructions) BSW Health

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 26/164 Rpt: 29/240
2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 08/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charlotte, Barbini	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Round Rock, TX 78681	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 12/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chavez, Luis	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Cedar Park, TX 78613	
Principal occupation / Job title (See Instructions) Courier		Employer (See Instructions) Spectrum Delivery
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chavez, Luis	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Cedar Park, TX 78613	
Principal occupation / Job title (See Instructions) Courier		Employer (See Instructions) Spectrum Delivery
Date 08/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chmeleck, Marianne	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Georgetown, TX 78633	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chmeleck, Marianne	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Georgetown, TX 78633	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 27/164 Rpt: 30/240
2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 09/17/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chmeleck, Marianne	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Georgetown, TX 78633	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 10/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chmeleck, Marianne	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Georgetown, TX 78633	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 12/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chmeleck, Marianne	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Georgetown, TX 78633	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christel, Erickson-Collins	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Cedar Park, TX 78613	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christina, Bonnington	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Austin, TX 78750	
Principal occupation / Job title (See Instructions) Technical Writer		Employer (See Instructions) Apple

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 28/164 Rpt: 31/240
2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 07/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christina, Legrand	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code Cedar Park, TX 78613	
8 Principal occupation / Job title (See Instructions) Sales		9 Employer (See Instructions) Self-Employed
Date 07/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christine, Glover	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Leander, TX 78641	
Principal occupation / Job title (See Instructions) Author		Employer (See Instructions) Self-Employed
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christine, Glover	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Leander, TX 78641	
Principal occupation / Job title (See Instructions) Author		Employer (See Instructions) Self-Employed
Date 08/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christine, Kavadas	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Georgetown, TX 78633	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christine, Willrich	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Austin, TX 78717	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 29/164 Rpt: 32/240
2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 08/08/2025	5 Full name of contributor Cindy, Eilertson 6 Contributor address; City; State; Zip Code Cedar Park, TX 78613	7 Amount of Contribution (\$) \$25.00
	8 Principal occupation / Job title (See Instructions) Not Employed	9 Employer (See Instructions) N/A
Date 08/13/2025	Full name of contributor Clarence, Hornung Contributor address; City; State; Zip Code Louisville, KY 40219	Amount of Contribution (\$) \$3.00
	Principal occupation / Job title (See Instructions) Not Employed	Employer (See Instructions) N/A
Date 08/18/2025	Full name of contributor Clark, Elizabeth Contributor address; City; State; Zip Code Georgetown, TX 78628	Amount of Contribution (\$) \$200.00
	Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Date 08/06/2025	Full name of contributor Clifton, Yopp Contributor address; City; State; Zip Code Mystic, CT 06355	Amount of Contribution (\$) \$1.00
	Principal occupation / Job title (See Instructions) Not Employed	Employer (See Instructions) N/A
Date 08/18/2025	Full name of contributor Coker, Kyle Contributor address; City; State; Zip Code Round Rock, TX 78681	Amount of Contribution (\$) \$50.00
	Principal occupation / Job title (See Instructions) Teacher	Employer (See Instructions) Council Oak Preschool

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 30/164 Rpt: 33/240
2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 12/17/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coker, Kyle	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Round Rock, TX 78681	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Colette, Clarke Torres	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Austin, TX 78729	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Colette, Clarke Torres	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Austin, TX 78729	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 09/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Collins Gilby, Kim (The Honorable)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Cedar Park, TX 78613	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Collins Gilby, Kim (The Honorable)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Cedar Park, TX 78613	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 31/164 Rpt: 34/240
2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 09/04/2025	5 Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: <u>C00248716</u>) Comcast Corp & NBC Universal PAC 6 Contributor address; City; State; Zip Code Philadelphia, PA 19103	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) Customer Service Manager		9 Employer (See Instructions) Apple
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Constancio, Dimas II Contributor address; City; State; Zip Code Round Rock, TX 78664	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Researcher		Employer (See Instructions) Self-Employed
Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Conyngham, Karen Contributor address; City; State; Zip Code Austin, TX 78746-4115	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Licensed Massage Therapist		Employer (See Instructions) Self-Employed
Date 08/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Craig, Matthews Contributor address; City; State; Zip Code Round Rock, TX 78681	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 32/164 Rpt: 35/240
2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 08/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cristabella, Trimble Quiz 6 Contributor address; City; State; Zip Code Austin, TX 78729	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Administrative Professional		9 Employer (See Instructions) The University of Texas at Austin
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cynthia, Chavez Contributor address; City; State; Zip Code Georgetown, TX 78633	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DJ, Montgomery Contributor address; City; State; Zip Code Austin, TX 78750	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Investigators V		Employer (See Instructions) State of Texas
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dallas, Key Contributor address; City; State; Zip Code Plano, TX 75093	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Recruiter		Employer (See Instructions) Tyler Technologies
Date 08/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daniel, Harrison Contributor address; City; State; Zip Code Hutto, TX 78634	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 33/164 Rpt: 36/240
2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 08/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Danielle, Mank	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Austin, TX 78729	
8 Principal occupation / Job title (See Instructions) Insurance Operations		9 Employer (See Instructions) Marsh
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David, Ben-Zvi	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Austin, TX 78751	
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) University of Texas
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David, Dorf	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Austin, TX 78717	
Principal occupation / Job title (See Instructions) Software		Employer (See Instructions) AWS
Date 08/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David, Gregg	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Cedar Park, TX 78613	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David, Laycock	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code Chester, NJ 07930	
Principal occupation / Job title (See Instructions) Driver		Employer (See Instructions) UPS

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 34/164 Rpt: 37/240
2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 08/09/2025	5 Full name of contributor David, Mathiasmeier	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Menlo Park, CA 94025	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 08/07/2025	Full name of contributor David, Rosser	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Austin, TX 78729	
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions) Brightstar Lottery
Date 08/05/2025	Full name of contributor David, Sidney	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Cedar Park, TX 78613	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/07/2025	Full name of contributor David, del Rio	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Austin, TX 78729	
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions) Schwab
Date 07/01/2025	Full name of contributor Davidson, Logan	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Austin, TX 78702	
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions) Texans for Greater Mental Health

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 35/164 Rpt: 38/240
2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 08/07/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deb, Freeman	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Georgetown, TX 78627	
8 Principal occupation / Job title (See Instructions) Newsletter Manager		9 Employer (See Instructions) UT School of Law
Date 08/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Debbie, Murphy	Amount of Contribution (\$) \$1.67
	Contributor address; City; State; Zip Code Charlotte, NC 28277	
Principal occupation / Job title (See Instructions) Project Manager		Employer (See Instructions) Microsoft
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deborah, Sams	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code Round Rock, TX 78664	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deborah, Steele	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Spring, TX 77381	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Denise, Hays	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Spicewood, TX 78669	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self-Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 36/164 Rpt: 39/240
2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 07/19/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Denise, Hays	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code Spicewood, TX 78669	
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Self-Employed
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Denise, Hays	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Spicewood, TX 78669	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self-Employed
Date 12/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deramus, Fran	Amount of Contribution (\$) \$20.26
	Contributor address; City; State; Zip Code Round Rock, TX 78681	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DiMasi, Rachel	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Austin, TX 78727	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 09/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DiMasi, Rachel	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Austin, TX 78727	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 37/164 Rpt: 40/240
2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 10/25/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DiMasi, Rachel	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Austin, TX 78727	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 11/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DiMasi, Rachel	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Austin, TX 78727	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 12/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DiMasi, Rachel	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Austin, TX 78727	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 11/03/2025	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00034470) Diaego PAC	Amount of Contribution (\$) \$1,500.00
	Contributor address; City; State; Zip Code Washington, DC 20001	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Diana, Ramirez	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Austin, TX 78750	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 38/164 Rpt: 41/240
2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 08/08/2025	5 Full name of contributor Diane, Causey	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Austin, TX 78745	
8 Principal occupation / Job title (See Instructions) Science Lab Tech		9 Employer (See Instructions) Austin Community College
Date 08/06/2025	Full name of contributor Diane, Piecara	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Cedar Park, TX 78613	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 07/19/2025	Full name of contributor Dianne, Thompson	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code Round Rock, TX 78664	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/01/2025	Full name of contributor Dianne, Thompson	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Round Rock, TX 78664	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/13/2025	Full name of contributor Don, Greenberg	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code Sebastopol, CA 95472	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 39/164 Rpt: 42/240
2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 08/14/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donald, Hulse	7 Amount of Contribution (\$) \$1.64
	6 Contributor address; City; State; Zip Code Shelton, WA 98584	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 08/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doris, Christian	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Austin, TX 78758	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doris, Sanchez	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Austin, TX 78729	
Principal occupation / Job title (See Instructions) Communications Specialist		Employer (See Instructions) Williamson County
Date 08/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dorothy, Mankey	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Austin, TX 78757	
Principal occupation / Job title (See Instructions) People Business Partner		Employer (See Instructions) Gorilla
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dosier, Hammond	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code Princeton, NJ 08542-3148	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 40/164 Rpt: 43/240
2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 08/07/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Douglas, Phillips	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code Round Rock, TX 78681	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 08/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DuTeil, Norma Diane	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Round Rock, TX 78665	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 09/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DuTeil, Norma Diane	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Round Rock, TX 78665	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ducharme, Jacalyn	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Austin, TX 78717	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ducharme, Jacalyn	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Austin, TX 78717	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 41/164 Rpt: 44/240
2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 12/17/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duman, Jo Ann	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Texarkana, TX 75503	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 08/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duron, Patricia	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Cedar Park, TX 78613-7390	
Principal occupation / Job title (See Instructions) Pet Sitter & Glass Artist		Employer (See Instructions) Self-Employed
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duron, Patricia	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Cedar Park, TX 78613-7390	
Principal occupation / Job title (See Instructions) Pet Sitter & Fused Glass Artist		Employer (See Instructions) Self-Employed
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dwight, Adair	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Austin, TX 78759	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 11/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dye, Maryl	Amount of Contribution (\$) \$12.00
	Contributor address; City; State; Zip Code Cedar Park, TX 78613	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 42/164 Rpt: 45/240
2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 07/25/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ed, Hilliard	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code Austin, TX 78729	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 08/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edgar, Finkelstein	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code Georgetown, TX 78626	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edward, Yee	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Round Rock, TX 78681-3853	
Principal occupation / Job title (See Instructions) Pilot		Employer (See Instructions) American Airlines
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edwin, Hightower Jr.	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Dallas, TX 75254	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Caliber
Date 08/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eileen, Held	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Austin, TX 78729-7336	
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) AHFH

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 43/164 Rpt: 46/240
2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 08/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elaine, Nelson	7 Amount of Contribution (\$) \$1.00
	6 Contributor address; City; State; Zip Code Port Townsend, WA 98368	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 09/04/2025	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00082792) Eli Lilly and Company PAC	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Indianapolis, IN 46585	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eliza, Wilby	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Austin, TX 78717	
Principal occupation / Job title (See Instructions) Veterinarian		Employer (See Instructions) Thrive Pet Healthcare
Date 08/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eliza, Wilby	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Austin, TX 78717	
Principal occupation / Job title (See Instructions) Veterinarian		Employer (See Instructions) Thrive Pet Healthcare
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elizabeth, Bernstein	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Cedar Park, TX 78613	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 44/164 Rpt: 47/240
2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 08/06/2025	5 Full name of contributor Elizabeth, Bridges	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code Round Rock, TX 78664	
8 Principal occupation / Job title (See Instructions) RDA		9 Employer (See Instructions) TLC Pediatric Dentistry
Date 08/07/2025	Full name of contributor Elizabeth, Enciso	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Austin, TX 78725	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/08/2025	Full name of contributor Elizabeth, Martin	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Georgetown, TX 78628	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/08/2025	Full name of contributor Elizabeth, Mulherin	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code Malvern, PA 19355	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/08/2025	Full name of contributor Elizabeth, Piner	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Austin, TX 78729	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 45/164 Rpt: 48/240
2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 08/08/2025	5 Full name of contributor Elizabeth, Piner 6 Contributor address; City; State; Zip Code Austin, TX 78729	7 Amount of Contribution (\$) \$100.00
	8 Principal occupation / Job title (See Instructions) Not Employed	9 Employer (See Instructions) N/A
Date 07/14/2025	Full name of contributor Elizabeth, Piner Contributor address; City; State; Zip Code Austin, TX 78729	Amount of Contribution (\$) \$50.00
	Principal occupation / Job title (See Instructions) Not Employed	Employer (See Instructions) N/A
Date 08/03/2025	Full name of contributor Elizabeth, Piner Contributor address; City; State; Zip Code Austin, TX 78729	Amount of Contribution (\$) \$100.00
	Principal occupation / Job title (See Instructions) Not Employed	Employer (See Instructions) N/A
Date 07/29/2025	Full name of contributor Elizabeth, Piner Contributor address; City; State; Zip Code Austin, TX 78729	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions) Not Employed	Employer (See Instructions) N/A
Date 08/02/2025	Full name of contributor Elizabeth, Piner Contributor address; City; State; Zip Code Austin, TX 78729	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions) Not Employed	Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 46/164 Rpt: 49/240
2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 07/30/2025	5 Full name of contributor Elizabeth, Piner	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code Austin, TX 78729	
8 Principal occupation / Job title (See Instructions) Planning Assistant		9 Employer (See Instructions) NJ Pinelands Commission
Date 08/14/2025	Full name of contributor Elizabeth, Piner	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Austin, TX 78729	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 07/26/2025	Full name of contributor Elizabeth, Piner	Amount of Contribution (\$) \$41.00
	Contributor address; City; State; Zip Code Austin, TX 78729	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/07/2025	Full name of contributor Elizabeth, Smith	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Cedar Park, TX 78613-4870	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 07/30/2025	Full name of contributor Elizabeth, Sterling	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Cedar Park, TX 78613	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 47/164 Rpt: 50/240
2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 08/08/2025	5 Full name of contributor Elizabeth, Urban	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Georgetown, TX 78628	
8 Principal occupation / Job title (See Instructions) Data Systems Manager		9 Employer (See Instructions) Star of Texas HHSC
Date 08/05/2025	Full name of contributor Elizabeth, Urban	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Georgetown, TX 78628	
Principal occupation / Job title (See Instructions) Data Systems Manager		Employer (See Instructions) Star of Texas
Date 08/08/2025	Full name of contributor Elizabeth, Williams	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Alamogordo, NM 88310	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 07/22/2025	Full name of contributor Ellen, Maas	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Austin, TX 78717	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 08/08/2025	Full name of contributor Emily, Gray	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Austin, TX 78717	
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) AMD

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 48/164 Rpt: 51/240
2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 08/08/2025	5 Full name of contributor Emily, Rhea	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code Georgetown, TX 78628	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 12/29/2025	Full name of contributor Emmick, Robert	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Austin, TX 78704	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 12/17/2025	Full name of contributor English, Carolene	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Round Rock, TX 78664	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/23/2025	Full name of contributor Enyart, Katherine	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Austin, TX 78750	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 09/23/2025	Full name of contributor Enyart, Katherine	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Austin, TX 78750	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 49/164 Rpt: 52/240
2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 10/23/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Enyart, Katherine	7 Amount of Contribution (\$) \$20.00
	6 Contributor address; City; State; Zip Code Austin, TX 78750	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 11/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Enyart, Katherine	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Austin, TX 78750	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 12/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Enyart, Katherine	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Austin, TX 78750	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eric, Bohr	Amount of Contribution (\$) \$3.00
	Contributor address; City; State; Zip Code Castro Valley, CA 94552	
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self-Employed
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Erica, Burch	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Austin, TX 78729	
Principal occupation / Job title (See Instructions) Pre-K Teacher		Employer (See Instructions) Bethany Preschool

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 50/164 Rpt: 53/240
2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 08/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ernest, Mueller	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Round Rock, TX 78681	
8 Principal occupation / Job title (See Instructions) Technology Consultant		9 Employer (See Instructions) Accenture
Date 08/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Erskine, Patricia	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Round Rock, TX 78665	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 09/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Erskine, Patricia	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Round Rock, TX 78665	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ethelynn, Morlier	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Austin, TX 78729	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eugenie, Duvall-Short	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Austin, TX 78750	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 51/164 Rpt: 54/240
2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 08/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eva, Carter	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Cedar Park, TX 78613	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 08/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Evalyn, Garza	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Austin, TX 78729	
Principal occupation / Job title (See Instructions) Clerk		Employer (See Instructions) IRS
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Evalyn, Garza	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Austin, TX 78729	
Principal occupation / Job title (See Instructions) Clerk		Employer (See Instructions) IRS
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Evan, Gregory	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Round Rock, TX 78664	
Principal occupation / Job title (See Instructions) Agent		Employer (See Instructions) Self-Employed
Date 12/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Everett, Paula	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Austin, TX 78729	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 52/164 Rpt: 55/240
2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 08/25/2025	5 Full name of contributor Farnsworth, Bethany	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Austin, TX 78729	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 09/25/2025	Full name of contributor Farnsworth, Bethany	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Austin, TX 78729	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 10/25/2025	Full name of contributor Farnsworth, Bethany	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Austin, TX 78729	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 11/25/2025	Full name of contributor Farnsworth, Bethany	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Austin, TX 78729	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 12/25/2025	Full name of contributor Farnsworth, Bethany	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Austin, TX 78729	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 53/164 Rpt: 56/240
2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 12/30/2025	5 Full name of contributor Ferris, David	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Round Rock, TX 78681	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 09/07/2025	Full name of contributor Fonte, Bears Rebecca	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Austin, TX 78729	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 10/07/2025	Full name of contributor Fonte, Bears Rebecca	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Austin, TX 78729	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 11/07/2025	Full name of contributor Fonte, Bears Rebecca	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Austin, TX 78729	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 12/07/2025	Full name of contributor Fonte, Bears Rebecca	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Austin, TX 78729	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 54/164 Rpt: 57/240
2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 11/30/2025	5 Full name of contributor Ford, Tereasa	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Leander, TX 78641	
8 Principal occupation / Job title (See Instructions) Social Worker		9 Employer (See Instructions) Baylor Scott & White
Date 11/17/2025	Full name of contributor Fred Shannon LLC	Amount of Contribution (\$) \$1,500.00
	Contributor address; City; State; Zip Code Austin, TX 78701	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/08/2025	Full name of contributor Freddie, Mcfarland	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Leander, TX 78641	
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Pflugerville ISD
Date 08/08/2025	Full name of contributor Gail, Lawley	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Georgetown, TX 78633	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 12/11/2025	Full name of contributor Galloway, Richard	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Cedar Park, TX 78613	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 55/164 Rpt: 58/240
2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 08/20/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gandaria-Escamilla, Sara 6 Contributor address; City; State; Zip Code Round Rock, TX 78664	7 Amount of Contribution (\$) \$25.00
	8 Principal occupation / Job title (See Instructions) Teacher	9 Employer (See Instructions) Round Rock ISD
Date 09/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gandaria-Escamilla, Sara Contributor address; City; State; Zip Code Round Rock, TX 78664	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions) Teacher	Employer (See Instructions) Round Rock ISD
Date 09/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gandaria-Escamilla, Sara Contributor address; City; State; Zip Code Round Rock, TX 78664	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions) Teacher	Employer (See Instructions) Round Rock ISD
Date 10/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gandaria-Escamilla, Sara Contributor address; City; State; Zip Code Round Rock, TX 78664	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions) Teacher	Employer (See Instructions) Round Rock ISD
Date 10/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gandaria-Escamilla, Sara Contributor address; City; State; Zip Code Round Rock, TX 78664	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions) Teacher	Employer (See Instructions) Round Rock ISD

