CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE/ OFFICEHOLDER	MS/MRS (MR) FIRST GLEN	W,	OFFICE USE ONLY
NAME	NICKNAME LAST	SUFFIX	Date Received
	Bucy		201 201 ELE
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: APT / SUITE #:	CITY: STATE: 7IP CODE	FINARAN FINARAN FEB 2
Change of Address		en e me e en	2 75
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	ms/ms/mr first Leide	G,	Receip # Ameunt \$
	NICKNAME LAST Frazao - Buc	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO ROX PLEASE): APT /	J	ZIP CODE
(Residence or Business)			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER	EXTENSION	
9 REPORT TYPE	January 15 30th day before	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15 8th day before 6	election Exceeded \$500 limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 01 / 22 / 16	THROUGH 02/	Day Year / 20 / 16
11 ELECTION	Month Day Year Primar 03/01/16 Genera	Description	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (# known Tarraint County C	onstable Precinct 6
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	n		15 Filer	ID (Ethics Commission Filers)	
	Bucy, GI	en			
THIS POX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.					
	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL				
	SPECIFIC	COMMITTEE ADDRESS	9	102 ELE ELE	
				FEB FRANCTIONS	
Additional Pages		COMMITTEE CAMPAIGN TREASURER NAME		NT COU	
		COMMITTEE CAMPAIGN TREASURER ADDRESS		B: 03	
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHE ES, LOANS, OR GUARANTEES OF LOANS), UNLESS I		\$ 27.60	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 3, 118,60				
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS, S ITEMIZED		\$ 242,27	
	4. TOTAL POLITICAL EXPENDITURES \$4,955,				
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 1,513,97			\$ 1,513,97	
OUTSTANDING LOAN TOTALS	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 1,313,97 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 2,300,00				
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. My Notary ID # 130315210					
Expires July 30, 2019 Signature of Candigate or Officeholder					
AFFIX NOTARY STAMP / SEAL ABOVE					
Sworn to and subscribed before me, by the said <u>Hen William Bury</u> , this the <u>12</u> day of February, 20 16, to certify which, witness my hand and seal of office.					
Hoong T. Vu EECH FRO					
Signature of officer a	administering oath	Printed name of officer administering oath		ie or omeer administering care	
Forms provided by Texas E	thics Commission	www.ethics.state.tx.us	30315210	HOANG The State of	

The Instruction Guide explains how to complete this form.			1 Total pages Schedul	le A1:
2 FILER NAME Bucy, Glen			3 Filer ID (Ethics Com	nmission Filers)
4 Date 5 Full name of contributor out-of-state PAC (ID#: 02/02/16 6 Contributor address; City; State; Zip Code 8040 Branch Hollow Tree: 7, Ft, Worth TX 76123			7 Amount of contribu	ntion (\$)
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)				
Date 02/02/16	Full name of contributor out-of-state PAI Andrew Lee Contributor address; City; State 8032 Branch Hollew Trail, Ff. Worth	e; Zip Code / T X 76/23	Amount of contribu	ution (\$)
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	dons)	
Date (72/02/16	Shaye Hoale Contributor address; City; State 12837 Stuart Park Rd. Azle,	c; zip Code TX 76020	Amount of contribu	ution (\$)
	pation / Job title (See Instructions)	Employer (See Instruct	tions)	
Date 02/02/16	Full name of contributor out-of-state PAGE Blake Vanhooser Contributor address; City: State 716 Trendewind Dr. Ff, Worth,	e: Zip Code	Amount of contribu	7ARI 2016 F
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ASP	FILE ANT B
			INISTRATOR	AM 8: 03
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.				

