CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how to complete this form	n. 1 Filer ID (Ethics Commission Filers)	2 Total pages filed:		
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MB) FIRST	™ W.	OFFICE USE ONLY		
NAME	NICKNAME LAST		Date Received		
	Bucy		m		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address 5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER	EXTENSION	TARRANT COMUN 2016 JAN 12 APOIL FRANK PHILLIPS ELECTIONS ADMINISTR BY: ALM Date Hand-delivers TR		
6 CAMPAIGN TREASURER	MS (MRS)/ MR FIRST	MI Gr,	Receipt # Argount \$		
NAME	NICKNAME LAST	SUFFIX	Date Processed		
	Frazao-Bucy		Date Imaged		
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLÉASE): A	PT / SUITE #: CITY: STATE;	ZIP CODE		
(Residence or Business)					
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER	EXTENSION			
9 REPORT TYPE		perfore election Runoff	15th day after campaign treasurer appointment (Officeholder Only)		
,	U July 15 8th day bet	fore election Exceeded \$500 limit	Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year 07 / 01 / 13	THROUGH 12 /	Day Year 71 / 15		
11 ELECTION	ELECTION DATE	ELECTION TYPE			
	Month Day 10al	Description eneral Special			
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known	atable Presinct 6		
	·	Tarrant Courty Cor	nstable Precinct 6		
·					
GO TO PAGE 2					

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	ncy Gler		Filer ID (Ethics Commission Filers)		
16 NOTICE FROM 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 1FTHEY RECEIVE NOTICE OF SUCH EXPENDITURES.					
	COMMITTEE TYPE	COMMITTEE NAME	2 T		
	GENERAL		A CE		
		COMMITTEE ADDRESS	ED CQUHT AM II: HILLIPS MINISTR		
	SPECIFIC		RAIT		
			OR O		
		COMMITTEE CAMPAIGN TREASURER NAME	,		
Additional Pages			•		
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION	1 TOTAL	 POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN			
TOTALS	1. TOTAL PLEDGI	ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE	S _D \$ O		
	2. TOTAL	POLITICAL CONTRIBUTIONS	11-06-0-		
		THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4,786,33		
EXPENDITURE	3. TOTAL	POLITICAL EXPENDITURES OF \$100 OR LESS,	\$ 0		
TOTALS		SITEMIZED	* 0		
	4. TOTAL	\$ 3,934,53			
CONTRIBUTION BALANCE	5. TOTAL OF REF	8 924.20			
OUTSTANDING LOAN TOTALS	6. TOTAL LAST D	* O			
18 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. ERIKA MENDEZ ANY COMMISSIONERS.					
MY COMMISSION EXPIRES April 6, 2019					
Signature of Capaddate or Officeholder					
AFFIX NOTARY STAMP / SEALABOVE					
Sworn to and subscribed before me, by the said Glen William Bucy, this the 12					
day of, 20_16, to certify which, witness my hand and seal of office.					
$S \times M$					
Conta 1/1e	nolez	Erika Mendez Sal	es Hssociate		
Signature of officer administering dath Printed name of officer administering oath Title of officer administering oath					

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME 20	Filer ID (Ethics Commission Filers)
	Bucy, Glen	
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4,786,33
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONT	*3,746,69
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CO	NTRIBUTIONS \$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 187,84
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BU	USINESS OF C/OH \$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONT	RIBUTIONS \$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION RETURNED TO FILER	NS \$