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 56/164 Rpt: 59/240
2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 11/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gandaria-Escamilla, Sara 6 Contributor address; City; State; Zip Code Round Rock, TX 78664	7 Amount of Contribution (\$) \$25.00
	8 Principal occupation / Job title (See Instructions) Teacher	9 Employer (See Instructions) Round Rock ISD
Date 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gandaria-Escamilla, Sara Contributor address; City; State; Zip Code Round Rock, TX 78664	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions) Teacher	Employer (See Instructions) Round Rock ISD
Date 12/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gandaria-Escamilla, Sara Contributor address; City; State; Zip Code Round Rock, TX 78664	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions) Teacher	Employer (See Instructions) Round Rock ISD
Date 12/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gandaria-Escamilla, Sara Contributor address; City; State; Zip Code Round Rock, TX 78664	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions) Teacher	Employer (See Instructions) Round Rock ISD
Date 07/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gandaria-Escamilla, Sara Contributor address; City; State; Zip Code Round Rock, TX 78664	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions) Teacher	Employer (See Instructions) Round Rock ISD

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 57/164 Rpt: 60/240
2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 12/30/2025	5 Full name of contributor Gardner, Sarah	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Austin, TX 78717	
8 Principal occupation / Job title (See Instructions) Community Engagement		9 Employer (See Instructions) Meridian School
Date 08/06/2025	Full name of contributor Gary, Bailey	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code Sunnyvale, CA 94087	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/13/2025	Full name of contributor Gary, Bailey	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code Sunnyvale, CA 94087	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/06/2025	Full name of contributor Gary, Chirlin	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code Derwood, MD 20855	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/11/2025	Full name of contributor Gary, Vandiver	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Alexandria, VA 22304	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 58/164 Rpt: 61/240
2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 11/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garza, Evalyn	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code Austin, TX 78729	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 08/27/2025	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00076810) General Motors Company PAC	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Washington, DC 20001	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Genevieve, Bennett	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Georgetown, TX 78626	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) George, Thompson	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Austin, TX 78729	
Principal occupation / Job title (See Instructions) Web Application Programmer		Employer (See Instructions) RVH Solutions Inc
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) George, Thompson	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Austin, TX 78729	
Principal occupation / Job title (See Instructions) Web Application Programmer		Employer (See Instructions) RVH Solutions Inc

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 59/164 Rpt: 62/240
2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 08/05/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) George, Thompson	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code Austin, TX 78729	
8 Principal occupation / Job title (See Instructions) Web Application Programmer		9 Employer (See Instructions) RVH Solutions Inc
Date 08/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gilbert, Karen	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Georgetown, TX 78633	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 09/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gilbert, Karen	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Georgetown, TX 78633	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 10/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gilbert, Karen	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Georgetown, TX 78633	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 11/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gilbert, Karen	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Georgetown, TX 78633	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 60/164 Rpt: 63/240
2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 12/23/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gilbert, Karen	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Georgetown, TX 78633	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 10/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gilby, Kim (The Honorable)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Cedar Park, TX 78613	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 11/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gilby, Kim (The Honorable)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Cedar Park, TX 78613	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gillespie, Sharon	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Austin, TX 78703	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gina, Pickford	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Round Rock, TX 78664	
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Hutto ISD

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 61/164 Rpt: 64/240
2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 12/01/2025	5 Full name of contributor Ginther, Risa & Gray	7 Amount of Contribution (\$) \$30.00
	6 Contributor address; City; State; Zip Code Austin, TX 78717	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 08/08/2025	Full name of contributor Gloria, Somers	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Austin, TX 78750	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 12/17/2025	Full name of contributor Gordon, Anita	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Midlothian, VA 23112	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 12/01/2025	Full name of contributor Grady, Brent	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code Lake Jackson, TX 77566	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self-Employed
Date 08/09/2025	Full name of contributor Gray, Ginther	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Austin, TX 78717	
Principal occupation / Job title (See Instructions) 3D Character Artist		Employer (See Instructions) Retro Studios

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 62/164 Rpt: 65/240
2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 12/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gregg, Joe 6 Contributor address; City; State; Zip Code Austin, TX 78729	7 Amount of Contribution (\$) \$50.00
	8 Principal occupation / Job title (See Instructions) Not Employed	9 Employer (See Instructions) N/A
Date 12/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gregg, Joe Contributor address; City; State; Zip Code Austin, TX 78729	Amount of Contribution (\$) \$10.00
	Principal occupation / Job title (See Instructions) Not Employed	Employer (See Instructions) N/A
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gregory, Douglass Contributor address; City; State; Zip Code Denver, CO 80238	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions) Lawyer	Employer (See Instructions) Self-Employed
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gregory, Squires Contributor address; City; State; Zip Code Cedar Park, TX 78613	Amount of Contribution (\$) \$100.00
	Principal occupation / Job title (See Instructions) Not Employed	Employer (See Instructions) N/A
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Groff, Sara Contributor address; City; State; Zip Code Cedar Park, TX 78613	Amount of Contribution (\$) \$50.00
	Principal occupation / Job title (See Instructions) N/A	Employer (See Instructions) N/A

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 63/164 Rpt: 66/240
2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 12/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gross, Ariel	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Round Rock, TX 78681	
8 Principal occupation / Job title (See Instructions) President		9 Employer (See Instructions) Team Audio
Date 11/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HCA Texas Good Government Fund	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Dallas, TX 75240	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanna, Hooper	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Georgetown, TX 78633	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanna, Hooper	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Georgetown, TX 78633	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harriet, Horton	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Cedar Park, TX 78613	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

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2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 12/18/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harrison, Daniel	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code Hutto, TX 78634	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harry, Miller	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Austin, TX 78704	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harslem, Eric	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Austin, TX 78746	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hassibi, Jennifer	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Austin, TX 78703	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hays, Denise	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Spicewood, TX 78669	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self-Employed

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2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 12/30/2025	5 Full name of contributor Heckler, Wendy	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Austin, TX 78729	
8 Principal occupation / Job title (See Instructions) Social Work		9 Employer (See Instructions) Self-Employed
Date 08/04/2025	Full name of contributor Heidi, Melz	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Round Rock, TX 78681-3531	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 12/30/2025	Full name of contributor Held, Eileen	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Austin, TX 78729-7336	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/05/2025	Full name of contributor Helen, Bryan	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Austin, TX 78746	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 11/30/2025	Full name of contributor Hembree, Susan	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Cedar Park, TX 78613	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 66/164 Rpt: 69/240
2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 08/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henry, King	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Round Rock, TX 78664	
8 Principal occupation / Job title (See Instructions) Technician		9 Employer (See Instructions) Hulk Automotive
Date 07/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henry, King	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Round Rock, TX 78664	
Principal occupation / Job title (See Instructions) Technician		Employer (See Instructions) Hulk Automotive
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herman, Prager III Ph.D.	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Austin, TX 78726	
Principal occupation / Job title (See Instructions) Adjunct Professor of government		Employer (See Instructions) Austin Community College
Date 11/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hicks Pate Strategies LLC	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Austin, TX 78767	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoffman, Sheri	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Austin, TX 78729	
Principal occupation / Job title (See Instructions) Diagnostician		Employer (See Instructions) Invohealthcare

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 67/164 Rpt: 70/240
2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 09/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hooper, Hanna	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code Georgetown, TX 78633	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 10/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hooper, Hanna	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Georgetown, TX 78633	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 11/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hooper, Hanna	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Georgetown, TX 78633	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 12/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hooper, Hanna	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Georgetown, TX 78633	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoover, James	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Austin, TX 78729-3628	
Principal occupation / Job title (See Instructions) Engineer / Trader		Employer (See Instructions) Self-Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 68/164 Rpt: 71/240
2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 12/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Horne, Rachel 6 Contributor address; City; State; Zip Code Austin, TX 78750	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Business Operations		9 Employer (See Instructions) US Bank
Date 09/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Horton, Harriet Contributor address; City; State; Zip Code Cedar Park, TX 78613	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jacalyn, Ducharme Contributor address; City; State; Zip Code Austin, TX 78717	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jacalyn, Ducharme Contributor address; City; State; Zip Code Austin, TX 78717	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jacalyn, Johnson Contributor address; City; State; Zip Code Eugene, OR 97404	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 69/164 Rpt: 72/240
2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 10/13/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson Walker L.L.P. PAC	7 Amount of Contribution (\$) \$1,500.00
	6 Contributor address; City; State; Zip Code Dallas, TX 75201	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 08/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Craft	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Round Rock, TX 78681	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Paul	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Austin, TX 78717	
Principal occupation / Job title (See Instructions) Tech		Employer (See Instructions) Lenovo
Date 08/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jaclyn, Wiggins-Camacho	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Cedar Park, TX 78613	
Principal occupation / Job title (See Instructions) Product Director		Employer (See Instructions) Macmillan Learning
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James, Smith	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Austin, TX 78729	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 70/164 Rpt: 73/240
2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 08/06/2025	5 Full name of contributor Jamie, Delafosse	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Austin, TX 78729	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 08/05/2025	Full name of contributor Jan, Aceti	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Brookline, MA 02445	
Principal occupation / Job title (See Instructions) Energy Efficiency & Electrification Coordinator		Employer (See Instructions) Town of Concord
Date 08/07/2025	Full name of contributor Jan, Gunter	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Austin, TX 78717	
Principal occupation / Job title (See Instructions) Real Estate Agent		Employer (See Instructions) Keller Williams
Date 08/08/2025	Full name of contributor Jana, Terry	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Cedar Park, TX 78613	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Beckstead Terry Ditto PLLC
Date 08/08/2025	Full name of contributor Jane, Mitton	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Blanchardville, WI 53516	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 71/164 Rpt: 74/240
2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 08/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jane, Vovk	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Round Rock, TX 78681	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Janis, Brown	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Austin, TX 78750	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Janis, Pinnelli	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Austin, TX 78763	
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions) J Pinnelli Company LLC
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jean, Steensma	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Round Rock, TX 78681	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 07/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jean, Steensma	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Round Rock, TX 78681	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 72/164 Rpt: 75/240
2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 07/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeanette, Cates	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code Austin, TX 78750	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 07/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeanette, Cates	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Austin, TX 78750	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 07/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeanette, Cates	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Austin, TX 78750	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jenifer, Svehlak	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Round Rock, TX 78681	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jerry, Monson	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Round Rock, TX 78681-5502	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

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2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 08/07/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jesse, Oliver	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Dallas, TX 75224-4136	
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Jesse Oliver
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jesse, Soliz	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Cedar Park, TX 78613	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jesse, Soliz	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code Cedar Park, TX 78613	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jessica, Stempko (The Honorable)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Round Rock, TX 78681	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jessica, Weaver	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Cedar Park, TX 78613	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 74/164 Rpt: 77/240
2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 08/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jill, Fussell	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Georgetown, TX 78633	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 08/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jim, Stauber	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Liberty Hill, TX 78642	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joan, Reames	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Austin, TX 78750	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joanne, Richards	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Austin, TX 78750	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jodi, Duron	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Elgin, TX 78621	
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) MC

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 75/164 Rpt: 78/240
2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 08/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jody, Johnson 6 Contributor address; City; State; Zip Code Dallas, TX 75248	7 Amount of Contribution (\$) \$10.00
	8 Principal occupation / Job title (See Instructions) Attorney	9 Employer (See Instructions) Self-Employed
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jody, Krankel Contributor address; City; State; Zip Code Elgin, TX 78621	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions) Not Employed	Employer (See Instructions) N/A
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joe, Barron Contributor address; City; State; Zip Code Round Rock, TX 78665	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions) Not Employed	Employer (See Instructions) N/A
Date 12/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John, Bette Contributor address; City; State; Zip Code Round Rock, TX 77065	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions) Retired	Employer (See Instructions) N/A
Date 07/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John, Miller Contributor address; City; State; Zip Code Austin, TX 78729	Amount of Contribution (\$) \$10.00
	Principal occupation / Job title (See Instructions) CEO & President	Employer (See Instructions) T3 Sixty

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 76/164 Rpt: 79/240
2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 08/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John, Miller	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Austin, TX 78729	
8 Principal occupation / Job title (See Instructions) CEO & President		9 Employer (See Instructions) T3 Sixty
Date 07/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John, Mitchell	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Austin, TX 78756	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John-Paul, Michaud	Amount of Contribution (\$) \$1.67
	Contributor address; City; State; Zip Code Hays, KS 67601	
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Kansas State University
Date 08/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnathan, Elton	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Round Rock, TX 78681-3822	
Principal occupation / Job title (See Instructions) Product Manager		Employer (See Instructions) Cerby
Date 08/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jordan, Herman	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Salt Lake City, UT 84111	
Principal occupation / Job title (See Instructions) Conservation Biologist		Employer (See Instructions) HawkWatch International

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2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 08/21/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jordan, Kevin	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Leander, TX 78641	
8 Principal occupation / Job title (See Instructions) Photographer		9 Employer (See Instructions) Self-Employed
Date 12/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jordan, Kevin	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Leander, TX 78641	
Principal occupation / Job title (See Instructions) Photographer		Employer (See Instructions) Self-Employed
Date 08/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Josh, Kelly	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Austin, TX 78750	
Principal occupation / Job title (See Instructions) Director of Finance		Employer (See Instructions) SEIU Education and Support Fund
Date 12/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Josh, Kelly	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Austin, TX 78750	
Principal occupation / Job title (See Instructions) Director of Finance		Employer (See Instructions) SEIU
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Judith, Tyrrell	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Cedar Park, TX 78613	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

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2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 08/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Judy, LeUnes	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code College Station, TX 77845	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Julian, Jones	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Cedar Park, TX 78613	
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Round Rock ISD
Date 12/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kaelin, Kelly	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Austin, TX 78729	
Principal occupation / Job title (See Instructions) Compliance Communications Specialist		Employer (See Instructions) Nelnet
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kakiko, Klahorst	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Cedar Park, TX 78613	
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Self-Employed
Date 07/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Karen, Conyngham	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Austin, TX 78746-4115	
Principal occupation / Job title (See Instructions) Researcher		Employer (See Instructions) Self-Employed

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2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 08/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Karen, Conyngham	7 Amount of Contribution (\$) \$15.00
	6 Contributor address; City; State; Zip Code Austin, TX 78746-4115	
8 Principal occupation / Job title (See Instructions) Researcher		9 Employer (See Instructions) Self-Employed
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Karen, Conyngham	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Austin, TX 78746-4115	
Principal occupation / Job title (See Instructions) Researcher		Employer (See Instructions) Self-Employed
Date 08/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Karen, Elkner	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Austin, TX 78729	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 07/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Karen, Eikner	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Austin, TX 78729	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Karen, Gilbert	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Georgetown, TX 78633	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 80/164 Rpt: 83/240
2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 07/23/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Karen, Gilbert	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Georgetown, TX 78633	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Karen, Packard	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Cedar Park, TX 78613	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 12/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Karim, Umair	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Cypress, TX 77429	
Principal occupation / Job title (See Instructions) Finance Director		Employer (See Instructions) EchoPark
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Katherine, Bearden	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Austin, TX 78717	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Katherine, Enyart	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Austin, TX 78750	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

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2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 07/23/2025	5 Full name of contributor Katherine, Enyart	7 Amount of Contribution (\$) \$20.00
	6 Contributor address; City; State; Zip Code Austin, TX 78750	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 08/09/2025	Full name of contributor Kathleen, Townsley	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Cedar Park, TX 78613-1565	
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Self-Employed
Date 08/07/2025	Full name of contributor Katie, Delbecq	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Round Rock, TX 78681	
Principal occupation / Job title (See Instructions) Geoscientist		Employer (See Instructions) TCEQ
Date 08/05/2025	Full name of contributor Katy, Manck	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Gilmer, TX 75645-7181	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/09/2025	Full name of contributor Kay, Peebles	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Taylor, TX 76574	
Principal occupation / Job title (See Instructions) Supply Chain Manager		Employer (See Instructions) Entegris

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 82/164 Rpt: 85/240
2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 08/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keely, Bostick	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code Austin, TX 78717	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 08/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keeney, Rachel	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Austin, TX 78717	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 09/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keeney, Rachel	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Austin, TX 78717	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 10/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keeney, Rachel	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Austin, TX 78717	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 11/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keeney, Rachel	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Austin, TX 78717	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

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2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 11/30/2025	5 Full name of contributor Keeney, Rachel	7 Amount of Contribution (\$) \$20.00
	6 Contributor address; City; State; Zip Code Austin, TX 78717	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 12/22/2025	Full name of contributor Keeney, Rachel	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Austin, TX 78717	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 12/31/2025	Full name of contributor Keeney, Rachel	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code Austin, TX 78717	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/08/2025	Full name of contributor Kelly, Cline	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Austin, TX 78750	
Principal occupation / Job title (See Instructions) Library		Employer (See Instructions) City of Austin
Date 07/21/2025	Full name of contributor Kelly, Josh	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Austin, TX 78750	
Principal occupation / Job title (See Instructions) Director of Finance		Employer (See Instructions) SEIU Education and Support Fund