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1:
2 FILER NAME	Bucy, Glen		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor ut-of-state PAC		7 Amount of contribution (\$)
02/02/16	Joshua Bucy 6 Contributor address; City; State; Zip Code 7221 Little Monican Dr. Ft. Verth, TX 76179		20,00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)
Date	_	; (ID#:)	Amount of contribution (\$)
02/02/16	Thomas Kantoz Contributor address; City; State 3437 Indale Ft. Worth, TX 7	; Zip Code 66 116	20,00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	_	; (ID#:)	Amount of contribution (\$)
02/02/16	Lenny Lopez Contributor address; City; State 768 Shady Ln, Hurst, TX 76	; Zip Code	20,00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Date		; (ID#:)	Amount of contribution (\$)
02/02/16	Tason Mc Caffity Contributor address; City; State P.O. Box 210221 Beford, TX	; Zip Code 76095	270,00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS NI	TARRANT COUNT 2016 FEB 22 AN 8: ELECTIONS ADMINISTRAT BY: ELECTIONS ADMINISTRATED
	If contributor is out-of-state PAC, please see inst	ruction guide for additional	reporting equirements. \bigcirc

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	Bucy, Glen		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor ut-of-state PAG	C (ID#:)	7 Amount of contribution (\$)
02/02/16	Megan Munion 02/02/16 6 Contributor address; City; State; Zip Code 4004 Collinwood Are Rear Ft. Worth, TX 76107		95,00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date		C (ID#:)	Amount of contribution (\$)
02/02/16	Tammy Bucy Contributor address; City; State 7221 Little Mehican Dr. Ft, Worth, 1	e; Zip Code X 76179	100,00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
02/02/16	Tristyn Kessler Contributor address; City; State 5116 County Rd 531 Burleson, TX	o; Zip Code 76028	152,00
Principal occupation / Job title (See Instructions) Employer (See Instructions)			
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
02/02/16	Carla White Contributor address; City; State 3833 Minot Ave. Ft. Worth, TX 7	e; Zip Code	20,00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	FR 63
			TAF
			FILED ARRANT COUNTY 16FEB 22 AM 8: 03 FRANK PHILLIPS ECTIONS ADMINISTRATOR
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.			

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Bucy, Glen 4 Date 5 Full name of contributor out-of-state PAC (ID#: 02/02/16 6 Contributor address; City; State; Zip Code 50/6 Monard Way Ft, Warth, TX 76/123 7 Amount of contribution (\$) 140,00 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) out-of-state PAC (ID#: Date Amount of contribution (\$) Dan Abrams 02/02/16 Contributor address; City; State; Zip Code 4521 Fair Creek Terrace Aledo, TX 76008 40,00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Out-of-state PAC (ID#: Date Amount of contribution (\$) 02/02/16 Curtis Mc Caffity Contributor address; Sity; State; Zip Code 3624 Harber Dr. Bedford, TX 7602 100,00 Employer (See Instructions) Principal occupation / Job title (See Instructions) Date out-of-state PAC (ID#: Amount of contribution (\$) Philip Hinkle Contributor address; City; State; Zip Code 800 Buffale Springs, Fort Worth, TX 76140 20,00 Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 7 Amount of contribution (\$) 140,00 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Amount of contribution (\$) 02/02/16 Benjamin Bucy contributor address; City; State; Zip Code 1815 Ferguson Ct. N. Ft. Worth, TX 76115 164,00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Date Amount of contribution (\$) 02/02/16 Judah Bucy Contributor address; City; State; Zip Code 7221 Little Monicar Dr. Ft. Worth, TX 76179 40,00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Amount of contribution (\$) 140,00 Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

SCHEDULE A1

			· · · · · · · · · · · · · · · · · · ·		
The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1:		
2 FILER NAME Bucy G PM 4 Date 5 Full name of contributor out-of-state PAC (ID#:)			3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor out-of-state PAC	(ID#:)	7 Amount of contribut	ion (\$)	
02/02/16	Alondra Armanderez 102/16 6 Contributor address; City; State; Zip Code 20,00 3509 Lebew St. Ft. Worth, TX 76106				
8 Principal occup	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)		
Date		(ID#:)	Amount of contribu	tion (\$)	
02/02/16	Colt Orban Contributor address; City; State 137 Diable Dr. Burleson, 7	; Zip Code X 76028	20,00		
Principal occup	eation / Job title (See Instructions)	Employer (See Instruct	tions)		
Date	_	(ID#:)	Amount of contribu	tion (\$)	
02/03/16	Charlene Wilson Contributor address; City; State: 25410 42nd PL,S. Kent, Wilson	Zip Code A 98032	200,00		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)		
Date	Full name of contributor	(ID#:)	Amount of contribu	tion (\$)	
	Contributor address; City; State	; Zip Code			
Principal occup	oation / Job title (See Instructions)	Employer (See Instruc	tions)	TAR 2016	
			TOUS ADMINISTRATOR	FILED RANT COUNTY FEB 22 AM 8: 03	
ATTACH ADDITIONAL CODIES OF THIS SCHEDULE AS NEEDED					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

Full name of contributor out-of-state PAC Full name of contributor out-of-state PAC Contributor address; City; State SIS FERGUSON CT, N. #B Ff, II on / Job title (See Instructions) Full name of contributor out-of-state PAC Kaleb Boal Contributor address; City; State May be a contributor out-of-state PAC on / Job title (See Instructions)	i; Zip Code Verth, TX 76115 9 Employer (See Instruction) i; Zip Code 16863 Employer (See Instruction)	Amount of contribution (\$)		
Full name of contributor out-of-state PAC Kathering Bucy Contributor address; City; State \$15 Fergusen CT, V. #B Ft, I on / Job title (See Instructions) Full name of contributor out-of-state PAC Kaleb Boal Contributor address; City; State \$32 Faunce Rd. Olanta, PA on / Job title (See Instructions) Full name of contributor out-of-state PAC	g Employer (See Instruction) g Employer (See Instruction) g Zip Code 16863 Employer (See Instruction)	7 Amount of contribution (\$) 100, 00 ctions) Amount of contribution (\$) 50,00		
Full name of contributor out-of-state PAC Kathering Bucy Contributor address; City; State \$15 Fergusen CT, V. #B Ft, I on / Job title (See Instructions) Full name of contributor out-of-state PAC Kaleb Boal Contributor address; City; State \$32 Faunce Rd. Olanta, PA on / Job title (See Instructions) Full name of contributor out-of-state PAC	g Employer (See Instruction) g Employer (See Instruction) g Zip Code 16863 Employer (See Instruction)	Amount of contribution (\$) $50,00$		
Full name of contributor out-of-state PAC Kaleb Boal Contributor address; City; State 332 Faunce Rd. Clanta, PAC on / Job title (See Instructions)	9 Employer (See Instruction of the Control of the C	Amount of contribution (\$) 50,00		
Full name of contributor out-of-state PAC Kaleh Boal Contributor address; City; State 332 Faunce Rd. Olanta, PA on / Job title (See Instructions)	i; Zip Code 16863 Employer (See Instruc	Amount of contribution (\$) 50,00 ctions)		
Kaleb Boal Contributor address; City; State 332 Faunce Rd. Olanta, PA on / Job title (See Instructions) Full name of contributor	Employer (See Instruction)	50,00 ctions)		
on / Job title (See Instructions) Full name of contributor out-of-state PAC	Employer (See Instruc	ctions)		
Full name of contributor	C (ID#:)			
		Amount of contribution (\$)		
		Amount or continuation (4)		
contributor address; City: State 301 NE Green Caks Blvd. Arli	zip Code noton, TX 76006	100,00		
on / Job title (See Instructions)	Employer (See Instruc	ctions)		
Full name of contributor out-of-state PAC	2 (ID#:)	Amount of contribution (\$)		
5012 Roundtree CT. Hattom City, TX 76137				
on / Job title (See Instructions)	Employer (See Instruc	ctions)		
		FEB 22 AM 8: 03		
	Full name of contributor out-of-state PAC Caylor Contributor Oity: State Contributor address: City: State O12 Round free CT, Haltom n / Job title (See Instructions)	Full name of contributor out-of-state PAC (ID#:) Cayla Contributor Contributor address; City; State; Zip Code O12 Round-free CT, Hallom City, TX 76137		