FRANK PHILLIPS
ELECTIONS ADMINISTRATOR

2016 JAN 12 AM11: 40

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The	Instruction Guide explains how to comp	1 Total pages Schedule A1:					
2 FILER NAME	Bucy, Glen			3 Filer ID (Ethics Commission Filers)	.)		
4 Date	5 Full name of contributor ut-oi	of-state PAC	(ID#:)	7 Amount of contribution (\$)			
09/07/15 Jason McCaffity 6 Contributor address; City; State; Zip Code P.O. Box 210221 Bedford, TX 76095							
8 Principal occup	pation / Job title (See Instructions)		9 Employer (See Instruct	tions)			
Date	-		(ID#:)	Amount of contribution (\$)			
09/07/15	Mandy Calp Contributor address; City 745 Willew St. Hars	y; State;	Zip Code 76053	\$15,00			
Principal occup	ation / Job title (See Instructions)		Employer (See Instruct	tions)			
Date	Full name of contributor	of-state PAC	(ID#:)	Amount of contribution (\$)			
09/07/15 Contributor address: City; State; Zip Code \$50,00 1815 Ferguscin Ct. #B Ft. werth, TX 76115							
Principal occupation / Job title (See Instructions) Employer (See Instructions)							
Date	Full name of contributor out-o	of-state PAC	(ID#:)	Amount of contribution (\$)			
09/22/15	Contributor address; City, 2720 Harmon Dr. Grap		zip Code 7/TX 7605 (\$ 1,171,33			
Principal occup	ation / Job title (See Instructions)		Employer (See Instruc	etions)	more i		
,				FRANK PHILLIPS OTIONS ADMINISTRA	FILED ARRANT COUNTY		
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. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Bucy, Glen 4 Date 5 Full name of contributor 7 Amount of contribution (\$) Menty Bennett 6 Contributor address; City; State; Zip Code 14185 Dallas Parkway, Suit 1150 11/23/15 \$ 2,000,00 9 Employer (See Instructions) out-of-state PAC (ID#:_ Date Amount of contribution (\$) \$ 50,00 Employer (See Instructions) Date out-of-state PAC (ID#: Amount of contribution (\$) 12/14/15 Eric Reiff Contributor address; 240 SW 183rd St. Normandy Park, WA 98166 \$ 100,00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Amount of contribution (\$) out-of-state PAC (ID#: Keri Reiff Contributor address; City; State; Zip Code 240 SW 18372 St. Normandy Park, WA 98166 12/14/15 \$100,00 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. 2 FILER NAME BUCY, GIEN 3 Filer ID (Ethics Commission Filers) 4 Date 5 Full name of contributor out-of-state PAC (ID#: 12/15/15 6 Contributor address; City; State; Zip Code 5309 King Knowe Pkwy Ft. Worth, TX 76/35 7 Amount of contribution (\$) \$ 100,00 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date out-of-state PAC (ID#: Amount of contribution (\$) Clyde Picht Contributor address; City; State; Zip Code 5016 Monarda Way Ft. Worth, Tx 76123 12/15/15 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#:_ Amount of contribution (\$) 12/21/15 Jason McKay Contributor address; City; State; Zip Code 7905 Branch Hollow TRL Ft. Worth, TX 76123 \$500,00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) Out-of-state PAC (ID#: 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.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	•	Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services	Office Over Polling Exp Printing Exp Salaries/W	pense ages/Contract Labor	Transpo Travel II Travel C	on/Fundraising Expense rtation Equipment & Related Expense District ut Of District hter a call cory not listed above	
		The Instruction Guide exp	ains now to co	omplete this form.		SE A CE	
1 Total pages Schedule F1:	2 FILER N	Bucy, Glen			3 Filer	ID (Ethics Commession Filers)	
4 Date 09/16/15	5 Payee na	The Money, Com				¥ 1 10R	
## Date							
8	(a) Category	(See Categories listed at the top of the	nis schedule)	(b) Description			
PURPOSE				Check if travel ou	itside of Texa	s. Complete Schedule T.	
OF	1	- 1885		Check if Austin	, TX, office	holder living expense	
EXPENDITURE	7	<i>(18)</i>		Functionsing	FRE		
9 Complete ONLY if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held	
Date	Payee na	me					
09/17/15	Fast	Signs					
99/17/15							
	Category (See Categories listed at the top of this schedule) Description						
PURPOSE OF	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
EXPENDITURE	Advertising Expense					•	
Complete ONLY if direct expenditure to benefit C/Oh		ate / Officeholder name		Office sought		Office held	
Date	Payee na	ame					
09/21/15	BUB	Printing					
Amount (\$) \$ 405,94	Payee ac	ddress; City; State; 5th Ave. Mansf	zip Code Telc/TX	76063			
PURPOSE OF EXPENDITURE		'(See Categories listed at the top of t	his schedule)	l -	, TX, office	s. Complete Schedule T. holder living expense	
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH							
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