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 84/164 Rpt: 87/240
2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 08/04/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly, Josh 6 Contributor address; City; State; Zip Code Austin, TX 78750	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Director of Finance		9 Employer (See Instructions) SEIU Education and Support Fund
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly, Kaelin Contributor address; City; State; Zip Code Austin, TX 78729	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Compliance Communications Specialist		Employer (See Instructions) Nelnet
Date 08/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly, Moore Contributor address; City; State; Zip Code San Diego, CA 92103	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions) Scripps Health
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kevin, Jordan Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Photographer		Employer (See Instructions) Self-Employed
Date 07/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kevin, Jordan Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Photographer		Employer (See Instructions) Self-Employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 85/164 Rpt: 88/240
2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 08/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kevin, Mahoney	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code Cypress, TX 77433	
8 Principal occupation / Job title (See Instructions) CNC machinist		9 Employer (See Instructions) Thrustmaster of Texas
Date 09/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) King, Henry	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Round Rock, TX 78664	
Principal occupation / Job title (See Instructions) Technician		Employer (See Instructions) Hulk Automotive
Date 10/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) King, Henry	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Round Rock, TX 78664	
Principal occupation / Job title (See Instructions) Technician		Employer (See Instructions) Hulk Automotive
Date 11/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) King, Henry	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Round rock, TX 78664	
Principal occupation / Job title (See Instructions) Technician		Employer (See Instructions) Hulk Automotive
Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) King, Henry	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Round Rock, TX 78664	
Principal occupation / Job title (See Instructions) Technician		Employer (See Instructions) Hulk automotive

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2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 12/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kinnison, Sara	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Austin, TX 78729	
8 Principal occupation / Job title (See Instructions) Contractor		9 Employer (See Instructions) Kinnison Company
Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Koym, Kevin	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Austin, TX 78757	
Principal occupation / Job title (See Instructions) Entrepreneur		Employer (See Instructions) Tech Ranch
Date 08/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kristen, Mt Joy	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Cedar Park, TX 78613	
Principal occupation / Job title (See Instructions) Cultural Resource Manager		Employer (See Instructions) Army National Guard
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kyle, Coker	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Round Rock, TX 78681	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 09/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LaMance, Nancy	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Round Rock, TX 78681	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self-Employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 87/164 Rpt: 90/240
2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 10/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LaMance, Nancy 6 Contributor address; City; State; Zip Code Round Rock, TX 78681	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Self-Employed
Date 11/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LaMance, Nancy Contributor address; City; State; Zip Code Round Rock, TX 78681	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self-Employed
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LaMance, Nancy Contributor address; City; State; Zip Code Round Rock, TX 78681	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self-Employed
Date 08/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LaMance Garrett, Ben & Nancy Contributor address; City; State; Zip Code Round Rock, TX 78681	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self-Employed
Date 11/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lamb, Susan Contributor address; City; State; Zip Code Austin, TX 78750	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

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2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 12/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Landuyt, Noel	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Austin, TX 78703	
8 Principal occupation / Job title (See Instructions) Administrator		9 Employer (See Instructions) UT Austin
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Larry, Swift	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Round Rock, TX 78664-2358	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laurel, Kalina	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Austin, TX 78729	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lauren, Bussiere	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Austin, TX 78729	
Principal occupation / Job title (See Instructions) Archaeologist		Employer (See Instructions) University of Texas
Date 08/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laurie, Beau	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Austin, TX 78729	
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self-Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 89/164 Rpt: 92/240
2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 08/06/2025	5 Full name of contributor Lavern, Lutes	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code Austin, TX 78729	
8 Principal occupation / Job title (See Instructions) Electrical Engineer		9 Employer (See Instructions) Psemi Corporation
Date 08/08/2025	Full name of contributor Lavern, Lutes	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Austin, TX 78729	
Principal occupation / Job title (See Instructions) Electrical Engineer		Employer (See Instructions) Psemi Corporation
Date 08/08/2025	Full name of contributor Lavern, Lutes	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Austin, TX 78729	
Principal occupation / Job title (See Instructions) Electrical Engineer		Employer (See Instructions) Psemi Corporation
Date 08/09/2025	Full name of contributor Lavern, Lutes	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Austin, TX 78729	
Principal occupation / Job title (See Instructions) Electrical Engineer		Employer (See Instructions) Psemi Corporation
Date 07/30/2025	Full name of contributor Lavern, Lutes	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Austin, TX 78729	
Principal occupation / Job title (See Instructions) Electrical Engineer		Employer (See Instructions) Psemi Corporation

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 90/164 Rpt: 93/240
2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 08/09/2025	5 Full name of contributor Lawrence, Davis	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Austin, TX 78717-4484	
8 Principal occupation / Job title (See Instructions) Engineer		9 Employer (See Instructions) Apple
Date 08/15/2025	Full name of contributor LeUnes, Judy	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code College Station, TX 77845	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/13/2025	Full name of contributor Leah, Haygood	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code Silver Spring, MD 20902	
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) BuzzWord Inc
Date 08/08/2025	Full name of contributor Leesa, Levesque	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Austin, TX 78729	
Principal occupation / Job title (See Instructions) Software		Employer (See Instructions) N/A
Date 07/22/2025	Full name of contributor Leesa, Levesque	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Austin, TX 78729	
Principal occupation / Job title (See Instructions) Software		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 91/164 Rpt: 94/240
2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 10/07/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Legacy 44 6 Contributor address; City; State; Zip Code Austin, TX 78756	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) Manager		9 Employer (See Instructions) Trader Joe's
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leonard, Medina Contributor address; City; State; Zip Code Cedar Park, TX 78613	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions) Austin Public Health
Date 08/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leslie, Mansolo Contributor address; City; State; Zip Code Austin, TX 78729	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lester, Brigid Contributor address; City; State; Zip Code Cedar Park, TX 78613	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 92/164 Rpt: 95/240
2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 10/28/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lester, Brigid	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Cedar Park, TX 78613	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 11/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lester, Brigid	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Cedar Park, TX 78613	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 12/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lester, Brigid	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Cedar Park, TX 78613	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linda, Callaway	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code Cedar Park, TX 78613	
Principal occupation / Job title (See Instructions) General Manager		Employer (See Instructions) Christopher Cross Records
Date 08/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linda, Elmas	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code Austin, TX 78759	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 93/164 Rpt: 96/240
2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 08/09/2025	5 Full name of contributor Linda, Foster 6 Contributor address; City; State; Zip Code Austin, TX 78729	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 08/08/2025	Full name of contributor Linda, Herring Contributor address; City; State; Zip Code Austin, TX 78750	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 07/30/2025	Full name of contributor Linda, Herring Contributor address; City; State; Zip Code Austin, TX 78750	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 08/08/2025	Full name of contributor Linda, Lee Contributor address; City; State; Zip Code Torrance, CA 90502	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/08/2025	Full name of contributor Lindsey, Reeves Contributor address; City; State; Zip Code Round Rock, TX 78681	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions) Ascension Seton

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 94/164 Rpt: 97/240
2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 12/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lippman, Victoria	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code Spring, TX 77382	
8 Principal occupation / Job title (See Instructions) Flight Attendant		9 Employer (See Instructions) FSI
Date 08/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lori, Werstein	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code Laguna Beach, CA 92651	
Principal occupation / Job title (See Instructions) Adjunct Faculty		Employer (See Instructions) Laguna College of Art and Design
Date 08/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lori, Whitlock	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Leander, TX 78641	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lorianne, Lancaster	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Austin, TX 78750	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Louden, Bill	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Leander, TX 78641	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 95/164 Rpt: 98/240
2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 08/09/2025	5 Full name of contributor Louisa, Hoberman 6 Contributor address; City; State; Zip Code Austin, TX 78731	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 07/21/2025	Full name of contributor Luis, Chavez Contributor address; City; State; Zip Code Cedar Park, TX 78613-4853	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 12/17/2025	Full name of contributor Lutes, Lavern Contributor address; City; State; Zip Code Austin, TX 78729	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Electrical Engineer		Employer (See Instructions) Psemi Corporation
Date 08/07/2025	Full name of contributor Lyle, Nishimi Contributor address; City; State; Zip Code Moraga, CA 94556	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) State of California
Date 12/09/2025	Full name of contributor Maas, Ellen Contributor address; City; State; Zip Code Austin, TX 78717	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 96/164 Rpt: 99/240
2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 08/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Manning, Dr. Sam	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Round Rock, TX 78664	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 10/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Manning, Sam (Dr.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Round Rock, TX 78664	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Manuela, Tejchma	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Austin, TX 78729	
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) National Instruments
Date 07/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marcella, Phillips	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Austin, TX 78750	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 12/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Margolis, Eve	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Austin, TX 78729	
Principal occupation / Job title (See Instructions) Coordinator		Employer (See Instructions) City of Austin

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 97/164 Rpt: 100/240
2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 08/04/2025	5 Full name of contributor Maria, Martin 6 Contributor address; City; State; Zip Code Cedar Park, TX 78613	7 Amount of Contribution (\$) \$1,000.00
	8 Principal occupation / Job title (See Instructions) Not Employed	9 Employer (See Instructions) N/A
Date 08/09/2025	Full name of contributor Maria, Talamo Contributor address; City; State; Zip Code Holland, TX 76534	Amount of Contribution (\$) \$100.00
	Principal occupation / Job title (See Instructions) Healthcare Administrator	Employer (See Instructions) Maria Talamo Consulting
Date 08/07/2025	Full name of contributor Marian, Van Ekelenburg Contributor address; City; State; Zip Code Lansdale, PA 19446	Amount of Contribution (\$) \$1.00
	Principal occupation / Job title (See Instructions) Not Employed	Employer (See Instructions) N/A
Date 08/04/2025	Full name of contributor Marianne, Chmeleck Contributor address; City; State; Zip Code Georgetown, TX 78633	Amount of Contribution (\$) \$50.00
	Principal occupation / Job title (See Instructions) Not Employed	Employer (See Instructions) N/A
Date 07/17/2025	Full name of contributor Marianne, Chmeleck Contributor address; City; State; Zip Code Georgetown, TX 78633	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions) Not Employed	Employer (See Instructions) N/A

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 98/164 Rpt: 101/240
2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 07/24/2025	5 Full name of contributor Marie, Smith 6 Contributor address; City; State; Zip Code Georgetown, TX 78628	7 Amount of Contribution (\$) \$100.00
	8 Principal occupation / Job title (See Instructions) Not Employed	9 Employer (See Instructions) N/A
Date 08/08/2025	Full name of contributor Marie, Smith Contributor address; City; State; Zip Code Georgetown, TX 78628	Amount of Contribution (\$) \$50.00
	Principal occupation / Job title (See Instructions) Not Employed	Employer (See Instructions) N/A
Date 08/09/2025	Full name of contributor Marienella, Davis Contributor address; City; State; Zip Code Round Rock, TX 78665	Amount of Contribution (\$) \$10.00
	Principal occupation / Job title (See Instructions) Digital Content Associate	Employer (See Instructions) Pushblack
Date 08/06/2025	Full name of contributor Marina, Ploscaru Contributor address; City; State; Zip Code Hagerstown, MD 21742-3216	Amount of Contribution (\$) \$1.00
	Principal occupation / Job title (See Instructions) Not Employed	Employer (See Instructions) N/A
Date 08/03/2025	Full name of contributor Mark, Anderson Contributor address; City; State; Zip Code Colorado Springs, CO 80919	Amount of Contribution (\$) \$100.00
	Principal occupation / Job title (See Instructions) Software Tester	Employer (See Instructions) Indio Technologies / Applied Systems

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 99/164 Rpt: 102/240
2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 08/07/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mark, Foxvog	7 Amount of Contribution (\$) \$25.33
	6 Contributor address; City; State; Zip Code Round Lake, IL 60073-0753	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 07/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mark, Stoddard	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Austin, TX 78723	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mark, Stoddard	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Austin, TX 78723	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marsh, William	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Georgetown, TX 78628	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marsh, William	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Georgetown, TX 78628	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 100/164 Rpt: 103/240
2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 12/17/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marsh, William	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Georgetown, TX 78628	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marsha, Francis	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Georgetown, TX 78628	
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Zenoss
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martha, Lawler	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code La Pine, OR 97739	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 12/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Maria	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Cedar Park, TX 78613	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Maria	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Cedar Park, TX 78613	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 101/164 Rpt: 104/240
2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 08/08/2025	5 Full name of contributor Mary, Baker	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Austin, TX 78726	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 08/13/2025	Full name of contributor Mary, Chipps	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code Ava, MO 65608	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/08/2025	Full name of contributor Mary, Dorney	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Round Rock, TX 78665	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/04/2025	Full name of contributor Mary, Dulaney	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Cedar Park, TX 78613	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 07/30/2025	Full name of contributor Mary, Dulaney	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Cedar Park, TX 78613	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 102/164 Rpt: 105/240
2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 08/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mary, Dye	7 Amount of Contribution (\$) \$27.00
	6 Contributor address; City; State; Zip Code Cedar Park, TX 78630	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mary, Dye	Amount of Contribution (\$) \$11.00
	Contributor address; City; State; Zip Code Cedar Park, TX 78630	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mary, Dye	Amount of Contribution (\$) \$27.00
	Contributor address; City; State; Zip Code Cedar Park, TX 78630	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mary, Kerr	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code Minneapolis, MN 55404	
Principal occupation / Job title (See Instructions) House Cleaning		Employer (See Instructions) Two Bettys Green Cleaning
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mary, Shepherd	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Austin, TX 78717	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 103/164 Rpt: 106/240
2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 08/13/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mary, Storm	7 Amount of Contribution (\$) \$1.00
	6 Contributor address; City; State; Zip Code Corvallis, OR 97330	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mary, Zimmerman	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Austin, TX 78750	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Matthew, Foerster	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Austin, TX 78729	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Arnold Placek & Foerster PC
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mattie, Mosley	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Austin, TX 78729	
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Round Rock ISD
Date 07/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maureen, Kelly	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Austin, TX 78750	
Principal occupation / Job title (See Instructions) Editor		Employer (See Instructions) State Auditor's Office

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2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 08/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maureen, Meehan	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code San Diego, CA 92107	
8 Principal occupation / Job title (See Instructions) Occupational Therapist		9 Employer (See Instructions) Therapy Specialists
Date 08/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maureen, Saval	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Leander, TX 78641	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maxine, Kovner	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Leander, TX 78641-2073	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDermitt, Linda	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Austin, TX 78717	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 11/13/2025	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00225342) McGuireWoods Federal PAC	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Richmond, VA 23219	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 105/164 Rpt: 108/240
2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 08/13/2025	5 Full name of contributor Melanie, Isis	7 Amount of Contribution (\$) \$2.05
	6 Contributor address; City; State; Zip Code Silver Spring, MD 20910	
8 Principal occupation / Job title (See Instructions) Gardener		9 Employer (See Instructions) Self-Employed
Date 08/05/2025	Full name of contributor Melinda, Avey	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Round Rock, TX 78664	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/07/2025	Full name of contributor Melissa, Craig	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Gardner, KS 66030-1824	
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) George King Bio-Medical Inc.
Date 12/08/2025	Full name of contributor Melz, Heidi	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Round Rock, TX 78681	
Principal occupation / Job title (See Instructions) Research Specialist		Employer (See Instructions) TX Dept of Family and Protective Services
Date 08/05/2025	Full name of contributor Michael, Castellon	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Austin, TX 78729	
Principal occupation / Job title (See Instructions) Marketing		Employer (See Instructions) Conduent Inc

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 106/164 Rpt: 109/240
2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 08/07/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael, Nannola	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Cedar Park, TX 78613	
8 Principal occupation / Job title (See Instructions) Developer		9 Employer (See Instructions) Legalzoom
Date 07/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael, Shear	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Cedar Park, TX 78641	
Principal occupation / Job title (See Instructions) IT Services		Employer (See Instructions) Strategic Office Networks LLC
Date 07/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michelle, Butcher	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code Round Rock, TX 78681	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michelle, Smith	Amount of Contribution (\$) \$6.57
	Contributor address; City; State; Zip Code Leesburg, VA 20175	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michelle, Straley	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Round Rock, TX 78681	
Principal occupation / Job title (See Instructions) Financial Analyst		Employer (See Instructions) State of Texas

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 107/164 Rpt: 110/240
2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 09/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, John	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Austin, TX 78729	
8 Principal occupation / Job title (See Instructions) CEO & President		9 Employer (See Instructions) T3 Sixty
Date 10/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, John	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Austin, TX 78729	
Principal occupation / Job title (See Instructions) CEO and President		Employer (See Instructions) T3 Sixty
Date 11/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, John	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Austin, TX 78729	
Principal occupation / Job title (See Instructions) CEO and President		Employer (See Instructions) T3 Sixty
Date 12/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, John	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Austin, TX 78729	
Principal occupation / Job title (See Instructions) CEO and President		Employer (See Instructions) T3 Sixty
Date 08/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mira, Boyda	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Cedar Park, TX 78613	
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions) Pohl Jensen

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2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 08/04/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Missy, Stevens	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Austin, TX 78717	
8 Principal occupation / Job title (See Instructions) Writer		9 Employer (See Instructions) Self-Employed
Date 12/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mitchell, John	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Austin, TX 78756	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Molly, Chauhan	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Round Rock, TX 78681	
Principal occupation / Job title (See Instructions) Veterinarian		Employer (See Instructions) Emancipet
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Molly, Lutes	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Austin, TX 78729	
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions) Student
Date 07/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Molly, Lutes	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Austin, TX 78729	
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions) Student

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 109/164 Rpt: 112/240
2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 08/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moody, Sarah	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Cedar Park, TX 78613	
8 Principal occupation / Job title (See Instructions) Finance		9 Employer (See Instructions) Government
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Dorcas	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Round Rock, TX 78681	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morgan, Paul	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Houston, TX 77064-4273	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 09/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morgan, Paul	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Houston, TX 77064-4273	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 10/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morgan, Paul	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Houston, TX 77064-4273	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 110/164 Rpt: 113/240
2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 11/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morgan, Paul	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Houston, TX 77064-4273	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morgan, Paul	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Houston, TX 77064-4273	\$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 07/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morgan, Paul	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Houston, TX 77064	\$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mosley, Regina	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Round Rock, TX 78681	\$25.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Infinite Recovery
Date 08/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murphy, Ruth	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Leander, TX 78641	\$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

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2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 08/23/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Muse, Walter	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Austin, TX 78727	
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) State of Texas
Date 09/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Muse, Walter	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Austin, TX 78727	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) State of Texas
Date 10/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Muse, Walter	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Austin, TX 78727	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) State of Texas
Date 11/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Muse, Walter	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Austin, TX 78727	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) State of Texas
Date 12/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Muse, Walter	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Austin, TX 78727	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) State of Texas

