

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Bucy, Glen 15 Filer ID (Ethics Commission Filers)

16 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. 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
 GENERAL
 SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

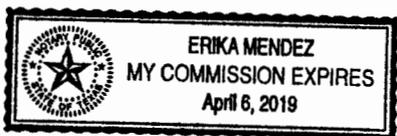
Additional Pages

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TARRANT COUNTY
JAN 12 AM 11:40
RANK PHILLIPS
ELECTIONS ADMINISTRATOR

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4,786.33
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,934.53
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 924.20
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

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.



AFFIX NOTARY STAMP / SEAL ABOVE

Glen William Bucy
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Glen William Bucy, this the 12 day of Jan, 2016, to certify which, witness my hand and seal of office.

Erika Mendez Erika Mendez Sales Associate
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

SUBTOTALS - C/OH

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

19 FILER NAME

Bucy, Glen

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>4,786.33</i>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>3,746.69</i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <i>187.84</i>
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

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ELECTIONS ADMINISTRATOR
 BY: _____

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Bucy, Glen</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>09/07/15</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jason McCaffity</i> 6 Contributor address; City; State; Zip Code <i>P.O. Box 210221 Bedford, TX 76095</i>	7 Amount of contribution (\$) <i>\$ 500.00</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>09/07/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Mandy Culp</i> Contributor address; City; State; Zip Code <i>745 Willow St. Hurst, TX 76053</i>	Amount of contribution (\$) <i>\$ 15.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>09/07/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Benjamin Bucy</i> Contributor address; City; State; Zip Code <i>1815 Ferguson Ct. #B Ft. Worth, TX 76115</i>	Amount of contribution (\$) <i>\$ 50.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>09/22/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Kenneth McKay</i> Contributor address; City; State; Zip Code <i>2720 Harmon Dr. Grapevine, TX 76051</i>	Amount of contribution (\$) <i>\$ 1,171.33</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
		BY: _____ ELECTIONS ADMINISTRATOR 2016 JAN 12 AM 11:40 TARRANT COUNTY FILED
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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Bucy, Glen</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>11/23/15</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Mentz Bennett</i>	7 Amount of contribution (\$) <i>\$2,000.00</i>
6 Contributor address; City; State; Zip Code <i>14185 Dallas Parkway, Suit 1150 Dallas, TX 75254</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>11/21/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Willie Johnson</i>	Amount of contribution (\$) <i>\$50.00</i>
Contributor address; City; State; Zip Code <i>528 Crystal Springs Dr. Ft. Worth, TX 76108</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>12/14/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Eric Reiff</i>	Amount of contribution (\$) <i>\$100.00</i>
Contributor address; City; State; Zip Code <i>240 SW 183rd St. Normandy Park, WA 98166</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>12/14/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Keri Reiff</i>	Amount of contribution (\$) <i>\$100.00</i>
Contributor address; City; State; Zip Code <i>240 SW 183rd St. Normandy Park, WA 98166</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Bucy, Glen</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>12/15/15</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>San Perry</i>	7 Amount of contribution (\$) <i>\$ 100.00</i>
6 Contributor address; City; State; Zip Code <i>5309 Kingknowe Pkwy Ft. Worth, TX 76135</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>12/15/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Clyde Picht</i>	Amount of contribution (\$) <i>\$ 100.00</i>
Contributor address; City; State; Zip Code <i>5016 Monarda Way Ft. Worth, TX 76123</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>12/21/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jason McKay</i>	Amount of contribution (\$) <i>\$ 500.00</i>
Contributor address; City; State; Zip Code <i>7905 Branch Hollow TRL Ft. Worth, TX 76123</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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 BY: _____

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POLITICAL EXPENDITURES MADE 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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 4	2 FILER NAME Bucy, Glen	3 Filer ID (Ethics Commission Filers)
4 Date 09/16/15	5 Payee name RaiseTheMoney.Com	
6 Amount (\$) \$28.43	7 Payee address; City; State; Zip Code P.O. Box 26466 Little Rock, AR 72221	
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 Franchising Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 09/17/15	Payee name Fast Signs
Amount (\$) \$70.14	Payee address; City; State; Zip Code 4901 S. Helen St. Ft. Worth, TX 76132
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense
	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Signs
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held

Date 09/21/15	Payee name BdB Printing
Amount (\$) \$405.94	Payee address; City; State; Zip Code 501 S. 5th Ave. Mansfield, TX 76063
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense
	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Push Cards
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 ELECTION ADMINISTRATOR

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 | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 4	2 FILER NAME Bucy, Glen	3 Filer ID (Ethics Commission Filer)
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4 Date 10/01/15	5 Payee name B&B Printing
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6 Amount (\$) \$405.94	7 Payee address; City; State; Zip Code 501 S. 5th Ave. Mansfield, TX 76063
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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 Push Cards
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/01/15	Payee name Facebook.com
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Amount (\$) \$74.96	Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ads
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/04/15	Payee name RaiseTheMoney.com
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Amount (\$) \$2.95	Payee address; City; State; Zip Code P.O. Box 26466 Little Rock, AR 72221
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising Fee
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F
 2016 JAN 12 AM 11:41
 FRANK PHILLIPS
 ELECTIONS ADMINISTRATOR
 TARRANT COUNTY
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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 Expenses |
| 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 F: 4	2 FILER NAME Bucy, Glen	3 Filer ID (Ethics Commission Filers)
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4 Date 12/04/15	5 Payee name Danwal Inc.
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6 Amount (\$) \$1,671.38	7 Payee address; City; State; Zip Code 12404 Hwy 155 S. Tyler, TX 75703
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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 Signs
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/04/15	Payee name Lowe's
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Amount (\$) \$56.03	Payee address; City; State; Zip Code 4305 Bryant Irvin Rd. Ft. Worth, TX 76132
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sign Posts
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/14/15	Payee name Tarrant County Republican Party
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Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 7524 Mosier View Ct. Ste. 230 Ft. Worth, TX 76119
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	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
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE 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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <i>4</i>	2 FILER NAME <i>Bucy, Glen</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>12/15/15</i>	5 Payee name <i>Quick Trip</i>	
6 Amount (\$) <i>\$30.92</i>	7 Payee address; City; State; Zip Code <i>1900 Attamessa Blvd. Ft. Worth, TX 76134</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Transportation Expense</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Fuel</i>
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
Date	Candidate / Officeholder name	
Payee name	Office sought	
Office held		
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Candidate / Officeholder name	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Office sought
Date	Payee name	
Office held		
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Candidate / Officeholder name	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Office sought
Date	Payee name	
Office held		
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Candidate / Officeholder name	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Office sought
Date	Payee name	
Office held		
Amount (\$)	Payee address; City; State; Zip Code	

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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
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:	2 FILER NAME <i>Bacy, Glen</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>12/16/15</i>	5 Payee name <i>Lowe's</i>
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6 Amount (\$) <i>\$197.84</i>	7 Payee address; City; State; Zip Code <i>4305 Bryant Irvin Rd. Ft. Worth, TX 76132</i>
<input checked="" type="checkbox"/> Reimbursement from political contributions intended	

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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BY: [Signature]
 ELECTOS ADMINISTRATOR
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