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Bucy, Glen 4 Date 5 Full name of contributor out-of-state PAC (ID#: Charlene Wilson 6 Contributor address; City; State; Zip Code 25410 H2nd P15, Kent, WA 98032 7 Amount of contribution (\$) 200,00 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) ut-of-state PAC (ID#:____ Amount of contribution (\$) 02/12/16 Benjamin Bacy Contributor address; City; State; Zip Code 1815 Ferguson CT. N. Ft. Vorth, TX 76115 500,00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date ut-of-state PAC (ID#:_ Amount of contribution (\$) 02/11/16 Contributor address; City; State; Zip Code 2701 W. Berry St. STE 201 Fl. Worth, TX 76109 75,00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) City; State; Zip Code Contributor address; Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.			1 Total pages Schedule E:		
2 FILER NAME		3 Filer ID (Ethics Commission Filers)			
B	well Glan				
1)	ucy, Glen				
4 TOTAL OF UN	ITEMIZED LOANS		\$		
5 Date of loan	7 Name of lender ut-of-state F	PAC (ID#:)	9 Loan Amount (\$)		
02/12/16	Glan Bucy		1,200,00		
6 Is lender a financial Institution?	8 Lender address; City; 5420 old Orchard Dr. Ff,	State; Zip Code Worth, TX 76/23	10 Interest rate		
	7 1.	7.7	11 Maturity date		
			Open		
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)			
Polico	Officer	City of Arlingto	2.7		
14 Description of Colla		15 Check personal funds were			
none		account (See Instructions)			
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)		
	40	· · · · · · · · · · · · · · · · · · ·			
	18 Guarantor address; City; S	State; Zip Code			
not applicable			·		
20 Principal Occupati	ion (See Instructions)	21 Employer (See Instructions)	L		
20 Timospar Goodpar	on (oco manasiono)	Employer (doc mondations)			
Date of loan	Name of lender	PAC (ID#:	Loan Amount (\$)		
			1,100		
02/13/16					
is lender	Lender address; City;	State; Zip Code	Interest rate		
a financial Institution?	3629 Harber Dr. 138d ford	11X 76021	0		
Y N			Maturity date		
			open		
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)			
Sales Charter Cal		ح) ا			
Description of Collateral Check if personal funds were					
none		account (See Instructions)	B EL 2(
	Name of guarantor		Amdunt Guaranteed		
GUARANTOR INFORMATION	Name of guaranto		Amdunt Guaranteed Th		
			5 W PT		
	Guarantor address; City;	State; Zip Code	22 N		
not applicable					
			3 3 00		
Principal Occupation (See Instructions) Employer (See Instructions)		8: 0			
			ATC O. ~		
7					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					
If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.					

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense **Event Expense** Loan Repayment/Reimbursement Solicitation/Fundraising Expense Office Overhead/Rental Expense Accounting/Banking Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Gift/Awards/Memorials Expense Travel In District Polling Expense Contributions/Donations Made By Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor Other (enter a category not listed above) The instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Bucy, Glan East Gourmet Buffet 7 Payee address; City; State; Zip Code 60805, Hulen St. # 550 Ft. Worth, TX 76132 6 Amount (\$) 23.24 (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Food Expense Check if Austin, TX, officeholder living expense EXPENDITURE Lanch For Volunteers Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH 02/03/16 City; State; Zip Code Amount (\$) 6701 Camp Bowie Blud. Ft. Worth, TX 76116 700,00 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Fundraising Expense Check if Austin, TX, officeholder living expense EXPENDITURE food for Fundraiser Candidate / Officeholder name Complete **ONLY** if direct expenditure to benefit C/OH 2344 Farmington Pallas, TX 75207 Category (See Categories listed at the top of this schedule) ___ Check if travel outside of Texas. 0 PURPOSE Advertising Exponse OF Check if Austin, TX, officehol EXPENDITURE Mailer Office sought Office held Candidate / Officeholder name Complete **QNLY** if direct expenditure to benefit C/OH