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 112/164 Rpt: 115/240
2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 08/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nancy, Patton	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Florence, TX 76527	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Naomi, Siegel	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code Pittsburgh, PA 15238	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Natalie, Stockard	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code St. Petersburg, FL 33701	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nathaniel, Capehart	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Round Rock, TX 78664	
Principal occupation / Job title (See Instructions) QA		Employer (See Instructions) Ki
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neemidge, John	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Round Rock, TX 78681	
Principal occupation / Job title (See Instructions) Senior Software Engineer		Employer (See Instructions) OVHCloud US

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 113/164 Rpt: 116/240
2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 12/31/2025	5 Full name of contributor Nguyen, AnneMarie	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Austin, TX 78717	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 12/08/2025	Full name of contributor Nieft, Peter	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Austin, TX 78717	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 07/23/2025	Full name of contributor Norma Diane, DuTeil	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Round Rock, TX 78665	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/21/2025	Full name of contributor Norris, Robert	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Austin, TX 78756	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 12/17/2025	Full name of contributor Nunn, Karalei	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Georgetown, TX 78626	
Principal occupation / Job title (See Instructions) School Leader		Employer (See Instructions) Meridian World School

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 114/164 Rpt: 117/240
2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 12/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nunn, Karalei	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Georgetown, TX 78626	
8 Principal occupation / Job title (See Instructions) School Leader		9 Employer (See Instructions) Meridian World School
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Owen, Woodard	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Georgetown, TX 78628	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pamela, Rickel	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Hutto, TX 78634	
Principal occupation / Job title (See Instructions) REALTOR		Employer (See Instructions) 98th Meridian Real Estate Sales
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parker & Paola, Duncan Diaz	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code Santa Rosa, CA 95404	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Santa Rosa Community Health Centers
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pat, Canfield	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code Cedar Rapids, IA 52404	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 115/164 Rpt: 118/240
2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 08/05/2025	5 Full name of contributor Patrick, Yerby	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code McDonough, GA 30252	
8 Principal occupation / Job title (See Instructions) Engineer		9 Employer (See Instructions) Self-Employed
Date 08/13/2025	Full name of contributor Patricia, Arfsten	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code Costa Mesa, CA 92626	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 08/14/2025	Full name of contributor Patricia, Barndt	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code Harleysville, PA 19438	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/07/2025	Full name of contributor Patricia, Cruser	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Austin, TX 78729	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/08/2025	Full name of contributor Patricia, Duron	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code Cedar Park, TX 78613-7390	
Principal occupation / Job title (See Instructions) Pet Sitter & Glass Artist		Employer (See Instructions) Self-Employed

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2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 07/30/2025	5 Full name of contributor Patricia, Erskine	7 Amount of Contribution (\$) \$5.00
	6 Contributor address; City; State; Zip Code Round Rock, TX 78665	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 08/07/2025	Full name of contributor Patricia, Langlet	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Austin, TX 78717	
Principal occupation / Job title (See Instructions) Office & Events Specialist		Employer (See Instructions) Kasasa
Date 08/07/2025	Full name of contributor Patti, Mealy	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code Trenton, NJ 08628	
Principal occupation / Job title (See Instructions) Administrative Assistant		Employer (See Instructions) Capital Health
Date 07/30/2025	Full name of contributor Paul, Morgan	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Houston, TX 77064-4273	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/08/2025	Full name of contributor Paul, Wilson	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code San Antonio, TX 78249	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 117/164 Rpt: 120/240
2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 08/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pedro, Villarreal	7 Amount of Contribution (\$) \$1.00
	6 Contributor address; City; State; Zip Code Ingram, TX 78025	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pelosi, Jan	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Austin, TX 78717	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peterson, Julia	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Austin, TX 78717	
Principal occupation / Job title (See Instructions) Managing Director		Employer (See Instructions) Clearly Consulting
Date 09/23/2025	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00016683) Pfizer PAC	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code New York, NY 10001	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Philip, Denton	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Plano, TX 75026	
Principal occupation / Job title (See Instructions) Education		Employer (See Instructions) Lead4ward

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2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 08/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phyllis, Hanvey	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Georgetown, TX 78633	
8 Principal occupation / Job title (See Instructions) Registered Nurse		9 Employer (See Instructions) Seton Healthcare
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pilar, Rincon	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Cedar Park, TX 78613-7479	
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Self-Employed
Date 08/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Piner, Elizabeth	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Austin, TX 78729	
Principal occupation / Job title (See Instructions) Planning Assistant		Employer (See Instructions) NJ Pinelands Commission
Date 08/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Piner, Elizabeth	Amount of Contribution (\$) \$41.00
	Contributor address; City; State; Zip Code Austin, TX 78729	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Piner, Elizabeth	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Austin, TX 78729	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 119/164 Rpt: 122/240
2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 08/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Piner, Elizabeth	7 Amount of Contribution (\$) \$12.50
	6 Contributor address; City; State; Zip Code Austin, TX 78729	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 09/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Piner, Elizabeth	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Austin, TX 78729	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 09/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Piner, Elizabeth	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Austin, TX 78729	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 09/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Piner, Elizabeth	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code Austin, TX 78729	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 09/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Piner, Elizabeth	Amount of Contribution (\$) \$41.00
	Contributor address; City; State; Zip Code Austin, TX 78729	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 120/164 Rpt: 123/240
2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 09/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Piner, Elizabeth	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Austin, TX 78729	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 09/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Piner, Elizabeth	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Austin, TX 78729	
Principal occupation / Job title (See Instructions) Planning Assistant		Employer (See Instructions) NJ Pinelands Commission
Date 10/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Piner, Elizabeth	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Austin, TX 78729	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 10/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Piner, Elizabeth	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Austin, TX 78729	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 10/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Piner, Elizabeth	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code Austin, TX 78729	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 121/164 Rpt: 124/240
2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 10/26/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Piner, Elizabeth	7 Amount of Contribution (\$) \$41.00
	6 Contributor address; City; State; Zip Code Austin, TX 78729	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 10/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Piner, Elizabeth	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Austin, TX 78729	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 10/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Piner, Elizabeth	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Austin, TX 78729	
Principal occupation / Job title (See Instructions) Planning Assistant		Employer (See Instructions) NJ Pinelands Commission
Date 11/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Piner, Elizabeth	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Austin, TX 78729	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 11/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Piner, Elizabeth	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Austin, TX 78729	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 122/164 Rpt: 125/240
2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 11/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Piner, Elizabeth	7 Amount of Contribution (\$) \$12.50
	6 Contributor address; City; State; Zip Code Austin, TX 78729	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Piner, Elizabeth	Amount of Contribution (\$) \$41.00
	Contributor address; City; State; Zip Code Austin, TX 78729	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 11/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Piner, Elizabeth	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Austin, TX 78729	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 11/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Piner, Elizabeth	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Austin, TX 78729	
Principal occupation / Job title (See Instructions) Planning Assistant		Employer (See Instructions) NJ Pinelands Commission
Date 11/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Piner, Elizabeth	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Austin, TX 78729	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 123/164 Rpt: 126/240
2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 12/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Piner, Elizabeth	7 Amount of Contribution (\$) \$30.00
	6 Contributor address; City; State; Zip Code Austin, TX 78729	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 12/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Piner, Elizabeth	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Austin, TX 78729	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 12/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Piner, Elizabeth	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code Austin, TX 78729	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 12/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Piner, Elizabeth	Amount of Contribution (\$) \$41.00
	Contributor address; City; State; Zip Code Austin, TX 78729	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 12/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Piner, Elizabeth	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Austin, TX 78729	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 124/164 Rpt: 127/240
2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 12/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Piner, Elizabeth	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code Austin, TX 78729	
8 Principal occupation / Job title (See Instructions) Planning Assistant		9 Employer (See Instructions) NJ Pinelands Commission
Date 07/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Piner, Elizabeth	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Austin, TX 78729	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Priest, Anne	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code Austin, TX 78729	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 07/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pudnos, Adam	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Austin, TX 78717	
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Tekscend Photomask Inc.
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RECA-Good Government PAC	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Austin, TX 78701	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 125/164 Rpt: 128/240
2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 07/25/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rachel, DiMasi	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Austin, TX 78727	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 07/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rachel, Keeney	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Austin, TX 78717	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rachel, Keeney	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Austin, TX 78717	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramon, Telles	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Austin, TX 78729	
Principal occupation / Job title (See Instructions) Instructional Designer		Employer (See Instructions) Accenture
Date 08/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramon, Telles Jr	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Austin, TX 78729	
Principal occupation / Job title (See Instructions) Instructional Designer		Employer (See Instructions) Accenture

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 126/164 Rpt: 129/240
2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 07/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramon, Telles Jr	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code Austin, TX 78729	
8 Principal occupation / Job title (See Instructions) Instructional Designer		9 Employer (See Instructions) Accenture
Date 08/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Randal, Stitts	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Georgetown, TX 78633	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ravi, Kalva	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Cedar Park, TX 78613	
Principal occupation / Job title (See Instructions) Supply Chain Specialist		Employer (See Instructions) AMD
Date 11/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reames, Joan	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Austin, TX 78750	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rebecca, Bingman	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Austin, TX 78750	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 127/164 Rpt: 130/240
2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 08/07/2025	5 Full name of contributor Rebecca, Zmarzly 6 Contributor address; City; State; Zip Code Austin, TX 78729	7 Amount of Contribution (\$) \$250.00
	8 Principal occupation / Job title (See Instructions) Senior Technical Editor	9 Employer (See Instructions) HP Inc
Date 12/17/2025	Full name of contributor Reed, Susan Contributor address; City; State; Zip Code Austin, TX 78750	Amount of Contribution (\$) \$50.00
	Principal occupation / Job title (See Instructions) Not Employed	Employer (See Instructions) N/A
Date 12/29/2025	Full name of contributor Reiss, Brenda Contributor address; City; State; Zip Code Cedar Park, TX 78613	Amount of Contribution (\$) \$10.00
	Principal occupation / Job title (See Instructions) Realtor	Employer (See Instructions) Coldwell Banker
Date 07/30/2025	Full name of contributor Richard, Foster Contributor address; City; State; Zip Code Round Rock, TX 78681-1820	Amount of Contribution (\$) \$10.00
	Principal occupation / Job title (See Instructions) Not Employed	Employer (See Instructions) N/A
Date 08/14/2025	Full name of contributor Richard, Gardner Sr Contributor address; City; State; Zip Code Chicago, IL 60620	Amount of Contribution (\$) \$1.00
	Principal occupation / Job title (See Instructions) Not Employed	Employer (See Instructions) N/A

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 128/164 Rpt: 131/240
2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 08/13/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richard, Rodine	7 Amount of Contribution (\$) \$1.00
	6 Contributor address; City; State; Zip Code Dallas, TX 75201	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 08/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richard, Rousseau	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Harker Heights, TX 76548	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Rousseau Legal Services
Date 09/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richardson, Carrie	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Round Rock, TX 78681-4055	
Principal occupation / Job title (See Instructions) President & Founder Consultancy		Employer (See Instructions) CWR Strategies
Date 10/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richardson, Carrie	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Round Rock, TX 78681-4055	
Principal occupation / Job title (See Instructions) President & Founder Consultancy		Employer (See Instructions) CWR Strategies
Date 11/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richardson, Carrie	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Round Rock, TX 78681-4055	
Principal occupation / Job title (See Instructions) President & Founder Consultancy		Employer (See Instructions) CWR Strategies

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SCHEDULE A1

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2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 12/13/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richardson, Carrie	7 Amount of Contribution (\$) \$5.00
	6 Contributor address; City; State; Zip Code Round Rock, TX 78681-4055	
8 Principal occupation / Job title (See Instructions) President & Founder Consultancy		9 Employer (See Instructions) Self-Employed
Date 11/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Riordan, William	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Round Rock, TX 78681	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert, Erman	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Bridgeport, CT 06604	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert, Mcandrew	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Austin, TX 78717	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert, Murphy	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Cedar Park, TX 78613	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 130/164 Rpt: 133/240
2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 08/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert, Thomas	7 Amount of Contribution (\$) \$5.23
	6 Contributor address; City; State; Zip Code Georgetown, TX 78628	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 07/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert H., Emmick, Jr	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Austin, TX 78704	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberts, Cathey	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Austin, TX 78729	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robin, Berry	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Austin, TX 78729	
Principal occupation / Job title (See Instructions) Editor/Publisher		Employer (See Instructions) TCEQ
Date 07/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robin, Berry	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Austin, TX 78729	
Principal occupation / Job title (See Instructions) Editor/Publisher		Employer (See Instructions) TCEQ

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SCHEDULE A1

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: Sch: 131/164 Rpt: 134/240
2 FILER NAME Bucy III, John H. (The Honorable)			3 Filer ID (Ethics Commission Filers) 00069589
4 Date 08/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roderick, Tanner	7 Amount of Contribution (\$) \$50.00	
	6 Contributor address; City; State; Zip Code Helotes, TX 78023		
8 Principal occupation / Job title (See Instructions) Owner		9 Employer (See Instructions) Self-Employed	
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rose, Paramo	Amount of Contribution (\$) \$8.00	
	Contributor address; City; State; Zip Code Round Rock, TX 78664		
Principal occupation / Job title (See Instructions) Admin. Coordinator		Employer (See Instructions) Retina Consultants of Austin	
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rosemarie, Novak	Amount of Contribution (\$) \$1.00	
	Contributor address; City; State; Zip Code Hillsborough Township, NJ 08844		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A	
Date 08/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ruiz, Yvette	Amount of Contribution (\$) \$5.00	
	Contributor address; City; State; Zip Code Round Rock, TX 78665		
Principal occupation / Job title (See Instructions) Admin Assistant		Employer (See Instructions) Austin Community College	
Date 09/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ruiz, Yvette	Amount of Contribution (\$) \$5.00	
	Contributor address; City; State; Zip Code Round Rock, TX 78665		
Principal occupation / Job title (See Instructions) Admin Assistant		Employer (See Instructions) Austin Community College	

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 132/164 Rpt: 135/240
2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 10/25/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ruiz, Yvette	7 Amount of Contribution (\$) \$5.00
	6 Contributor address; City; State; Zip Code Round Rock, TX 78665	
8 Principal occupation / Job title (See Instructions) Admin Assistant		9 Employer (See Instructions) Austin Community College
Date 11/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ruiz, Yvette	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Round Rock, TX 78665	
Principal occupation / Job title (See Instructions) Admin Assistant		Employer (See Instructions) Austin Community College
Date 12/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ruiz, Yvette	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Round Rock, TX 78665	
Principal occupation / Job title (See Instructions) Admin Assistant		Employer (See Instructions) Austin Community College
Date 12/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rundell, Judy	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Austin, TX 78729	
Principal occupation / Job title (See Instructions) IT		Employer (See Instructions) State of Texas
Date 11/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rural Friends of Electric Cooperatives	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Austin, TX 78701	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 133/164 Rpt: 136/240
2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 09/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rushin, Camron 6 Contributor address; City; State; Zip Code Austin, TX 78729	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Software Engineer		9 Employer (See Instructions) Ixia
Date 10/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rushin, Camron Contributor address; City; State; Zip Code Austin, TX 78729	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions) Ixia
Date 11/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rushin, Camron Contributor address; City; State; Zip Code Austin, TX 78729	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions) Ixia
Date 12/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rushin, Camron Contributor address; City; State; Zip Code Austin, TX 78729	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions) Ixia
Date 07/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rushin, Camron Contributor address; City; State; Zip Code Austin, TX 78729	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions) Ixia

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 134/164 Rpt: 137/240
2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 12/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Russell, Craig	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Austin, TX 78750	
8 Principal occupation / Job title (See Instructions) Counselor		9 Employer (See Instructions) Self-Employed
Date 12/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanchez, Doris	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Austin, TX 78729	
Principal occupation / Job title (See Instructions) Communications Specialist		Employer (See Instructions) Williamson County
Date 08/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sandra, Adair	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Austin, TX 78759	
Principal occupation / Job title (See Instructions) Film Editor		Employer (See Instructions) Free lance
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sandra, Lindelof	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Austin, TX 78717	
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Macmillan Learning
Date 07/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sara, Gandaria-Escamilla	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Round Rock, TX 78664	
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Round Rock ISD

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 135/164 Rpt: 138/240
2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 08/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sara, Gandaria-Escamilla 6 Contributor address; City; State; Zip Code Round Rock, TX 78664	7 Amount of Contribution (\$) \$25.00
	8 Principal occupation / Job title (See Instructions) Teacher	9 Employer (See Instructions) Round Rock ISD
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sarah, Gardner Contributor address; City; State; Zip Code Austin, TX 78717	Amount of Contribution (\$) \$50.00
	Principal occupation / Job title (See Instructions) Community Engagement	Employer (See Instructions) Meridian School
Date 07/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sarah, Gardner Contributor address; City; State; Zip Code Austin, TX 78717	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions) Community Engagement	Employer (See Instructions) Meridian School
Date 08/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scheibe, Brooke Contributor address; City; State; Zip Code Round Rock, TX 78681	Amount of Contribution (\$) \$50.00
	Principal occupation / Job title (See Instructions) Not Employed	Employer (See Instructions) N/A
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shanley, Miller Contributor address; City; State; Zip Code San Diego, CA 92116	Amount of Contribution (\$) \$1.00
	Principal occupation / Job title (See Instructions) Management	Employer (See Instructions) University of California - San Diego

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 136/164 Rpt: 139/240
2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 07/21/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shannon, Wills	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Cedar Park, TX 78613	
8 Principal occupation / Job title (See Instructions) Quality & Compliance Consultant		9 Employer (See Instructions) Self-Employed
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shannon, Wills	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Cedar Park, TX 78613	
Principal occupation / Job title (See Instructions) Quality & Compliance consultant		Employer (See Instructions) Self-Employed
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sharon, Cummings	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Round Rock, TX 78681	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sharon, Wilensky	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code San Francisco, CA 94122	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 12/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shea, Brigid (The Honorable)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Austin, TX 78757	
Principal occupation / Job title (See Instructions) County Commissioner		Employer (See Instructions) Travis County

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 137/164 Rpt: 140/240
2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 08/23/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shear, Michael	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Cedar Park, TX 78641	
8 Principal occupation / Job title (See Instructions) IT Services		9 Employer (See Instructions) Strategic Office Networks LLC
Date 09/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shear, Michael	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Cedar Park, TX 78641	
Principal occupation / Job title (See Instructions) IT Services		Employer (See Instructions) Strategic Office Networks LLC
Date 10/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shear, Michael	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Cedar Park, TX 78641	
Principal occupation / Job title (See Instructions) IT Services		Employer (See Instructions) Strategic Office Networks LLC
Date 11/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shear, Michael	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Cedar Park, TX 78641	
Principal occupation / Job title (See Instructions) IT Services		Employer (See Instructions) Strategic Office Networks LLC
Date 12/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shear, Michael	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Cedar Park, TX 78641	
Principal occupation / Job title (See Instructions) IT Services		Employer (See Instructions) Strategic Office Networks LLC