POLITICAL EXPENDITURES MADE SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS **EXPENDITURE CATEGORIES FOR BOX 8(a)** Solicitation/Fundraising Expense Transportation Equipment & Balated Travel In District Travel Out Of District Other (enter a category) not listed abo Advertising Expense Event Expense Loan Repayment/Reimbursement Accounting/Banking Office Overhead/Rental Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Polling Expense Contributions/Donations Made By Printing Expense Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 4 Date 5 Payee name BAB Printing 7 Payee address; City; State; Zip Code 501 5, 5th Ave, Manskield, TX 76063 10/01/13 \$405,94 (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas, Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense Advertising Expense OF **EXPENDITURE** Push Lards Candidate / Officeholder name Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name 12/01/15 Face Book 1 Com Payee address; City; State; Zip Code 1 Hacker Way Menb Park, CA 94025 Amount (\$) Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense Advertising Expense EXPENDITURE Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name 12/04/15 Raise The Maney Com Payee address; City; State; Zip Code \$2,95 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense **EXPENDITURE** Fundraising Fee Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

I	EXPENDITURES MADE LITICAL CONTRIBUTIONS	; ;	<u>.</u>	SCHEDUE FI		
	EXPENDITURE CATEGORIES	FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Re Fees Office Or Food/Beverage Expense Polling E y Gift/Awards/Memorials Expense Printing I	payment/Reimbursement verhead/Rental Expense xpense Expense Wages/Contract Labor	Transporta Travel in D Travel Out	/Fundraising Expense tion Equipment & Related Expense istrict		
1 Total pages Schedule F1:	2 FILER NAME BUCY, GIEN		3 Filer II	(Ethios Commission Filers)		
4 Date 12/04/15	5 Payee name Danwa Inc. 7 Payee address; City; State; Zip Code					
\$ 1,671.38	7 Payee address; City; State; Zip Code 12404 Hwy 155 S. Tylpr, T	X 75703				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Active Tising Expense			Complete Schedule T. Ider living expense		
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held		
Date	Payee name					
12/04/15	Lowe's					
\$56,03	Payee address; City; State; Zip Code 4305 Bryant Irvin Rd. Fr	t, worth, TX	7613	2		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense			omplete Schedule T. der living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	21.)	Office held		
Date	Payee name					
12/14/15	Tarrant County Republican	7 Party				
Amount (\$) \$ 1,000.00	Tarrant County Republican Payee address; City; State; Zip Code 7524 Mosier View CT. Ste, 2	30 Ft. Wort	h,TX	76119		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FPPS			tomplete Schedule T. der living expense		
Complete ONLY if direct expenditure to benefit C/OF	Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Salaries/Wages/Contract Labor Legal Services Other (enter a category not listed above) Credit Card Payment The instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name City; State; Zip Code 1900 Attamessa Blud Ft. Worth, TX 76134 (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Transportation Exponse OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date Amount (\$) Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense OF EXPENDITURE Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Date Payee name City; State; Zip Code Payee address; Amount (\$) Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense OF EXPENDITURE Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE 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 Gilt/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)

Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Bucy, Glen

5 Payee name

Lowe's

7 Payee address; City; State; Zip Code

H305 Bryant Irvin Rd. Ft. Warth, TX 76132 12/16/15 6 Amount (\$) political contributions intended 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Advertising Expense Check if travel outside of Texas. Complete Schedule T. OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name Amount (\$) Payee address: City; State; Zip Code Reimbursement from political contributions intended (b) Description Category (See Categories listed at the top of this schedule) **PURPOSE** Check if travel outside of Texas. Con nplete Schedule T. OF EXPENDITURE Check if Austin, TX, officeholde Officerhold Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH OM Date Payee name City; State; Zip Code Amount (\$) Pavee address: Reimbursement from political contributions intended (b) Description Category (See Categories listed at the top of this schedule) **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF EXPENDITURE ☐ Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED