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)

2 Total pages filed: 17

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR: MR | FIRST: BRONSON | MI: T | NICKNAME | LAST: TUCKER | SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

☐ Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE: PO Box 3594 CEDAR PARK TX 78613

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE: (512) PHONE NUMBER: 763-2629 EXTENSION:

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: Ms | FIRST: Amy | MI: L | NICKNAME | LAST: PARKER | SUFFIX

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE: 4462 SPANISH GOLD LN CEDAR PARK, TX 78613

8 CAMPAIGN TREASURER PHONE

AREA CODE: (940) PHONE NUMBER: 300-5486 EXTENSION:

OFFICE USE ONLY

Date Received

RECEIVED
JAN 16 2018
1:00 PM CH (IN)
WC ELECTIONS

Date Hand-delivered or Date Postmarked

Receipt # | Amount $

Date Processed

Date Imaged

9 REPORT TYPE

- ☒ January 15
- ☐ 30th day before election
- ☐ Runoff
- ☐ 15th day after campaign treasurer appointment (Officeholder Only)
- ☐ July 15
- ☐ 8th day before election
- ☐ Exceeded $500 limit
- ☐ Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year: 8 / 27 / 17 THROUGH 12 / 31 / 17

11 ELECTION

ELECTION DATE — Month Day Year: 3 / 6 / 18

ELECTION TYPE

- ☒ Primary
- ☐ Runoff
- ☐ Other Description
- ☐ General
- ☐ Special

12 OFFICE

OFFICE HELD (if any):

13 OFFICE SOUGHT (if known)

JUSTICE OF THE PEACE
PRECINCT 2

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME: Bronson Tucker

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	COMMITTEE NAME
☐ GENERAL	
☐ SPECIFIC	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	$ 815.00
	2. **TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 5515.77
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF $100 OR LESS, UNLESS ITEMIZED	$ 97.22
	4. **TOTAL POLITICAL EXPENDITURES**	$ 16,743.17
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 1772.98
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 0

18 AFFIDAVIT

STATE OF TX
COUNTY OF Williamson

On this 16 day of 01, 2018, I certify that the preceding or attached document is a true, exact, complete, and unaltered photocopy made by me of _____ presented to me by the document's custodian. _____, and, to the best of my knowledge, that the photocopied document is neither a public record nor a publicly recordable document, certified copies of which are available from an official source other than a notary public.

Courtney Smith — Courtney Smith
Notary Signature — Notary Name

AFFIX NOTARY STAMP / SEAL ABOVE

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.

Signature of Candidate or Officeholder

COURTNEY SMITH
Notary Public
STATE OF TEXAS
ID#131380049
My Comm. Exp. Dec. 12, 2021

Sworn to and subscribed before me, by the said Bronson Tucker, this the 16 day of January, 2018, to certify which, witness my hand and seal of office.

Signature of officer administering oath | Printed name of officer administering oath | Title of officer administering oath

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 6

2 FILER NAME: BRONSON TUCKER

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
11/28/17	J.C. CASAREZ 7001 S CONGRESS, #A106 AUSTIN, TX 78745	100
	8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)
11/28/17	LISA LIVELY 111 W. CREWS, HAMILTON, TX 76531	100
	Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)
11/13/17	CALVIN GRAY 2117 CAMBRIDGE, CORSICANA, TX 75110	100
	Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)
12/30/17	ROY + CHARLOTTE MANCHIN 1604 SW 40 OKC, OK 73119	500
	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.