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 138/164 Rpt: 141/240
2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 12/23/2025	5 Full name of contributor Shear, Michael	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Cedar Park, TX 78641	
8 Principal occupation / Job title (See Instructions) IT Services		9 Employer (See Instructions) Strategic Office Networks LLC
Date 12/29/2025	Full name of contributor Shear, Michael	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Cedar Park, TX 78641	
Principal occupation / Job title (See Instructions) IT Services		Employer (See Instructions) Strategic Office Networks LLC
Date 12/30/2025	Full name of contributor Shear, Michael	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Cedar Park, TX 78641	
Principal occupation / Job title (See Instructions) IT Services		Employer (See Instructions) Strategic Office Networks LLC
Date 08/05/2025	Full name of contributor Sheila, Andrews	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Cedar Park, TX 78613	
Principal occupation / Job title (See Instructions) Office Manager		Employer (See Instructions) TIADA
Date 08/06/2025	Full name of contributor Sheila, Simpson	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Dallas, TX 75214	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 139/164 Rpt: 142/240
2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 08/07/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shelby, Pickett	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Austin, TX 78728	
8 Principal occupation / Job title (See Instructions) Creative Director		9 Employer (See Instructions) Dell Technologies
Date 11/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shelton, Kristin	Amount of Contribution (\$) \$22.00
	Contributor address; City; State; Zip Code Austin, TX 78717	
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Round Rock ISD
Date 12/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shelton, Kristin	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Austin, TX 78717	
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Round Rock ISD
Date 08/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sheri, Hoffman	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Austin, TX 78729	
Principal occupation / Job title (See Instructions) Diagnostician		Employer (See Instructions) Invohealthcare
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sheron, Wechsler	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Leander, TX 78641	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

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2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 08/23/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sheriff, Valarie	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Austin, TX 78717	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 09/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sheriff, Valarie	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Austin, TX 78717	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 10/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sheriff, Valarie	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Austin, TX 78717	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 11/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sheriff, Valarie	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Austin, TX 78717	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 12/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sheriff, Valarie	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Austin, TX 78717	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

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2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 08/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shira, Hargrave	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Austin, TX 78729	
8 Principal occupation / Job title (See Instructions) Photographer		9 Employer (See Instructions) George Street Photo
Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sidney, David	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Cedar Park, TX 78613	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Elizabeth	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Cedar Park, TX 78613-4870	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 12/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Soliz, Jesse	Amount of Contribution (\$) \$26.00
	Contributor address; City; State; Zip Code Cedar Park, TX 78613	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 10/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Southwest Airlines Co. PAC	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Dallas, TX 75235	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 12/17/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spackman, Donna 6 Contributor address; City; State; Zip Code Cedar Park, TX 78613	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stacey, Schweiger Contributor address; City; State; Zip Code Round Rock, TX 78681	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stefanie, Cavanaugh Contributor address; City; State; Zip Code Austin, TX 78729	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) CFO		Employer (See Instructions) Giving Home Health Care
Date 12/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stempko, Jessica (The Honorable) Contributor address; City; State; Zip Code Round Rock, TX 78681	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephanie, Jagen Contributor address; City; State; Zip Code Cedar Park, TX 78613	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) SV Real Estate LLC

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 143/164 Rpt: 146/240
2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 07/21/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steve, Howard	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Cedar Park, TX 78613	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 08/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steve, Howard	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Cedar Park, TX 78613	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steven & Amy, Sokol	Amount of Contribution (\$) \$300.00
	Contributor address; City; State; Zip Code Cedar Park, TX 78613	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stoddard, Mark	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Austin, TX 78723	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 10/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stoddard, Mark	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Austin, TX 78723	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 144/164 Rpt: 147/240
2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 11/14/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stoddard, Mark	7 Amount of Contribution (\$) \$5.00
	6 Contributor address; City; State; Zip Code Austin, TX 78723	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 12/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stoddard, Mark	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Austin, TX 78723	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 07/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stuart, Litwin	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Round Rock, TX 78681	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stuart, Whitlow	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Austin, TX 78755	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self-Employed
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stuart, Whitlow	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Austin, TX 78755	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self-Employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 145/164 Rpt: 148/240
2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 07/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stuart, Whitlow	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Austin, TX 78755	
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Self-Employed
Date 08/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Susan, Hembree	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Cedar Park, TX 78613	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Susan, Hembree	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Cedar Park, TX 78613	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Susan, Johnson	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Georgetown, TX 78633	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Susan, Johnson	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Austin, TX 78717	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 146/164 Rpt: 149/240
2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 08/07/2025	5 Full name of contributor Susan, Reed	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Austin, TX 78750	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 07/21/2025	Full name of contributor Susan, Reed	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Austin, TX 78750	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/06/2025	Full name of contributor Susan, Rothstein	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code Brookline, MA 02445-7508	
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Hammond Real Estate
Date 08/05/2025	Full name of contributor Susan, Wukasch	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Georgetown, TX 78628	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/05/2025	Full name of contributor Susan & Charlie, Gunn	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Round Rock, TX 78664	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 147/164 Rpt: 150/240
2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 08/13/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Susanne, Wong	7 Amount of Contribution (\$) \$1.64
	6 Contributor address; City; State; Zip Code Lafayette, CA 94549	
8 Principal occupation / Job title (See Instructions) Manager		9 Employer (See Instructions) Oil Change International
Date 08/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Suzanne & Wade, Roquemore	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Georgetown, TX 78628	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 09/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Svehlak, Jenifer	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Round Rock, TX 78681	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 10/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Svehlak, Jenifer	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Round Rock, TX 78681	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 11/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Svehlak, Jenifer	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Round Rock, TX 78681	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 148/164 Rpt: 151/240
2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 12/07/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Svehlak, Jenifer	7 Amount of Contribution (\$) \$5.00
	6 Contributor address; City; State; Zip Code Round Rock, TX 78681	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sylvia, Saadati	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code Oak Island, NC 28465	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TN, Rains	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Houston, TX 77021	
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions) Cedar Park Vision
Date 10/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TREPAC - Texas Association of Realtors PAC	Amount of Contribution (\$) \$2,500.00
	Contributor address; City; State; Zip Code Austin, TX 78768	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TXCRNA PAC	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Austin, TX 78767	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 08/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tamra, Seal	7 Amount of Contribution (\$) \$5.00
	6 Contributor address; City; State; Zip Code Oakland, CA 94619	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tara, Ambrose	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Round Rock, TX 78681	
Principal occupation / Job title (See Instructions) Executive Assistant		Employer (See Instructions) City of Round Rock
Date 11/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tejchma, Manuela	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Austin, TX 78729	
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) National Instruments
Date 08/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tenaglia, Anthony	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Round Rock, TX 78664	
Principal occupation / Job title (See Instructions) Senior Technical Advisor		Employer (See Instructions) Apple Inc
Date 09/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tenaglia, Anthony	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Round Rock, TX 78664	
Principal occupation / Job title (See Instructions) Senior Technical Advisor		Employer (See Instructions) Apple Inc

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 150/164 Rpt: 153/240
2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 10/04/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tenaglia, Anthony	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Round Rock, TX 78664	
8 Principal occupation / Job title (See Instructions) Senior Technical Advisor		9 Employer (See Instructions) Apple Inc.
Date 11/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tenaglia, Anthony	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Round Rock, TX 78664	
Principal occupation / Job title (See Instructions) Senior Technical Advisor		Employer (See Instructions) Apple Inc.
Date 12/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tenaglia, Anthony	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Round Rock, TX 78664	
Principal occupation / Job title (See Instructions) Senior Technical Advisor		Employer (See Instructions) Apple Inc.
Date 08/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Terry, Cook (The Honorable)	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Round Rock, TX 78681	
Principal occupation / Job title (See Instructions) Elected Official		Employer (See Instructions) Williamson County
Date 11/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Medical Association PAC	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Austin, TX 78701	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 151/164 Rpt: 154/240
2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 10/22/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Sands PAC 6 Contributor address; City; State; Zip Code Austin, TX 78701	7 Amount of Contribution (\$) \$5,000.00
	8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	
Date 11/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Trial Lawyers Association Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$2,500.00
	Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Date 08/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Therese, Nelson Contributor address; City; State; Zip Code Chicago, IL 60615	Amount of Contribution (\$) \$8.19
	Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed N/A	
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Meade Contributor address; City; State; Zip Code Round Rock, TX 78681	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed N/A	
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Pugliese Contributor address; City; State; Zip Code Austin, TX 78717-2966	Amount of Contribution (\$) \$50.00
	Principal occupation / Job title (See Instructions) Employer (See Instructions) Software engineer Apple	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 152/164 Rpt: 155/240
2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 09/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Robert	7 Amount of Contribution (\$) \$5.23
	6 Contributor address; City; State; Zip Code Georgetown, TX 78628	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 10/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Robert	Amount of Contribution (\$) \$5.23
	Contributor address; City; State; Zip Code Georgetown, TX 78628	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 11/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Robert	Amount of Contribution (\$) \$5.23
	Contributor address; City; State; Zip Code Georgetown, TX 78628	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 12/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Robert	Amount of Contribution (\$) \$5.23
	Contributor address; City; State; Zip Code Georgetown, TX 78628	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 09/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Dianne	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Round Rock, TX 78664	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 153/164 Rpt: 156/240
2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 08/19/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Dianne	7 Amount of Contribution (\$) \$15.00
	6 Contributor address; City; State; Zip Code Round Rock, TX 78664	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Dianne	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code Round Rock, TX 78664	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 10/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Dianne	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Round Rock, TX 78664	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 10/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Dianne	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code Round Rock, TX 78664	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 11/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Dianne	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Round Rock, TX 78664	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 154/164 Rpt: 157/240
2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 11/19/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Dianne	7 Amount of Contribution (\$) \$15.00
	6 Contributor address; City; State; Zip Code Round Rock, TX 78664	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 12/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Dianne	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Round Rock, TX 78664	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Dianne	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code Round Rock, TX 78664	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Dianne	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Round Rock, TX 78664	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 07/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tim, Ravey	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Austin, TX 78717	
Principal occupation / Job title (See Instructions) Admissions Officer		Employer (See Instructions) University of California Berkeley

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 155/164 Rpt: 158/240
2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 12/17/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tollerton, Deana 6 Contributor address; City; State; Zip Code Austin, TX 78729	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Parliamentarian		9 Employer (See Instructions) Self-Employed
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tom, Shaw Contributor address; City; State; Zip Code San Jose, CA 95126	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 12/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tootle, Abbey Contributor address; City; State; Zip Code Cedar Park, TX 78613	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Apple
Date 09/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Touchet, Stephen Contributor address; City; State; Zip Code Austin, TX 78729	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired Teacher		Employer (See Instructions) N/A
Date 10/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Touchet, Stephen Contributor address; City; State; Zip Code Austin, TX 78729	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 156/164 Rpt: 159/240
2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 11/30/2025	5 Full name of contributor Touchet, Stephen	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Austin, TX 78729	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 12/27/2025	Full name of contributor Touchet, Stephen	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Austin, TX 78729	
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Retired
Date 12/30/2025	Full name of contributor Townsley, Kathleen	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Cedar Park, TX 78613-1565	
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Self-Employed
Date 08/07/2025	Full name of contributor Tyler, Stein	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Austin, TX 78750	
Principal occupation / Job title (See Instructions) Cardiac ultrasound		Employer (See Instructions) HCA
Date 08/18/2025	Full name of contributor Tyrrell, Judith	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Cedar Park, TX 78613	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 157/164 Rpt: 160/240
2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 09/30/2025	5 Full name of contributor Unite America PAC Inc.	7 Amount of Contribution (\$) \$1,500.00
	6 Contributor address; City; State; Zip Code Denver, CO 80202	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 07/23/2025	Full name of contributor Valarie, Sherriff	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Austin, TX 78717	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/12/2025	Full name of contributor Valarie, Sherriff	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Austin, TX 78717	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 11/30/2025	Full name of contributor Vasudevan, Vera	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Cedar Park, TX 78613	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/05/2025	Full name of contributor Vicki, Johnson	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Virginia Beach, VA 23452	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 158/164 Rpt: 161/240
2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 08/13/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Victoria, Bailey	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Austin, TX 78717	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Victoria, Bailey	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Austin, TX 78717	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Villarreal, Becky	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Cedar Park, TX 78613-4034	
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) ACC
Date 08/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vincent, Tran	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Round Rock, TX 78665	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vovk, Jane	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Round Rock, TX 78681	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 159/164 Rpt: 162/240
2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 12/01/2025	5 Full name of contributor Waite, Barbara	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code Georgetown, TX 78633	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 07/23/2025	Full name of contributor Walter, Muse	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Austin, TX 78727	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) State of Texas
Date 08/08/2025	Full name of contributor Wendy, Heckler	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Austin, TX 78729	
Principal occupation / Job title (See Instructions) Social Worker		Employer (See Instructions) Self-Employed
Date 12/08/2025	Full name of contributor West, Mellen	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Dallas, TX 75223	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 12/17/2025	Full name of contributor Wheelis, Nancy	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Round Rock, TX 78681	
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) Round Rock ISD

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 160/164 Rpt: 163/240
2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 09/11/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whitlock, Lori	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Leander, TX 78641	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) N/A
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whitlow, Stuart	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Cedar Park, TX 78613	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wieland, Sharon	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Austin, TX 78750	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 09/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilby, Eliza	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Austin, TX 78717	
Principal occupation / Job title (See Instructions) Veterinarian		Employer (See Instructions) Thrive Pet Healthcare
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William, Brogden	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Leander, TX 78641	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 161/164 Rpt: 164/240
2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 08/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William, Brogden	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Leander, TX 78641	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) N/A
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William, Lewis	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Round Rock, TX 78681	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William, Marsh	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Georgetown, TX 78628	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William, Marsh	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Georgetown, TX 78628	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William, Riordan	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Round Rock, TX 78681	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 162/164 Rpt: 165/240
2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 08/05/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William, Storie	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Round Rock, TX 78681	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 12/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williamson, Sondra	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Cedar Park, TX 78613	
Principal occupation / Job title (See Instructions) Freelance Writer		Employer (See Instructions) Self-Employed
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Willie, Scales	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Austin, TX 78729	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 09/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Willrich, Christine	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Austin, TX 78717	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 10/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Willrich, Christine	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Austin, TX 78717	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 163/164 Rpt: 166/240
2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 12/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Winkelman, Marc	7 Amount of Contribution (\$) \$250.00
	6 Contributor address; City; State; Zip Code Austin, TX 78744	
8 Principal occupation / Job title (See Instructions) Executive		9 Employer (See Instructions) Calendar Services Inc.
Date 09/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woodard, Owen	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Georgetown, TX 78628	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 10/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woodard, Owen	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Georgetown, TX 78628	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 11/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woodard, Owen	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Georgetown, TX 78628	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 12/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woodard, Owen	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Georgetown, TX 78628	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 164/164 Rpt: 167/240
2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 07/03/2025	5 Full name of contributor Woodard, Owen	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Georgetown, TX 78628	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 08/09/2025	Full name of contributor Y, Ford	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code Del Rio, TX 78840	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 07/25/2025	Full name of contributor Yvette, Ruiz	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Round Rock, TX 78665	
Principal occupation / Job title (See Instructions) Admin Assistant		Employer (See Instructions) Austin Community College

