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 NAME	MS/MRS MRS FIRST GLEN NICKNAME LAST BUCY	SUFFIX	OFFICE USE ONLY Date Received		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX: APT / SHITE #-	CITY STATE ZIP CODE	TARF 2016 FE ELECTIO BY:		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER	EXTENSION	Date Hand-delignered or Date Postmarked		
6 CAMPAIGN TREASURER NAME	MS MBS MR FIRST Leide NICKNAME LAST Frazao-Bucy	MI G: SUFFIX	Date maged R		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / S	HITE # CITY STATE	7IP CODE		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER	EXTENSION			
9 REPORT TYPE	January 15 30th day before		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year	THROUGH OI	21 / 16		
11 ELECTION	BLECTION DATE Month Day Year Primary G3/O1/16 General	Runoff Cther Description Special			
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (it knows Tarront County (Constable Precinct 6		
GO TO PAGE 2					

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	Bucy, Gh	on 1	15 Filer ID	(Ethics Commission Filers)		
16 NOTICE FROM 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		TARR 2016 FE ELECFIC		
	SPECIFIC	COMMITTEE ADDRESS		RANT CO RANT CO EB -1 PI		
Additional Pages		COMMITTEE CAMPAIGN TREASURER NAME	, <u>ar</u> 9,770+M9.4 _{2.1} ,,	PH 2: 4		
		COMMITTEE CAMPAIGN TREASURER ADDRESS) 9g 30		
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THATES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ		0		
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	(450,00		
EXPENDITURE TOTALS	1 3 TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS					
	4. TOTAL	323.2C				
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ 1,050,91					
OUTSTANDING LOAN TOTALS	6. TOTAL I	0				
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. Notary Public STATE OF TEXAS My Comm. Exp. 11-01-17						
Signature of Candidate or Officeholder						
Sworn to and subscribed before me, by the said Glen Bucy, this the						
day of FUbuary , 20 (Lp, to certify which, witness my hand and seal of office.						
ana	Vux	Tina Vasaus_	No	tary		
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 20 Filer ID (Ethics Co	mmiss	sion Filers	;)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTO:	
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	450	9,0e
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	0	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	0	
4.	SCHEDULE E: LOANS	\$	0	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	323	.26
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	0	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$	0	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	0	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$	0	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	0	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	0	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	0	
	8Y:	FRANK PHILLIPS ELECTIONS ADMINISTRATOR	2016 FEB - 1 PM 2: 48	TARRANT COUNTY

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME BUCY, GIEN 4 Date 5 Full name of contributor out-of-state PAC (ID#: Anthony Fox Sanders 6 Contributor address; City; State; Zip Code 724 Rittiman Rd. San Antonio, TX 18209 3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$) 100,00 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) out-of-state PAC (ID#: Date Amount of contribution (\$) 01/19/16 Contributor address; City; State; Zip Code 768 Shady Ln. Harst, TX 76053 350,00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor ut-of-state PAC (ID#:_ Amount of contribution (\$) Contributor address: City: State: Zip Code 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 By Candidate/Officeholder/Political Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials E Legal Services	e Expense	Office Over Polling Exp Printing Exp Salaries/Wa	oense ages/Contract Lab	ense oor	Transporta Travel In (t Of District	& Related	Expense
		The Instruction Gu	ide explains	now to co	implete this to	rm.	<u>_</u>	: <u>C</u> m	<u> </u>	R
1 Total pages Schedule F1:	2 FILER N	Bucy, G	len				3 Filer	D (Ethics Co	nmsson 1	Filoso)m
4 Date	5 Payeena	111E						공		OIT
01/04/16	11-	Haul Moving	•					1 3	2	O O
6 Amount (\$)	7 Payee ad	dress; City;	State; Zip	Code		<i>a</i> ¬		107F	- S	7
36.25	3019 F	<u>Haul Movino</u> dress; city. Hamesa Blu	rd, Ft, w	orth ₁	7 × 76/3	3 <u>7</u> 	-	RATOR	, <u>1</u> .	TY
8	(a) Category	(See Categories listed at the	he top of this sch	edule)	(b) Descripti	on		\		
PURPOSE OF EXPENDITURE	Advert	ising Expen	5C					Complete Schedu		
					Sign	n Pla	aceme	nt		
Complete ONLY if direct expenditure to benefit C/OF		ate / Officeholder nar	me		Office sou				ce held	
Date	Payee na	me								
01/14/16	Chil	i's Grilla	13ar							
Amount (\$)	Payee ad	dress; City; 3. Hc.len St., F	State; Zip	Code						
45.40	5268	S. Halen TT, +	t. Worth	17X -	7613°L					
PURPOSE	Category	(See Categories listed at t	he top of this sch	redule)	Description Check		side of Texas.	Complete Schedu	еТ.	