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME	20 Filer ID (Ethics Commission Filers)
BRONSON TUCKER	

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	[X]	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$ 5515.77
2.	[ ]	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$
3.	[ ]	SCHEDULE B: PLEDGED CONTRIBUTIONS	$
4.	[X]	SCHEDULE E: LOANS	$ 507.21
5.	[X]	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ 4250.00
6.	[ ]	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	$
7.	[ ]	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	$
8.	[X]	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	$ 8951.10
9.	[X]	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	$ 3542.07
10.	[ ]	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	$
11.	[ ]	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$
12.	[ ]	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 4

2 FILER NAME: BRONSON TUCKER

3 Filer ID (Ethics Commission Filers)

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
9/7/17	BRIAN MAUGHAN 1521 SW 40 OKC, OK 73119	$500

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
12/28/17	RANSOME TUCKER 4402 SPANISH GOLD LN CEDAR PARK TX 78613	$500

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
12/23/17	ROBIN WELLMANN 200 MCNEESE BRENHAM TX 77833	$100

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
12/30/17	BARBARA CHISHKO 357 RANCHWOOD MANOR OKC OK 73139	$100

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 6

2 FILER NAME: BRONSON TUCKER

3 Filer ID (Ethics Commission Filers):

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____) / **6** Contributor address; City; State; Zip Code	**7** Amount of contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
12/31/17	ROBERT DANIEL 3820 B RIDGLEA DR AUSTIN TX 78731	$100		
12/31/17	JESSICA FOREMAN 11119 ALTERRA PKWY # 2966 AUSTIN, TX 78758	$100		
12/30/17	MIKE TAYLOR 6704 EDGEWATER OKC, OK 73116	$500		
12/30/17	DUSTIN HESTER 11316 CEDAR HOLLOW RD OKC OK 73162	$100		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 6

2 FILER NAME: BRONSON TUCKER

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
11/14/17	Kerry O'Brien 8017 LADERA VERDE DR AUSTIN TX 78739	$50

8 Principal occupation / Job title (See Instructions):

9 Employer (See Instructions):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
12/22/17	Kerry O'Brien 8017 LADERA VERDE DR AUSTIN, TX 78739	$200

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
12/20/17	Kitty Nelson 112 W VIENNA DR HUTTO, TX 78634	$250

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
12/20/17	Clark Turner 1104 BUCKINGHAM DR FORNEY TX 75126	$100

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 6

2 FILER NAME: BRONSON TUCKER

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
12/17/17	MIKE PEEVY SR 18040 MIDWAY RD # 150 DALLAS TX 75287	$100

8 Principal occupation / Job title (See Instructions):

9 Employer (See Instructions):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
12/16/17	CRAIG HOLMES PO BOX 29598 AUSTIN, TX 78755	$100

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
11/9/17	BAY HAUGHT 8844 WHIDDON RD CHAPPELL HILL TX 77426	$100

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
11/28/17	BAY HAUGHT 8844 WHIDDON RD CHAPPELL HILL TX 77426	$200

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 6

2 FILER NAME: BRONSON TUCKER

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
11/14/17	Tom Seiter 705 W Granger Broken Arrow OK 74012	$250		
11/27/17	Ben Logan PO Box 111917 Nashville, TN 37222	$150.27		
11/28/17	Ross Wells 1700 Redbud, Ste 300 McKinney TX 75069	$250		
11/28/17	Dallas Osborn 3 Bluff View Round Rock TX 78664	$200		

☐ out-of-state PAC (ID#:_____)

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: 1

2 FILER NAME
BRANSON TUCKER

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS $

5 Date of loan
9/5/17

7 Name of lender ☐ out-of-state PAC (ID#:)
SELF

9 Loan Amount ($)
507.21

6 Is lender a financial institution?
Y (N)

8 Lender address; City; State; Zip Code
4402 SPANISH GOLD
CEDAR PARK, TX 78613

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral
☒ none

15 Check if personal funds were deposited into political account (See Instructions)
☒

16 GUARANTOR INFORMATION
☒ not applicable

17 Name of guarantor

18 Guarantor address; City; State; Zip Code

19 Amount Guaranteed ($)

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

Name of lender ☐ out-of-state PAC (ID#:)

Loan Amount ($)

Is lender a financial Institution?
Y N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral
☐ none

Check if personal funds were deposited into political account (See Instructions)
☐

GUARANTOR INFORMATION
☐ not applicable

Name of guarantor

Guarantor address; City; State; Zip Code

Amount Guaranteed ($)

Principal Occupation (See Instructions)

Employer (See Instructions)

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
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 F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
1	BRONSON TUCKER	

4 Date	5 Payee name
12/11/17	WILLIAMSON COUNTY REPUBLICAN PRIMARY

6 Amount ($)	7 Payee address; City; State; Zip Code
1000	N/A

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	FEES	☐ Check if travel outside of Texas. Complete Schedule T ☐ Check if Austin, TX, officeholder living expense FILING FEE

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date	Payee name
9/26/17	CHASE

Amount ($)	Payee address; City; State; Zip Code
950	

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	CREDIT CARD PAYMENT	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT OF CREDIT CARD BILL

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date	Payee name
12/31/17	BRONSON TUCKER

Amount ($)	Payee address; City; State; Zip Code
2300	4402 SPANISH OAKS LN CEDAR PARK TX 78613

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	LOAN REPAYMENT/ REIMBURSEMENT	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense REIMBURSEMENT TO SELF

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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
	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 F4:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4	BRONSON TUCKER	

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD — $ 205.85

5 Date: 11/28	**6** Payee name: CHERRY CREEK CATFISH
7 Amount ($): 250	**8** Payee address; City; State; Zip Code: 11830 HERO WAY WEST LEANDER, TX 78641
9 TYPE OF EXPENDITURE	☒ Political ☐ Non-Political
10 PURPOSE OF EXPENDITURE	**(a)** Category (See Categories listed at the top of this schedule): EVENT EXPENSE — **(b)** Description: ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX. officeholder living expense. CAMPAIGN KICKOFF EVENT
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name: — Office sought: — Office held:

Date: 12/18	Payee name: FACEBOOK
Amount ($): 80.98	Payee address; City; State; Zip Code: N/A
TYPE OF EXPENDITURE	☒ Political ☐ Non-Political
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): ADVERTISING EXPENSE — Description: ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX. officeholder living expense. POLITICAL ADVERTISING
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name: — Office sought: — Office held:

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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
	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 F4:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4	BRONSON TUCKER	

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	$ 205.85

5 Date	6 Payee name
11/9/17	CARS RENTALS
7 Amount ($)	**8 Payee address; City; State; Zip Code**
24.95	2541 S IH-35, STE. 200-189 ROUND ROCK, TX 78664
9 TYPE OF EXPENDITURE	[X] Political [ ] Non-Political
10 PURPOSE OF EXPENDITURE	**(a) Category** (See Categories listed at the top of this schedule): CONSULTING EXPENSE
	(b) Description: [ ] Check if travel outside of Texas. Complete Schedule T. [ ] Check if Austin, TX, officeholder living expense. CAMPAIGN STRATEGY EXPENSE
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name: Office sought: Office held:

Date	Payee name
11/23/17	FACEBOOK
Amount ($)	**Payee address; City; State; Zip Code**
25.02	N/A
TYPE OF EXPENDITURE	[X] Political [ ] Non-Political
PURPOSE OF EXPENDITURE	**Category** (See Categories listed at the top of this schedule): ADVERTISING EXPENSE
	Description: [ ] Check if travel outside of Texas. Complete Schedule T. [ ] Check if Austin, TX, officeholder living expense. POLITICAL ADVERTISING
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name: Office sought: Office held:

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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
	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 F4:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4	BRONSON TUCKER	

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD — $ 205.85

5 Date	6 Payee name
9/22	GRASS ROUTES

7 Amount ($)	8 Payee address; City; State; Zip Code
3495	2541 S IH-35, STE 200-189 ROUND ROCK, TX 78664

9 TYPE OF EXPENDITURE — [X] Political [ ] Non-Political

10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	CONSULTING EXPENSE	[ ] Check if travel outside of Texas. Complete Schedule T. [ ] Check if Austin, TX. officeholder living expense CAMPAIGN STRATEGY

11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date	Payee name
9/22	GoDADDY

Amount ($)	Payee address; City; State; Zip Code
100.92	14455 N HAYDEN RD SCOTTSDALE, AZ 85260

TYPE OF EXPENDITURE — [X] Political [ ] Non-Political

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	ADVERTISING EXPENSE	[ ] Check if travel outside of Texas. Complete Schedule T. [ ] Check if Austin, TX. officeholder living expense RED WEBSITE DOMAIN

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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
	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 F4:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4	BRONSON TUCKER	
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		$ 205.88

5 Date	6 Payee name
12/21/17	HL BRANDING
7 Amount ($)	**8 Payee address; City; State; Zip Code**
2354.63	
9 TYPE OF EXPENDITURE	☒ Political ☐ Non-Political
10 PURPOSE OF EXPENDITURE	**(a) Category** (See Categories listed at the top of this schedule): ADVERTISING EXPENSE — **(b) Description** POLITICAL SIGNS; ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name — Office sought — Office held

Date	Payee name
Amount ($)	Payee address; City; State; Zip Code
TYPE OF EXPENDITURE	☐ Political ☐ Non-Political
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) — Description; ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense
Complete ONLY 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 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	3 Filer ID (Ethics Commission Filers)
2	BRONSON TUCKER	

4 Date	5 Payee name
10/2/17	CHASE

6 Amount ($)	7 Payee address; City; State; Zip Code
600	PO BOX 94014
☒ Reimbursement from political contributions intended	PALATINE, IL 60094

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description PAYMENT TO CREDIT CARD
	CREDIT CARD PAYMENT	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date	Payee name
10/20/17	CHASE

Amount ($)	Payee address; City; State; Zip Code
800	PO BOX 94014
☒ Reimbursement from political contributions intended	PALATINE, IL 60094

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) Description PAYMENT TO CREDIT CARD
	CREDIT CARD PAYMENT	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date	Payee name
10/24/17	CHASE

Amount ($)	Payee address; City; State; Zip Code
800	PO BOX 94014
☒ Reimbursement from political contributions intended	PALATINE, IL 60094

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) Description PAYMENT TO CREDIT CARD
	CREDIT CARD PAYMENT	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY 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 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	3 Filer ID (Ethics Commission Filers)
2 2/2	BRONSON TUCKER	

4 Date: 11/27/17

5 Payee name: CHASE

6 Amount ($): 542.07

☒ Reimbursement from political contributions intended

7 Payee address; City; State; Zip Code: PO BOX 94014 PALATINE, IL 60094

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule): CREDIT CARD PAYMENT

(b) Description: PAYMENT TO CREDIT CARD

☐ Check if travel outside of Texas. Complete Schedule T.

☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name | Office sought | Office held

Date: 12/5/17

Payee name: COMENITY BANK

Amount ($): 800

☒ Reimbursement from political contributions intended

Payee address; City; State; Zip Code: PO BOX 659450 SAN ANTONIO, TX 78265

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): CREDIT CARD PAYMENT

(b) Description: PAYMENT TO CREDIT CARD

☐ Check if travel outside of Texas. Complete Schedule T.

☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name | Office sought | Office held

Date:

Payee name:

Amount ($):

☐ Reimbursement from political contributions intended

Payee address; City; State; Zip Code:

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule):

(b) Description:

☐ Check if travel outside of Texas. Complete Schedule T.

☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name | Office sought | Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

From: BRONSON TUCKER
4402 SPANISH GOLD
CEDAR PARK TX 78613

1000

78627

U.S. POSTAGE
PAID
CEDAR PARK, TX
78613
JAN 16, 18
AMOUNT
$1.40
R2303S102284-26

[redacted]

JAN 17 2018
WC ELECTIONS

To: WILCO ELECTIONS
PO BOX 209
GEORGETOWN TX 78627

ReadyPost
Document Mailer