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 1/1 Rpt: 168/240
2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$
5 Date 08/22/2025	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HDCC Incumbent Protection Fund 7 Contributor address; City; State; Zip Code Austin, TX 78701	8 Amount of contribution (\$) 9 In-kind contribution description \$1,923.08 Legal services <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TREPAC - Texas Association of Realtors PAC Contributor address; City; State; Zip Code Austin, TX 78768	Amount of contribution (\$) 9 In-kind contribution description \$83.33 Event advertising <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 1/62 Rpt:	2 FILER NAME Bucy III, John H. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069589
4 Date 08/15/2025	5 Payee name Access Education RRISD	
6 Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code 5900 Balcones Dr Ste. 100 Austin, TX 78731	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event sponsorship
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/06/2025	Payee name ActBlue	
Amount (\$) \$12.86	Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/13/2025	Payee name ActBlue	
Amount (\$) \$15.83	Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 2/62 Rpt:	2 FILER NAME Bucy III, John H. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069589
4 Date 07/20/2025	5 Payee name ActBlue	
6 Amount (\$) \$7.14	7 Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue	Office sought Office held
Date 07/27/2025	Payee name ActBlue	
Amount (\$) \$42.99	Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue	Office sought Office held
Date 08/03/2025	Payee name ActBlue	
Amount (\$) \$66.89	Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 3/62 Rpt:	2 FILER NAME Bucy III, John H. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069589
4 Date 08/10/2025	5 Payee name ActBlue	
6 Amount (\$) \$577.82	7 Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue	Office sought Office held
Date 08/17/2025	Payee name ActBlue	
Amount (\$) \$133.47	Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue	Office sought Office held
Date 08/24/2025	Payee name ActBlue	
Amount (\$) \$33.08	Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 4/62 Rpt:	2 FILER NAME Bucy III, John H. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069589
4 Date 08/31/2025	5 Payee name ActBlue	
6 Amount (\$) \$11.95	7 Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue	Office sought Office held
Date 09/07/2025	Payee name ActBlue	
Amount (\$) \$4.97	Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue	Office sought Office held
Date 09/14/2025	Payee name ActBlue	
Amount (\$) \$13.31	Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/62 Rpt:	2 FILER NAME Bucy III, John H. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069589
4 Date 09/21/2025	5 Payee name ActBlue	
6 Amount (\$) \$3.48	7 Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue	Office sought Office held
Date 09/28/2025	Payee name ActBlue	
Amount (\$) \$9.58	Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue	Office sought Office held
Date 10/05/2025	Payee name ActBlue	
Amount (\$) \$2.39	Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 6/62 Rpt:	2 FILER NAME Bucy III, John H. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069589
4 Date 10/12/2025	5 Payee name ActBlue	
6 Amount (\$) \$10.12	7 Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue	Office sought Office held
Date 10/19/2025	Payee name ActBlue	
Amount (\$) \$5.27	Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue	Office sought Office held
Date 10/26/2025	Payee name ActBlue	
Amount (\$) \$8.98	Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 7/62 Rpt:	2 FILER NAME Bucy III, John H. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069589
4 Date 11/02/2025	5 Payee name ActBlue	
6 Amount (\$) \$8.53	7 Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue	Office sought Office held
Date 11/09/2025	Payee name ActBlue	
Amount (\$) \$8.94	Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue	Office sought Office held
Date 11/16/2025	Payee name ActBlue	
Amount (\$) \$5.26	Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 8/62 Rpt:	2 FILER NAME Bucy III, John H. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069589
4 Date 11/23/2025	5 Payee name ActBlue	
6 Amount (\$) \$5.96	7 Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue	Office sought Office held
Date 11/30/2025	Payee name ActBlue	
Amount (\$) \$29.71	Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue	Office sought Office held
Date 12/07/2025	Payee name ActBlue	
Amount (\$) \$16.63	Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 9/62 Rpt:	2 FILER NAME Bucy III, John H. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069589
4 Date 12/14/2025	5 Payee name ActBlue	
6 Amount (\$) \$46.07	7 Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue	Office sought Office held
Date 12/21/2025	Payee name ActBlue	
Amount (\$) \$87.57	Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue	Office sought Office held
Date 12/28/2025	Payee name ActBlue	
Amount (\$) \$12.74	Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 10/62 Rpt:	2 FILER NAME Bucy III, John H. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069589
4 Date 12/31/2025	5 Payee name ActBlue	
6 Amount (\$) \$138.71	7 Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/28/2025	Payee name Action Network	
Amount (\$) \$41.25	Payee address; City; State; Zip Code 1900 L St NW #900 Washington, DC 20036	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email service
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/26/2025	Payee name Action Network	
Amount (\$) \$61.25	Payee address; City; State; Zip Code 1900 L St NW #900 Washington, DC 20036	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email service
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 11/62 Rpt:	2 FILER NAME Bucy III, John H. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069589
4 Date 09/26/2025	5 Payee name Action Network	
6 Amount (\$) \$17.50	7 Payee address; City; State; Zip Code 1900 L St NW #900 Washington, DC 20036	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email service
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/27/2025	Payee name Action Network	
Amount (\$) \$15.00	Payee address; City; State; Zip Code 1900 L St NW #900 Washington, DC 20036	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email service
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/26/2025	Payee name Action Network	
Amount (\$) \$15.00	Payee address; City; State; Zip Code 1900 L St NW #900 Washington, DC 20036	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email service
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 12/62 Rpt:	2 FILER NAME Bucy III, John H. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069589
4 Date 12/26/2025	5 Payee name Action Network	
6 Amount (\$) \$31.25	7 Payee address; City; State; Zip Code 1900 L St NW #900 Washington, DC 20036	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email service
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/08/2025	Payee name Amazon	
Amount (\$) \$19.20	Payee address; City; State; Zip Code 410 Terry Ave N Seattle, WA 98109	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office snacks
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/01/2025	Payee name Amazon	
Amount (\$) \$20.85	Payee address; City; State; Zip Code 410 Terry Ave N Seattle, WA 98109	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office snacks
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 13/62 Rpt:	2 FILER NAME Bucy III, John H. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069589
4 Date 08/26/2025	5 Payee name Austin AFL-CIO Council	
6 Amount (\$) \$708.07	7 Payee address; City; P.O. Box 301074 Austin, TX 78703	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fish Fry program ads
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Austin Garcia	Office sought Office held
Date 11/07/2025	Payee name Bianca Garcia Campaign	
Amount (\$) \$250.00	Payee address; City; 1715 S. 1st St Austin, TX 78704	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Austin Garcia	Office sought Office held
Date 09/09/2025	Payee name Blair for Leander Campaign	
Amount (\$) \$500.00	Payee address; City; 801 S. Hwy 183 Ste. 414 Leander, TX 78641	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Austin Garcia	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 14/62 Rpt:	2 FILER NAME Bucy III, John H. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069589
4 Date 11/05/2025	5 Payee name Blair for Leander Campaign	
6 Amount (\$) \$500.00	7 Payee address; City; 801 S. Hwy 183 Ste. 414 Leander, TX 78641	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political contribution
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/11/2025	Payee name Blanco Cocina + Cantina	
Amount (\$) \$165.33	Payee address; City; 2022 Spring Rd Oak Brook, IL 60523	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff lunch
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/10/2025	Payee name Blue Victory Communications, LLC	
Amount (\$) \$5,000.00	Payee address; City; P.O. Box 300626 Austin, TX 78705	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Communications
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 15/62 Rpt:	2 FILER NAME Bucy III, John H. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069589
4 Date 07/12/2025	5 Payee name Blue Victory Communications, LLC	
6 Amount (\$) \$5,000.00	7 Payee address; City; State; Zip Code P.O. Box 300626 Austin, TX 78705	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Communications
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/07/2025	Payee name Boost Mobile	
Amount (\$) \$35.00	Payee address; City; State; Zip Code 9060 Irvine Center Dr Irvine, CA 92618	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign phone
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/06/2025	Payee name Boost Mobile	
Amount (\$) \$35.00	Payee address; City; State; Zip Code 9060 Irvine Center Dr Irvine, CA 92618	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign phone
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 16/62 Rpt:	2 FILER NAME Bucy III, John H. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069589
4 Date 09/08/2025	5 Payee name Boost Mobile	
6 Amount (\$) \$35.00	7 Payee address; City; State; Zip Code 9060 Irvine Center Dr Irvine, CA 92618	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign phone
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/06/2025	Payee name Boost Mobile	
Amount (\$) \$35.00	Payee address; City; State; Zip Code 9060 Irvine Center Dr Irvine, CA 92618	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign phone
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/06/2025	Payee name Boost Mobile	
Amount (\$) \$35.00	Payee address; City; State; Zip Code 9060 Irvine Center Dr Irvine, CA 92618	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign phone
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 17/62 Rpt:	2 FILER NAME Bucy III, John H. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069589
4 Date 12/08/2025	5 Payee name Boost Mobile	
6 Amount (\$) \$35.00	7 Payee address; City; State; Zip Code 9060 Irvine Center Dr Irvine, CA 92618	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign phone
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/31/2025	Payee name Burke, Kyle	
Amount (\$) \$250.00	Payee address; City; State; Zip Code 2203 Marcus Abrams Blvd Austin, TX 78748	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Legislative salary supplement
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/31/2025	Payee name Burke, Kyle	
Amount (\$) \$250.00	Payee address; City; State; Zip Code 2203 Marcus Abrams Blvd Austin, TX 78748	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Legislative salary supplement
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 18/62 Rpt:	2 FILER NAME Bucy III, John H. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069589
4 Date 09/30/2025	5 Payee name Burke, Kyle	
6 Amount (\$) \$250.00	7 Payee address; City; State; Zip Code 2203 Marcus Abrams Blvd Austin, TX 78748	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Legislative salary supplement
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/31/2025	Payee name Burke, Kyle	
Amount (\$) \$250.00	Payee address; City; State; Zip Code 2203 Marcus Abrams Blvd Austin, TX 78748	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Legislative salary supplement
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/30/2025	Payee name Burke, Kyle	
Amount (\$) \$250.00	Payee address; City; State; Zip Code 2203 Marcus Abrams Blvd Austin, TX 78748	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Legislative salary supplement
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 19/62 Rpt:	2 FILER NAME Bucy III, John H. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069589
4 Date 12/31/2025	5 Payee name Burke, Kyle	
6 Amount (\$) \$250.00	7 Payee address; City; State; Zip Code 2203 Marcus Abrams Blvd Austin, TX 78748	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Legislative salary supplement
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/28/2025	Payee name CD Fulkes PTA	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 300 W. Anderson Ave Round Rock, TX 78664	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event sponsorship
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/16/2025	Payee name Cedar Park Chamber of Commerce	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 1460 E. Whitestone Blvd Ste. 180 Cedar Park, TX 78613	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event sponsorship
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 20/62 Rpt:	2 FILER NAME Bucy III, John H. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069589
4 Date 09/05/2025	5 Payee name Cedar Park Chamber of Commerce	
6 Amount (\$) \$750.00	7 Payee address; City; State; Zip Code 1460 E. Whitestone Blvd Ste. 180 Cedar Park, TX 78613	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event sponsorship
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/05/2025	Payee name Cedar Park Chamber of Commerce	
Amount (\$) \$300.00	Payee address; City; State; Zip Code 1460 E. Whitestone Blvd Ste. 180 Cedar Park, TX 78613	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Chamber dues
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/04/2025	Payee name Cedar Park Chamber of Commerce	
Amount (\$) \$100.00	Payee address; City; State; Zip Code 1460 E. Whitestone Blvd Ste. 180 Cedar Park, TX 78613	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Chamber dues
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 21/62 Rpt:	2 FILER NAME Bucy III, John H. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069589
4 Date 12/30/2025	5 Payee name Cedar Park Chamber of Commerce	
6 Amount (\$) \$25.00	7 Payee address; City; State; Zip Code 1460 E. Whitestone Blvd Ste. 180 Cedar Park, TX 78613	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event ticket
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/08/2025	Payee name Central Texas Community Foundation	
Amount (\$) \$515.00	Payee address; City; State; Zip Code 302 N. Lampasas St Round Rock, TX 78664	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Disaster Relief - WilCo Cares
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/15/2025	Payee name Chris Turner Campaign	
Amount (\$) \$500.00	Payee address; City; State; Zip Code P.O. Box 182093 Arlington, TX 76096	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 22/62 Rpt:	2 FILER NAME Bucy III, John H. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069589
4 Date 12/15/2025	5 Payee name Clayton Tucker Campaign	
6 Amount (\$) \$250.00	7 Payee address; City; P.O. Box 1059 Lampasas, TX 76550	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political contribution
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/08/2025	Payee name Community Foundation of the Texas Hill Country	
Amount (\$) \$500.00	Payee address; City; 241 Earl Garrett St Kerrville, TX 78028	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Disaster Relief - Kerr County Floods
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/17/2025	Payee name Costco	
Amount (\$) \$59.21	Payee address; City; 999 Lake Dr Issaquah, WA 98027	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Checks
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 23/62 Rpt:	2 FILER NAME Bucy III, John H. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069589
4 Date 09/17/2025	5 Payee name Donna Howard Campaign	
6 Amount (\$) \$500.00	7 Payee address; City; P.O. Box 5375 Austin, TX 78763	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Costshare of Planned Parenthood Gala
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/22/2025	Payee name Donna Howard Campaign	
Amount (\$) \$250.00	Payee address; City; P.O. Box 5375 Austin, TX 78763	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Costshare of Texas Freedom Network Gala
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/12/2025	Payee name Doubletree Hotel	
Amount (\$) \$579.26	Payee address; City; 1909 Spring Rd Oak Brook, IL 60523	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff hotel room during HDC Legislative Conference
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 24/62 Rpt:	2 FILER NAME Bucy III, John H. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069589
4 Date 08/12/2025	5 Payee name Doubletree Hotel	
6 Amount (\$) \$562.44	7 Payee address; City; 1909 Spring Rd Oak Brook, IL 60523	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff hotel room during HDC Legislative Conference
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/03/2025	Payee name Erin for WilCo	
Amount (\$) \$1,000.00	Payee address; City; P.O. Box 1083 Leander, TX 78641	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/07/2025	Payee name Gannett	
Amount (\$) \$21.31	Payee address; City; 7950 Jones Branch Dr McLean, VA 22107	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Newspaper subscription
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 25/62 Rpt:	2 FILER NAME Bucy III, John H. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069589
4 Date 12/15/2025	5 Payee name Gina Hinojosa Campaign	
6 Amount (\$) \$250.00	7 Payee address; City; P.O. Box 300095 Austin, TX 78703	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political contribution
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/01/2025	Payee name Google LLC	
Amount (\$) \$23.03	Payee address; City; 1600 Amphitheatre Pkwy Mountain View, CA 94043	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Google Workspace
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/01/2025	Payee name Google LLC	
Amount (\$) \$25.86	Payee address; City; 1600 Amphitheatre Pkwy Mountain View, CA 94043	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Google Workspace
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 26/62 Rpt:	2 FILER NAME Bucy III, John H. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069589
4 Date 09/02/2025	5 Payee name Google LLC	
6 Amount (\$) \$26.86	7 Payee address; City; State; Zip Code 1600 Amphitheatre Pkwy Mountain View, CA 94043	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Google Workspace
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/01/2025	Payee name Google LLC	
Amount (\$) \$26.86	Payee address; City; State; Zip Code 1600 Amphitheatre Pkwy Mountain View, CA 94043	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Google Workspace
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/03/2025	Payee name Google LLC	
Amount (\$) \$26.86	Payee address; City; State; Zip Code 1600 Amphitheatre Pkwy Mountain View, CA 94043	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Google Workspace
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 27/62 Rpt:	2 FILER NAME Bucy III, John H. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069589
4 Date 12/01/2025	5 Payee name Google LLC	
6 Amount (\$) \$26.86	7 Payee address; City; State; Zip Code 1600 Amphitheatre Pkwy Mountain View, CA 94043	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Google Workspace
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/08/2025	Payee name HEB	
Amount (\$) \$92.42	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	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office snacks and drinks
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/22/2025	Payee name HEB	
Amount (\$) \$2.59	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	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office snacks and drinks
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 28/62 Rpt:	2 FILER NAME Bucy III, John H. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069589
4 Date 08/26/2025	5 Payee name HEB	
6 Amount (\$) \$94.72	7 Payee address; City; 14028 N. Hwy 183 Austin, TX 78717	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office snacks and drinks
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/01/2025	Payee name HEB	
Amount (\$) \$116.90	Payee address; City; 14028 N. Hwy 183 Austin, TX 78717	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office snacks and drinks
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/24/2025	Payee name HEB	
Amount (\$) \$94.67	Payee address; City; 6001 W. Parmer Ln Austin, TX 78727	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office snacks and drinks
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 29/62 Rpt:	2 FILER NAME Bucy III, John H. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069589
4 Date 12/04/2025	5 Payee name HEB	
6 Amount (\$) \$46.96	7 Payee address; City; 5808 Burnet Rd Austin, TX 78756	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office snacks and drinks
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/29/2025	Payee name Hearst	
Amount (\$) \$19.99	Payee address; City; 300 W. 57th St New York, NY 10019	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Newspaper subscription
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/11/2025	Payee name Hearst	
Amount (\$) \$19.99	Payee address; City; 300 W. 57th St New York, NY 10019	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Newspaper subscription
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 30/62 Rpt:	2 FILER NAME Bucy III, John H. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069589
4 Date 09/25/2025	5 Payee name Hearst	
6 Amount (\$) \$19.99	7 Payee address; City; State; Zip Code 300 W. 57th St New York, NY 10019	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Newspaper subscription
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Hearst	Office sought Office held
Date 10/30/2025	Payee name Hearst	
Amount (\$) \$21.96	Payee address; City; State; Zip Code 300 W. 57th St New York, NY 10019	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Newspaper subscription
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Hearst	Office sought Office held
Date 11/28/2025	Payee name Hearst	
Amount (\$) \$21.96	Payee address; City; State; Zip Code 300 W. 57th St New York, NY 10019	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Newspaper subscription
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Hearst	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 31/62 Rpt:	2 FILER NAME Bucy III, John H. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069589
4 Date 12/26/2025	5 Payee name Hearst	
6 Amount (\$) \$21.96	7 Payee address; City; State; Zip Code 300 W. 57th St New York, NY 10019	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Newspaper subscription
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/15/2025	Payee name Heinrich, Allison	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 13400 Briarwick Dr #1705 Austin, TX 78729	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign management/consulting
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/31/2025	Payee name Heinrich, Allison	
Amount (\$) \$250.00	Payee address; City; State; Zip Code 13400 Briarwick Dr #1705 Austin, TX 78729	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Legislative salary supplement
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 32/62 Rpt:	2 FILER NAME Bucy III, John H. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069589
4 Date 08/15/2025	5 Payee name Heinrich, Allison	
6 Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code 13400 Briarwick Dr #1705 Austin, TX 78729	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign management/consulting
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Heinrich, Allison	Office sought Office held
Date 08/31/2025	Payee name Heinrich, Allison	
Amount (\$) \$250.00	Payee address; City; State; Zip Code 13400 Briarwick Dr #1705 Austin, TX 78729	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Legislative salary supplement
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Heinrich, Allison	Office sought Office held
Date 09/15/2025	Payee name Heinrich, Allison	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 13400 Briarwick Dr #1705 Austin, TX 78729	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign management/consulting
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Heinrich, Allison	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 33/62 Rpt:	2 FILER NAME Bucy III, John H. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069589
4 Date 09/30/2025	5 Payee name Heinrich, Allison	
6 Amount (\$) \$250.00	7 Payee address; City; State; Zip Code 13400 Briarwick Dr #1705 Austin, TX 78729	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Legislative salary supplement
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Heinrich, Allison	Office sought Office held
Date 10/15/2025	Payee name Heinrich, Allison	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 13400 Briarwick Dr #1705 Austin, TX 78729	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign management/consulting
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Heinrich, Allison	Office sought Office held
Date 10/31/2025	Payee name Heinrich, Allison	
Amount (\$) \$250.00	Payee address; City; State; Zip Code 13400 Briarwick Dr #1705 Austin, TX 78729	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Legislative salary supplement
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Heinrich, Allison	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 34/62 Rpt:	2 FILER NAME Bucy III, John H. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069589
4 Date 11/15/2025	5 Payee name Heinrich, Allison	
6 Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code 13400 Briarwick Dr #1705 Austin, TX 78729	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign management/consulting
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Heinrich, Allison	Office sought Office held
Date 11/30/2025	Payee name Heinrich, Allison	
Amount (\$) \$250.00	Payee address; City; State; Zip Code 13400 Briarwick Dr #1705 Austin, TX 78729	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Legislative salary supplement
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Heinrich, Allison	Office sought Office held
Date 12/15/2025	Payee name Heinrich, Allison	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 13400 Briarwick Dr #1705 Austin, TX 78729	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign management/consulting
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Heinrich, Allison	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 35/62 Rpt:	2 FILER NAME Bucy III, John H. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069589
4 Date 12/31/2025	5 Payee name Heinrich, Allison	
6 Amount (\$) \$250.00	7 Payee address; City; 13400 Briarwick Dr #1705 Austin, TX 78729	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Legislative salary supplement
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/31/2025	Payee name Hickman, Benjamin	
Amount (\$) \$250.00	Payee address; City; 4909 Duval St Austin, TX 78751	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Legislative salary supplement
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/31/2025	Payee name Hickman, Benjamin	
Amount (\$) \$250.00	Payee address; City; 2303 Santa Rita St Austin, TX 78702	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Legislative salary supplement
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 36/62 Rpt:	2 FILER NAME Bucy III, John H. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069589
4 Date 09/30/2025	5 Payee name Hickman, Benjamin	