OF	Front 1	Expense			Check	if Austin,	TX, officeho	older living exper	ıs e	
EXPENDITURE	100 1	Jy cmc			Lunch	for	Volunt	teers		
Complete ONLY if direct expenditure to benefit C/OF		ate / Officeholder nar	ne		Office sou	ght		Offi	ce held	
Date	Payee na	ıme								
01/16/16	7-	-11								
Amount (\$)	Payee ac	ldress; City;	State; Zip	Code	, .,		······································			
15,87	4500	Sycamore s	schoel i	Rd. F	t. Worth	, TX	7613	33		
	Category	(See Categories listed at t	he top of this sch	iedule)	Description	on			***************************************	
PURPOSE			1-		Check	if travel out	side of Texas.	Complete Schedu	leT.	
OF EXPENDITURE	Traise	I In Distric	:7		Check	if Austin	, TX, officeho	older living exper	ise	
most brigari Gitta	1,0,0 €				F	ue l	,			:
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 F	FOR BOX 8(a)	TAI		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Over Polling Exp Printing Exp Printing Exp Printing Exp Printing Exp Salaries/W	pense Travel in Distri pense Travel Out of I ages/Contract Labor Other (enter a	Equipment & Related Expense		
	The instruction Guide explains how to co		= P OU		
1 Total pages Schedule F1:	2 FILER NAME Bucy, GIEN	3 Filer ID	Ethics Complission Filers		
4 Date 01/16/16	5 Payee name //		2: 48 2: 48		
6 Amount (\$) 9,48	7 Payee address; City; State; Zip Code 4500 Sylamore School RJ.	Ft. Worth, TX 761	33		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Check if travel outside of Texas. Com Check if Austin, TX, officeholder Snack For Volum	living expense		
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name H	Office sought	Office held		
Date	Payee name				
01/19/16	Raise The Money, Com Payee address; City; State; Zip Code				
Amount (\$) 5,15	Payee address; City; State; Zip Code P,O, BOX 26466 L'HIE ROCK,	AR 72221			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FCCS	Description Check if travel outside of Texas. Com Check if Austin, TX, officeholder Fund raising Fell			
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name H	Office sought	Office held		
Date	Payee name				
01/19/16	East Gourmet Buffet				
Amount (\$) 35, 76	Payee address; City; State; Zip Code 6080 S. Halen St. #550 Ft, Wo	orth, TX 76132			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food Expense	Description Check if travel outside of Texas. Com Check if Austin, TX, officeholder Lunch For Volunteel	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 FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment		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)			
CHOCK COS OF A STRUCK	The Instruction Guide explain	s how to complete this form.	8 1 8 7			
1 Total pages Schedule F1:	2 FILER NAME Bucy, Glen		3 Filer D (Ethnos Commission Flers)			
4 Date 01/20/16	Wal-Mart		IS APP			
6 Amount (\$) 162,34	7 Payee address; City; State; Z 6300 Oakmont Blvd., Ft,	Worth TX 76132	PH 2: 4			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this s	Check if travel out	tside of Texas. Complete Schedule T. TX, officeholder living expense Tell For Voluntery S			
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held			
Date	Payee name					
01/20/16	QuickTrip					
Amount (\$)	Payee address; City; State; Z 5700 Bryant Irvin Rd.	ip code Ft. Werth, TX 7613	2.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this s Travel In District	Check if travel out	side of Texas. Complete Schedule T. TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held			
Date	Payee name					
Amount (\$)	Payee address; City; State; Z	tip Code				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this s	Check if travel out	iside of Texas. Complete Schedule T. TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						