6 Amount (\$) \$250.00	7 Payee address; City; 2303 Santa Rita St Austin, TX 78702	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Legislative salary supplement
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Hickman, Benjamin	Office sought Office held
Date 10/31/2025	Payee name Hickman, Benjamin	
Amount (\$) \$250.00	Payee address; City; 2303 Santa Rita St Austin, TX 78702	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Legislative salary supplement
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Hickman, Benjamin	Office sought Office held
Date 11/30/2025	Payee name Hickman, Benjamin	
Amount (\$) \$250.00	Payee address; City; 2303 Santa Rita St Austin, TX 78702	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Legislative salary supplement
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Hickman, Benjamin	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 37/62 Rpt:	2 FILER NAME Bucy III, John H. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069589
4 Date 12/31/2025	5 Payee name Hickman, Benjamin	
6 Amount (\$) \$250.00	7 Payee address; City; 2303 Santa Rita St Austin, TX 78702	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Legislative salary supplement
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/28/2025	Payee name Jeremy Hendricks Campaign	
Amount (\$) \$500.00	Payee address; City; 10008 Hampshire Dr Austin, TX 78753	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/15/2025	Payee name Jon Rosenthal for Texas	
Amount (\$) \$250.00	Payee address; City; 8524 Hwy 6 N #340 Houston, TX 77095	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 38/62 Rpt:	2 FILER NAME Bucy III, John H. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069589
4 Date 12/15/2025	5 Payee name Julie Johnson for Congress	
6 Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code P.O. Box 802765 Dallas, TX 75380	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political contribution
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/04/2025	Payee name Leander ISD Educational Excellence Foundation	
Amount (\$) \$175.00	Payee address; City; State; Zip Code 204 W. South St Leander, TX 78646	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense LEEF Gala ticket
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/21/2025	Payee name Legislative Solutions, LLC	
Amount (\$) \$380.00	Payee address; City; State; Zip Code P.O. Box 5643 Austin, TX 78763	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email blast
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 39/62 Rpt:	2 FILER NAME Bucy III, John H. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069589
4 Date 10/21/2025	5 Payee name Liberal Austin Democrats	
6 Amount (\$) \$500.00	7 Payee address; City; P.O. Box 49712 Austin, TX 78765	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event sponsorship
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/25/2025	Payee name Louie Minor Campaign	
Amount (\$) \$500.00	Payee address; City; 1808 E. Rancier Ave Killeen, TX 76541	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/12/2025	Payee name Marriott	
Amount (\$) \$318.06	Payee address; City; 6155 N. River Rd Rosemont, IL 60018	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff hotel room during HDC Legislative Conference
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 40/62 Rpt:	2 FILER NAME Bucy III, John H. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069589	
4 Date 12/12/2025	5 Payee name Montserrat Garibay Campaign		
6 Amount (\$) \$500.00	7 Payee address; City; P.O. Box 80498 Austin, TX 78708	State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political contribution	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 07/02/2025	Payee name NGPVan, Inc		
Amount (\$) \$358.18	Payee address; City; 655 15th St. NW Ste. 650 Washington, DC 20005	State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Database software	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 08/04/2025	Payee name NGPVan, Inc		
Amount (\$) \$358.18	Payee address; City; 655 15th St. NW Ste. 650 Washington, DC 20005	State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Database software	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 41/62 Rpt:	2 FILER NAME Bucy III, John H. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069589
4 Date 09/04/2025	5 Payee name NGPVan, Inc	
6 Amount (\$) \$358.18	7 Payee address; City; State; Zip Code 655 15th St. NW Ste. 650 Washington, DC 20005	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Database software
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/02/2025	Payee name NGPVan, Inc	
Amount (\$) \$358.18	Payee address; City; State; Zip Code 655 15th St. NW Ste. 650 Washington, DC 20005	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Database software
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/03/2025	Payee name NGPVan, Inc	
Amount (\$) \$358.18	Payee address; City; State; Zip Code 655 15th St. NW Ste. 650 Washington, DC 20005	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Database software
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 42/62 Rpt:	2 FILER NAME Bucy III, John H. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069589
4 Date 12/29/2025	5 Payee name NGPVan, Inc	
6 Amount (\$) \$376.08	7 Payee address; City; State; Zip Code 655 15th St. NW Ste. 650 Washington, DC 20005	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Database software
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Nacole 4 Leander	Office sought Office held
Date 09/17/2025	Payee name Nacole 4 Leander	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 11880 Hero Way W 78641 Leander, TX 78641	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Nathan Johnson Campaign	Office sought Office held
Date 12/15/2025	Payee name Nathan Johnson Campaign	
Amount (\$) \$250.00	Payee address; City; State; Zip Code P.O. Box 670994 Dallas, TX 75367	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 43/62 Rpt:	2 FILER NAME Bucy III, John H. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069589	
4 Date 08/28/2025	5 Payee name Nespresso		
6 Amount (\$) \$217.00	7 Payee address; City; State; Zip Code 111 W. 33rd St 5th Floor New York, NY 10120		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Coffee	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Candidate/Officeholder name	Office sought Office sought	Office held Office held
Date 07/31/2025	Payee name Nine Banded Strategies, LLC		
Amount (\$) \$250.00	Payee address; City; State; Zip Code 1315 Elizabeth Blvd Fort Worth, TX 76110		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Legislative salary supplement	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Candidate/Officeholder name	Office sought Office sought	Office held Office held
Date 08/31/2025	Payee name Nine Banded Strategies, LLC		
Amount (\$) \$250.00	Payee address; City; State; Zip Code 1315 Elizabeth Blvd Fort Worth, TX 76110		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Legislative salary supplement	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Candidate/Officeholder name	Office sought Office sought	Office held Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 44/62 Rpt:	2 FILER NAME Bucy III, John H. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069589
4 Date 09/30/2025	5 Payee name Nine Banded Strategies, LLC	
6 Amount (\$) \$250.00	7 Payee address; City; 1315 Elizabeth Blvd Fort Worth, TX 76110	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Legislative salary supplement
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/31/2025	Payee name Nine Banded Strategies, LLC	
Amount (\$) \$250.00	Payee address; City; 1315 Elizabeth Blvd Fort Worth, TX 76110	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Legislative salary supplement
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/30/2025	Payee name Nine Banded Strategies, LLC	
Amount (\$) \$250.00	Payee address; City; 1315 Elizabeth Blvd Fort Worth, TX 76110	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Legislative salary supplement
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 45/62 Rpt:	2 FILER NAME Bucy III, John H. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069589
4 Date 12/31/2025	5 Payee name Nine Banded Strategies, LLC	
6 Amount (\$) \$250.00	7 Payee address; City; 1315 Elizabeth Blvd Fort Worth, TX 76110	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Legislative salary supplement
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/18/2025	Payee name Odus for Texas	
Amount (\$) \$500.00	Payee address; City; P.O. BOX 840613 Houston, TX 77284	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/08/2025	Payee name Planned Parenthood Advocates of Texas	
Amount (\$) \$250.00	Payee address; City; P.O. Box 41646 Austin, TX 78704	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Disaster Relief - Menstrual Products
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 46/62 Rpt:	2 FILER NAME Bucy III, John H. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069589
4 Date 12/31/2025	5 Payee name Pooja Sethi Campaign	
6 Amount (\$) \$250.00	7 Payee address; City; 4321 House of York Austin, TX 78730	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political contribution
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/26/2025	Payee name Powers, Kristine	
Amount (\$) \$25.00	Payee address; City; 919 Woodhollow Ln Cedar Park, TX 78613	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Refund	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Refund of 6/23/25 donation initiated by credit card processor
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/28/2025	Payee name Pressable	
Amount (\$) \$25.00	Payee address; City; 110 E. Houston St 7th Floor San Antonio, TX 78205	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Web hosting
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 47/62 Rpt:	2 FILER NAME Bucy III, John H. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069589
4 Date 08/28/2025	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	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Web hosting
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/29/2025	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	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Web hosting
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/28/2025	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	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Web hosting
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 48/62 Rpt:	2 FILER NAME Bucy III, John H. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069589
4 Date 11/28/2025	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	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Web hosting
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/29/2025	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	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Web hosting
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/14/2025	Payee name Progress Texas	
Amount (\$) \$500.00	Payee address; City; State; Zip Code P.O. Box 132162 Dallas, TX 75313	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 49/62 Rpt:	2 FILER NAME Bucy III, John H. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069589
4 Date 09/13/2025	5 Payee name Progress Texas	
6 Amount (\$) \$500.00	7 Payee address; City; P.O. Box 132162 Dallas, TX 75313	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event sponsorship
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/04/2025	Payee name Progress Texas	
Amount (\$) \$250.00	Payee address; City; P.O. Box 132162 Dallas, TX 75313	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event sponsorship
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/03/2025	Payee name Public Storage	
Amount (\$) \$144.00	Payee address; City; 13675 N. Hwy 183 Austin, TX 78750	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Storage unit rent
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 50/62 Rpt:	2 FILER NAME Bucy III, John H. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069589
4 Date 08/04/2025	5 Payee name Public Storage	
6 Amount (\$) \$144.00	7 Payee address; City; State; Zip Code 13675 N. Hwy 183 Austin, TX 78750	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Storage unit rent
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/03/2025	Payee name Public Storage	
Amount (\$) \$144.00	Payee address; City; State; Zip Code 13675 N. Hwy 183 Austin, TX 78750	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Storage unit rent
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/03/2025	Payee name Public Storage	
Amount (\$) \$144.00	Payee address; City; State; Zip Code 13675 N. Hwy 183 Austin, TX 78750	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Storage unit rent
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 51/62 Rpt:	2 FILER NAME Bucy III, John H. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069589
4 Date 11/03/2025	5 Payee name Public Storage	
6 Amount (\$) \$144.00	7 Payee address; City; State; Zip Code 13675 N. Hwy 183 Austin, TX 78750	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Storage unit rent
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/03/2025	Payee name Public Storage	
Amount (\$) \$144.00	Payee address; City; State; Zip Code 13675 N. Hwy 183 Austin, TX 78750	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Storage unit rent
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/04/2025	Payee name Q Center	
Amount (\$) \$272.34	Payee address; City; State; Zip Code 1405 N. 5th Ave St. Charles, IL 60174	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Guest pass for staff during HDC Legislative Conference
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 52/62 Rpt:	2 FILER NAME Bucy III, John H. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069589
4 Date 08/04/2025	5 Payee name Q Center	
6 Amount (\$) \$272.34	7 Payee address; City; State; Zip Code 1405 N. 5th Ave St. Charles, IL 60174	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Guest pass for staff during HDC Legislative Conference
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/04/2025	Payee name Q Center	
Amount (\$) \$272.34	Payee address; City; State; Zip Code 1405 N. 5th Ave St. Charles, IL 60174	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Guest pass for staff during HDC Legislative Conference
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/04/2025	Payee name Q Center	
Amount (\$) \$272.34	Payee address; City; State; Zip Code 1405 N. 5th Ave St. Charles, IL 60174	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Guest pass for staff during HDC Legislative Conference
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 53/62 Rpt:	2 FILER NAME Bucy III, John H. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069589
4 Date 08/13/2025	5 Payee name Q Center	
6 Amount (\$) \$408.51	7 Payee address; City; State; Zip Code 1405 N. 5th Ave St. Charles, IL 60174	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Guest pass for staff during HDC Legislative Conference
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/14/2025	Payee name Randle Slagle Campaign	
Amount (\$) \$500.00	Payee address; City; State; Zip Code P.O. Box 27607 Austin, TX 78755	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/09/2025	Payee name Rey Feo Reign	
Amount (\$) \$250.00	Payee address; City; State; Zip Code 626 Avenue E San Antonio, TX 78215	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Charitable contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 54/62 Rpt:	2 FILER NAME Bucy III, John H. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069589
4 Date 12/04/2025	5 Payee name Round Rock Chamber of Commerce	
6 Amount (\$) \$300.00	7 Payee address; City; State; Zip Code 212 E. Main St Round Rock, TX 78664	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Chamber dues
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/07/2025	Payee name Ryan for ATX	
Amount (\$) \$450.00	Payee address; City; State; Zip Code 3308 Gallop Cv Austin, TX 78745	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/15/2025	Payee name Sarah Eckhardt Campaign	
Amount (\$) \$250.00	Payee address; City; State; Zip Code P.O. Box 301586 Austin, TX 78703	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 55/62 Rpt:	2 FILER NAME Bucy III, John H. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069589
4 Date 07/02/2025	5 Payee name Scale to Win	
6 Amount (\$) \$621.72	7 Payee address; City; 13742 Harper St Santa Ana, CA 92703	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Text messages
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/02/2025	Payee name Scale to Win	
Amount (\$) \$2,210.75	Payee address; City; 13742 Harper St Santa Ana, CA 92703	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Text messages
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/21/2025	Payee name South Austin Democrats	
Amount (\$) \$500.00	Payee address; City; P.O. Box 152592 Austin, TX 78715	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event sponsorship
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 56/62 Rpt:	2 FILER NAME Bucy III, John H. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069589
4 Date 09/09/2025	5 Payee name Talarico for Texas	
6 Amount (\$) \$3,500.00	7 Payee address; City; State; Zip Code P.O. Box 14508 Austin, TX 78761	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political contribution
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/15/2025	Payee name Taylor for Texas Campaign	
Amount (\$) \$500.00	Payee address; City; State; Zip Code P.O. Box 470812 Fort Worth, TX 76147	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/23/2025	Payee name Texas AFL-CIO	
Amount (\$) \$820.00	Payee address; City; State; Zip Code 1106 Lavaca St #200 Austin, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event sponsorship
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 57/62 Rpt:	2 FILER NAME Bucy III, John H. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069589
4 Date 12/15/2025	5 Payee name Texas Democratic Party	
6 Amount (\$) \$2,500.00	7 Payee address; City; P.O. Box 15707 Austin, TX 78761	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political contribution
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/17/2025	Payee name Texas Democratic Party	
Amount (\$) \$715.00	Payee address; City; P.O. Box 15707 Austin, TX 78761	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense VAN access
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/01/2025	Payee name Texas Democratic Rural Initiative	
Amount (\$) \$1,000.00	Payee address; City; P.O. Box 2351 Austin, TX 78768	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 58/62 Rpt:	2 FILER NAME Bucy III, John H. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069589
4 Date 12/15/2025	5 Payee name Texas Democratic Rural Initiative	
6 Amount (\$) \$1,500.00	7 Payee address; City; State; Zip Code P.O. Box 2351 Austin, TX 78768	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political contribution
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/30/2025	Payee name Texas HDCC	
Amount (\$) \$5,000.00	Payee address; City; State; Zip Code P.O. Box 1925 Austin, TX 78767	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/21/2025	Payee name The Austin Club	
Amount (\$) \$310.00	Payee address; City; State; Zip Code 110 E. 9th St Austin, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food/bev for fundraiser
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 59/62 Rpt:	2 FILER NAME Bucy III, John H. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069589
4 Date 08/25/2025	5 Payee name Travis County Democratic Party	
6 Amount (\$) \$50.00	7 Payee address; City; 1311 E. 6th St #B Austin, TX 78702	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event ticket
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/04/2025	Payee name United Airlines	
Amount (\$) \$366.48	Payee address; City; 233 S. Wacker Dr Chicago, IL 60606	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff flight for HDC Legislative Conference
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/04/2025	Payee name United Airlines	
Amount (\$) \$366.48	Payee address; City; 233 S. Wacker Dr Chicago, IL 60606	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff flightStaff flight for HDC Legislative Conference
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 60/62 Rpt:	2 FILER NAME Bucy III, John H. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069589
4 Date 08/11/2025	5 Payee name United Airlines	
6 Amount (\$) \$454.48	7 Payee address; City; State; Zip Code 233 S. Wacker Dr Chicago, IL 60606	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff flight for HDC Legislative Conference
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/13/2025	Payee name United Airlines	
Amount (\$) \$366.48	Payee address; City; State; Zip Code 233 S. Wacker Dr Chicago, IL 60606	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff flight for HDC Legislative Conference
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/02/2025	Payee name United States Postal Service	
Amount (\$) \$226.00	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense P.O. Box rental
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 61/62 Rpt:	2 FILER NAME Bucy III, John H. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069589
4 Date 10/21/2025	5 Payee name University Democrats PAC	
6 Amount (\$) \$500.00	7 Payee address; City; 907 W. 23rd St Apt D Austin, TX 78705	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event sponsorship
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/15/2025	Payee name Vikki Goodwin Campaign	
Amount (\$) \$250.00	Payee address; City; 9901 Brodie Ln Ste. 160-315 Austin, TX 78748	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/02/2025	Payee name WCDP Primary Fund	
Amount (\$) \$750.00	Payee address; City; 1915 S. Austin Ave Georgetown, TX 78626	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Filing fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 62/62 Rpt:	2 FILER NAME Bucy III, John H. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069589
4 Date 07/14/2025	5 Payee name Williamson County Democratic Party PAC	
6 Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code P.O. Box 1296 Georgetown, TX 78627	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event sponsorship
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/23/2025	Payee name Williamson County Democratic Party PAC	
Amount (\$) \$2,500.00	Payee address; City; State; Zip Code P.O. Box 1296 Georgetown, TX 78627	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event sponsorship
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/01/2025	Payee name Williamson County Democratic Party PAC	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code P.O. Box 1296 Georgetown, TX 78627	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event sponsorship
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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 G: Sch: 1/5 Rpt: 231/240	2 FILER NAME Bucy III, John H. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069589
4 Date 08/15/2025	5 Payee name Beatnik on the River	
6 Amount (\$) \$265.67 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 180 N. Wacker Dr Chicago, IL 60606	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Rep. Bucy and staff lunch during HDC Legislative Conference
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 08/11/2025	Payee name Bottleneck Management II	
Amount (\$) \$237.54 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 8 Oakbrook Center Oak Brook, IL 60523	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Rep Bucy and staff lunch during HDC Legislative Conference
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 08/11/2025	Payee name China Wok	
Amount (\$) \$24.69 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 531 Oakbrook Center Oak Brook, IL 60523	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Rep. Bucy lunch during HDC Legislative Conference
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
		Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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 G: Sch: 2/5 Rpt: 232/240	2 FILER NAME Bucy III, John H. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069589	
4 Date 08/11/2025	5 Payee name El Tapeo		
6 Amount (\$) \$64.50 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 2100 Spring Rd Oak Brook, IL 60523		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Rep. Bucy and staff dinner during HDC Legislative Conference	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 08/11/2025	Payee name El Tapeo		
Amount (\$) \$200.17 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 2100 Spring Rd Oak Brook, IL 60523		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Rep. Bucy and staff dinner during HDC Legislative Conference	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 08/19/2025	Payee name Gino's East		
Amount (\$) \$163.59 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 521 S. Dearborn St Chicago, IL 60605		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Rep. Bucy and staff lunch during HDC Legislative Conference	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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 G: Sch: 3/5 Rpt: 233/240	2 FILER NAME Bucy III, John H. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069589	
4 Date 08/14/2025	5 Payee name Ginos East		
6 Amount (\$) \$161.92	7 Payee address; City; State; Zip Code 521 S. Dearborn St Chicago, IL 60605		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Rep. Bucy and staff lunch during HDC Legislative Conference	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 08/08/2025	Payee name La Zaza Trattoria		
Amount (\$) \$730.26	Payee address; City; State; Zip Code 5 S. 1st St St. Charles, IL 60174		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Rep Bucy and staff dinner during HDC Legislative Conference	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 08/19/2025	Payee name Legal Sea Foods		
Amount (\$) \$464.10	Payee address; City; State; Zip Code 315 N. Dearborn St Chicago, IL 60654		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Rep. Bucy and staff dinner during HDC Legislative Conference	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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 G: Sch: 4/5 Rpt: 234/240	2 FILER NAME Bucy III, John H. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069589	
4 Date 08/15/2025	5 Payee name North Wacker Chica Chicago		
6 Amount (\$) \$1,264.32 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 120 N. Wacker Dr, Chicago, IL 60606		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Rep. Bucy and staff dinner during HDC Legislative Conference	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 08/06/2025	Payee name Q Center		
Amount (\$) \$40.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1405 N. 5th Ave St. Charles, IL 60174		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Coffee during HDC Legislative Conference	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 08/05/2025	Payee name Sullivan's		
Amount (\$) \$933.07 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 244 S. Main St Naperville, IL 60540		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Rep Bucy and staff dinner during HDC Legislative Conference	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 5/5 Rpt: 235/240	2 FILER NAME Bucy III, John H. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069589	
4 Date 08/12/2025	5 Payee name Sultan Kebab & Schwerma		
6 Amount (\$) \$51.92 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 7118 Mannheim Rd Rosemont, IL 60018		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Rep. Bucy lunch during HDC Legislative Conference	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 08/11/2025	Payee name Tanta Cocina Peruana		
Amount (\$) \$695.47 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 118 W. Grand Ave Chicago, IL 60654		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Rep. Bucy and staff dinner during HDC Legislative Conference	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 08/18/2025	Payee name Trulucks Seafood		
Amount (\$) \$727.42 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 9860 Berwyn Ave Rosemont, IL 60018		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Rep. Bucy and staff dinner during HDC Legislative Conference	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

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

SCHEDULE K

<p>The Instruction Guide explains how to complete this form.</p>		<p>1 Total pages Schedule K: Sch: 1/2 Rpt: 236/240</p>
<p>2 FILER NAME Bucy III, John H. (The Honorable)</p>		<p>3 Filer ID (Ethics Commission Filers) 00069589</p>
<p>4 Date 07/30/2025</p>	<p>5 Name of person from whom amount is received Carrie Isaac for Texas</p>	<p>8 Amount (\$) \$41.52</p>
	<p>6 Address of person from whom amount is received; City; State; Zip Code Dripping Springs, TX 78620</p>	
	<p>7 Purpose for which amount is received Committee gift</p>	<input type="checkbox"/> Check if political contribution returned to filer
<p>Date 07/07/2025</p>	<p>Name of person from whom amount is received Frost Bank</p>	<p>Amount (\$) \$3.07</p>
	<p>Address of person from whom amount is received; City; State; Zip Code San Antonio, TX 78296</p>	
	<p>Purpose for which amount is received Interest</p>	<input type="checkbox"/> Check if political contribution returned to filer
<p>Date 08/06/2025</p>	<p>Name of person from whom amount is received Frost Bank</p>	<p>Amount (\$) \$3.22</p>
	<p>Address of person from whom amount is received; City; State; Zip Code San Antonio, TX 78296</p>	
	<p>Purpose for which amount is received Interest</p>	<input type="checkbox"/> Check if political contribution returned to filer
<p>Date 09/05/2025</p>	<p>Name of person from whom amount is received Frost Bank</p>	<p>Amount (\$) \$3.38</p>
	<p>Address of person from whom amount is received; City; State; Zip Code San Antonio, TX 78296</p>	
	<p>Purpose for which amount is received Interest</p>	<input type="checkbox"/> Check if political contribution returned to filer
<p>Date 10/06/2025</p>	<p>Name of person from whom amount is received Frost Bank</p>	<p>Amount (\$) \$2.69</p>
	<p>Address of person from whom amount is received; City; State; Zip Code San Antonio, TX 78296</p>	
	<p>Purpose for which amount is received Interest</p>	<input type="checkbox"/> Check if political contribution returned to filer

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

SCHEDULE K

<p>The Instruction Guide explains how to complete this form.</p>		<p>1 Total pages Schedule K: Sch: 2/2 Rpt: 237/240</p>
<p>2 FILER NAME Bucy III, John H. (The Honorable)</p>		<p>3 Filer ID (Ethics Commission Filers) 00069589</p>
<p>4 Date 11/06/2025</p>	<p>5 Name of person from whom amount is received Frost Bank</p> <p>.....</p> <p>6 Address of person from whom amount is received; City; State; Zip Code San Antonio, TX 78296</p>	<p>8 Amount (\$) \$2.17</p>
	<p>7 Purpose for which amount is received Interest</p>	<input type="checkbox"/> Check if political contribution returned to filer
<p>Date 12/04/2025</p>	<p>Name of person from whom amount is received Frost Bank</p> <p>.....</p> <p>Address of person from whom amount is received; City; State; Zip Code San Antonio, TX 78296</p>	<p>Amount (\$) \$1.46</p>
	<p>Purpose for which amount is received Interest</p>	<input type="checkbox"/> Check if political contribution returned to filer
<p>Date 08/07/2025</p>	<p>Name of person from whom amount is received Q Center</p> <p>.....</p> <p>Address of person from whom amount is received; City; State; Zip Code St. Charles, IL 60174</p>	<p>Amount (\$) \$0.09</p>
	<p>Purpose for which amount is received Refund</p>	<input type="checkbox"/> Check if political contribution returned to filer

**IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES
FOR TRAVEL OUTSIDE OF TEXAS**

SCHEDULE T

<p>The Instruction Guide explains how to complete this form.</p>		<p>1 Total pages Schedule T: Sch: 1/3 Rpt: 238/240</p>												
<p>2 FILER NAME Bucy III, John H. (The Honorable)</p>		<p>3 Filer ID (Ethics Commission Filers) 00069589</p>												
<p>4 Name of Contributor / Corporation or Labor Organization / Pledgor /Payee Doubletree Hotel</p>														
<p>5 Contribution / Expenditure reported on:</p> <table> <tr> <td><input type="checkbox"/> Schedule A2</td> <td><input type="checkbox"/> Schedule B</td> <td><input type="checkbox"/> Schedule B(J)</td> <td><input type="checkbox"/> Schedule C2</td> <td><input type="checkbox"/> Schedule D</td> <td><input checked="" type="checkbox"/> Schedule F1</td> </tr> <tr> <td><input type="checkbox"/> Schedule F2</td> <td><input type="checkbox"/> Schedule F4</td> <td><input type="checkbox"/> Schedule G</td> <td><input type="checkbox"/> Schedule H</td> <td><input type="checkbox"/> Schedule COH-UC</td> <td></td> </tr> </table>			<input type="checkbox"/> Schedule A2	<input type="checkbox"/> Schedule B	<input type="checkbox"/> Schedule B(J)	<input type="checkbox"/> Schedule C2	<input type="checkbox"/> Schedule D	<input checked="" type="checkbox"/> Schedule F1	<input type="checkbox"/> Schedule F2	<input type="checkbox"/> Schedule F4	<input type="checkbox"/> Schedule G	<input type="checkbox"/> Schedule H	<input type="checkbox"/> Schedule COH-UC	
<input type="checkbox"/> Schedule A2	<input type="checkbox"/> Schedule B	<input type="checkbox"/> Schedule B(J)	<input type="checkbox"/> Schedule C2	<input type="checkbox"/> Schedule D	<input checked="" type="checkbox"/> Schedule F1									
<input type="checkbox"/> Schedule F2	<input type="checkbox"/> Schedule F4	<input type="checkbox"/> Schedule G	<input type="checkbox"/> Schedule H	<input type="checkbox"/> Schedule COH-UC										
<p>6 Dates of Travel 08/03/2025 08/18/2025</p>	<p>7 Name of person(s) traveling Burke, Kyle</p>													
	<p>8 Departure city or name of departure location Austin</p>													
	<p>9 Destination city or name of destination location Chicago</p>													
10 Means of transportation	11 Purpose of travel (including name of conference, seminar, or other event) HDC Legislative Conference													
<p>Name of Contributor / Corporation or Labor Organization / Pledgor /Payee Doubletree Hotel</p>														
<p>Contribution / Expenditure reported on:</p> <table> <tr> <td><input type="checkbox"/> Schedule A2</td> <td><input type="checkbox"/> Schedule B</td> <td><input type="checkbox"/> Schedule B(J)</td> <td><input type="checkbox"/> Schedule C2</td> <td><input type="checkbox"/> Schedule D</td> <td><input checked="" type="checkbox"/> Schedule F1</td> </tr> <tr> <td><input type="checkbox"/> Schedule F2</td> <td><input type="checkbox"/> Schedule F4</td> <td><input type="checkbox"/> Schedule G</td> <td><input type="checkbox"/> Schedule H</td> <td><input type="checkbox"/> Schedule COH-UC</td> <td></td> </tr> </table>			<input type="checkbox"/> Schedule A2	<input type="checkbox"/> Schedule B	<input type="checkbox"/> Schedule B(J)	<input type="checkbox"/> Schedule C2	<input type="checkbox"/> Schedule D	<input checked="" type="checkbox"/> Schedule F1	<input type="checkbox"/> Schedule F2	<input type="checkbox"/> Schedule F4	<input type="checkbox"/> Schedule G	<input type="checkbox"/> Schedule H	<input type="checkbox"/> Schedule COH-UC	
<input type="checkbox"/> Schedule A2	<input type="checkbox"/> Schedule B	<input type="checkbox"/> Schedule B(J)	<input type="checkbox"/> Schedule C2	<input type="checkbox"/> Schedule D	<input checked="" type="checkbox"/> Schedule F1									
<input type="checkbox"/> Schedule F2	<input type="checkbox"/> Schedule F4	<input type="checkbox"/> Schedule G	<input type="checkbox"/> Schedule H	<input type="checkbox"/> Schedule COH-UC										
<p>Dates of Travel 08/03/2025 08/11/2025</p>	<p>Name of person(s) traveling Heinrich, Allison</p>													
	<p>Departure city or name of departure location Austin</p>													
	<p>Destination city or name of destination location Chicago</p>													
Means of transportation	Purpose of travel (including name of conference, seminar, or other event) HDC Legislative Conference													
<p>Name of Contributor / Corporation or Labor Organization / Pledgor /Payee Doubletree Hotel</p>														
<p>Contribution / Expenditure reported on:</p> <table> <tr> <td><input type="checkbox"/> Schedule A2</td> <td><input type="checkbox"/> Schedule B</td> <td><input type="checkbox"/> Schedule B(J)</td> <td><input type="checkbox"/> Schedule C2</td> <td><input type="checkbox"/> Schedule D</td> <td><input checked="" type="checkbox"/> Schedule F1</td> </tr> <tr> <td><input type="checkbox"/> Schedule F2</td> <td><input type="checkbox"/> Schedule F4</td> <td><input type="checkbox"/> Schedule G</td> <td><input type="checkbox"/> Schedule H</td> <td><input type="checkbox"/> Schedule COH-UC</td> <td></td> </tr> </table>			<input type="checkbox"/> Schedule A2	<input type="checkbox"/> Schedule B	<input type="checkbox"/> Schedule B(J)	<input type="checkbox"/> Schedule C2	<input type="checkbox"/> Schedule D	<input checked="" type="checkbox"/> Schedule F1	<input type="checkbox"/> Schedule F2	<input type="checkbox"/> Schedule F4	<input type="checkbox"/> Schedule G	<input type="checkbox"/> Schedule H	<input type="checkbox"/> Schedule COH-UC	
<input type="checkbox"/> Schedule A2	<input type="checkbox"/> Schedule B	<input type="checkbox"/> Schedule B(J)	<input type="checkbox"/> Schedule C2	<input type="checkbox"/> Schedule D	<input checked="" type="checkbox"/> Schedule F1									
<input type="checkbox"/> Schedule F2	<input type="checkbox"/> Schedule F4	<input type="checkbox"/> Schedule G	<input type="checkbox"/> Schedule H	<input type="checkbox"/> Schedule COH-UC										
<p>Dates of Travel 08/03/2025 08/18/2025</p>	<p>Name of person(s) traveling Reid, Mason</p>													
	<p>Departure city or name of departure location Albuquerque</p>													
	<p>Destination city or name of destination location Chicago</p>													
Means of transportation	Purpose of travel (including name of conference, seminar, or other event) HDC Legislative Conference													

**IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES
FOR TRAVEL OUTSIDE OF TEXAS**

SCHEDULE T

4 Name of Contributor / Corporation or Labor Organization / Pledgor /Payee

Marriott

5 Contribution / Expenditure reported on:

<input type="checkbox"/> Schedule A2	<input type="checkbox"/> Schedule B	<input type="checkbox"/> Schedule B(J)	<input type="checkbox"/> Schedule C2	<input type="checkbox"/> Schedule D	<input checked="" type="checkbox"/> Schedule F1
<input type="checkbox"/> Schedule F2	<input type="checkbox"/> Schedule F4	<input type="checkbox"/> Schedule G	<input type="checkbox"/> Schedule H	<input type="checkbox"/> Schedule COH-UC	

6 Dates of Travel

7 Name of person(s) traveling

Heinrich, Allison

08/03/2025

8 Departure city or name of departure location

Austin

08/11/2025

9 Destination city or name of destination location

Chicago

10 Means of transportation

11 Purpose of travel (including name of conference, seminar, or other event)

HDC Legislative Conference

Name of Contributor / Corporation or Labor Organization / Pledgor /Payee

United Airlines

Contribution / Expenditure reported on:

<input type="checkbox"/> Schedule A2	<input type="checkbox"/> Schedule B	<input type="checkbox"/> Schedule B(J)	<input type="checkbox"/> Schedule C2	<input type="checkbox"/> Schedule D	<input checked="" type="checkbox"/> Schedule F1
<input type="checkbox"/> Schedule F2	<input type="checkbox"/> Schedule F4	<input type="checkbox"/> Schedule G	<input type="checkbox"/> Schedule H	<input type="checkbox"/> Schedule COH-UC	

Dates of Travel

Name of person(s) traveling

Burke, Kyle

08/03/2025

Departure city or name of departure location

Austin

08/03/2025

Destination city or name of destination location

Chicago

Means of transportation

Purpose of travel (including name of conference, seminar, or other event)

Commercial Airplane

HDC Legislative Conference

Name of Contributor / Corporation or Labor Organization / Pledgor /Payee

United Airlines

Contribution / Expenditure reported on:

<input type="checkbox"/> Schedule A2	<input type="checkbox"/> Schedule B	<input type="checkbox"/> Schedule B(J)	<input type="checkbox"/> Schedule C2	<input type="checkbox"/> Schedule D	<input checked="" type="checkbox"/> Schedule F1
<input type="checkbox"/> Schedule F2	<input type="checkbox"/> Schedule F4	<input type="checkbox"/> Schedule G	<input type="checkbox"/> Schedule H	<input type="checkbox"/> Schedule COH-UC	

Dates of Travel

Name of person(s) traveling

Burke, Kyle

08/18/2025

Departure city or name of departure location

Chicago

08/18/2025

Destination city or name of destination location

Austin

Means of transportation

Purpose of travel (including name of conference, seminar, or other event)

Commercial Airplane

HDC Legislative Conference

**IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES
FOR TRAVEL OUTSIDE OF TEXAS**

SCHEDULE T

4 Name of Contributor / Corporation or Labor Organization / Pledgor /Payee

United Airlines

5 Contribution / Expenditure reported on:

<input type="checkbox"/> Schedule A2	<input type="checkbox"/> Schedule B	<input type="checkbox"/> Schedule B(J)	<input type="checkbox"/> Schedule C2	<input type="checkbox"/> Schedule D	<input checked="" type="checkbox"/> Schedule F1
<input type="checkbox"/> Schedule F2	<input type="checkbox"/> Schedule F4	<input type="checkbox"/> Schedule G	<input type="checkbox"/> Schedule H	<input type="checkbox"/> Schedule COH-UC	

6 Dates of Travel

7 Name of person(s) traveling

Heinrich, Allison

08/03/2025

8 Departure city or name of departure location

Austin

08/03/2025

9 Destination city or name of destination location

Chicago

10 Means of transportation

Commercial Airplane

11 Purpose of travel (including name of conference, seminar, or other event)

HDC Legislative Conference

Name of Contributor / Corporation or Labor Organization / Pledgor /Payee

United Airlines

Contribution / Expenditure reported on:

<input type="checkbox"/> Schedule A2	<input type="checkbox"/> Schedule B	<input type="checkbox"/> Schedule B(J)	<input type="checkbox"/> Schedule C2	<input type="checkbox"/> Schedule D	<input checked="" type="checkbox"/> Schedule F1
<input type="checkbox"/> Schedule F2	<input type="checkbox"/> Schedule F4	<input type="checkbox"/> Schedule G	<input type="checkbox"/> Schedule H	<input type="checkbox"/> Schedule COH-UC	

Dates of Travel

Name of person(s) traveling

Heinrich, Allison

08/11/2025

Departure city or name of departure location

Chicago

08/11/2025

Destination city or name of destination location

Austin

Means of transportation

Commercial Airplane

Purpose of travel (including name of conference, seminar, or other event)

HDC Legislative Conference