

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
3 CANDIDATE / OFFICEHOLDER NAME MS / MRS / MR Mr FIRST Anthony MI J NICKNAME AJ LAST Pulci SUFFIX -			OFFICE USE ONLY Date Received <div style="border: 1px solid black; padding: 5px; text-align: center;"> Waller Co. Elections JAN 06 2026 RECEIVED </div>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address ADDRESS / PO BOX 401 Windmill Dr Hempstead Tx 77445			APT / SUITE #: CITY: STATE: ZIP CODE	
5 CANDIDATE/ OFFICEHOLDER PHONE AREA CODE (716) PHONE NUMBER 473 5906			EXTENSION Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME MS / MRS / MR Mr FIRST Robert MI J NICKNAME Jozwiak LAST SUFFIX			Receipt # <input type="text"/> Amount \$ <input type="text"/> Date Processed Date Imaged	
7 CAMPAIGN TREASURER ADDRESS STREET ADDRESS (NO PO BOX PLEASE) APT / SUITE #: CITY: STATE; ZIP CODE 22043 FM 1887 Hempstead Tx 77445				
8 CAMPAIGN TREASURER PHONE AREA CODE (713) PHONE NUMBER 724-6187				
9 REPORT TYPE <input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)				
10 PERIOD COVERED Month 7 Day 01 Year 2025 THROUGH Month 12 Day 31 Year 2025				
11 ELECTION ELECTION DATE Month 03 Day 03 Year 2026			ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description _____ <input type="checkbox"/> General <input type="checkbox"/> Special _____	
12 OFFICE OFFICE HELD (if any) —			13 OFFICE SOUGHT (if known) Waller Co. Pet. Justice of the Peace	
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages			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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC			COMMITTEE NAME	
			COMMITTEE ADDRESS	
			COMMITTEE CAMPAIGN TREASURER NAME	
			COMMITTEE CAMPAIGN TREASURER ADDRESS	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

Anthony J Pulci

16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION
TOTALS

1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN
PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR
CONTRIBUTIONS MADE ELECTRONICALLY)

\$ -

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 3277.75

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE

\$ 492.63

4. TOTAL POLITICAL EXPENDITURES

\$ 4986.28

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF REPORTING PERIOD

\$ 3641.47

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$ 5350.00

18 SIGNATURE 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.

Anthony J Pulci

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____

20 _____, 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

OR

(2) Unsworn Declaration

My name is Anthony J Pulci, and my date of birth is 03-04-55
My address is 61 Windmill Dr Hempstead, TX, 77445, Waller
(street) (city) (state) (zip code) (country)

Executed in Waller County, State of TX, on the 5th day of JANUARY, 2026.
(month) (year)

Anthony J Pulci

Signature of Candidate/Officeholder (Declarant)

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

19 FILER NAME	20 Filer ID (Ethics Commission Filers)
Anthony J Palin	
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3277.75
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ —
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ —
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 5350.00
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 4986.25
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ —
7. <input checked="" type="checkbox"/> SCHEDULE F3 PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ —
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 2483.82
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ —
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	\$ —

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: <i>5</i>
2 FILER NAME <i>Anthony J Pulci</i>			3 Filer ID (Ethics Commission Filers)
4 Date <i>10-20-25</i>	5 Full name of contributor <i>Aaron Ricotta</i>	<input type="checkbox"/> out-of-state PAC (ID# _____)	7 Amount of contribution (\$) <i>\$ 95.00</i>
	6 Contributor address: <i>25 Lowell Pl Fredonia NY 14063</i>	City: _____ State: _____ Zip Code	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date <i>10-21-25</i>	Full name of contributor <i>Kathy Leone</i>	<input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$) <i>\$25.00</i>
	Contributor address: <i>15 Cedar Meadows Rd Charlestown RI 02813</i>	City: _____ State: _____ Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>10-22-25</i>	Full name of contributor <i>Ronald Cinelli</i>	<input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$) <i>\$ 25.00</i>
	Contributor address: <i>1171 Hurlburt Rd Forestville, NY 14062</i>	City: _____ State: _____ Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>10-27-25</i>	Full name of contributor <i>Charles Pulci</i>	<input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$) <i>\$ 100.00</i>
	Contributor address: <i>286 Bedford Ave Staten Is, NY 10306</i>	City: _____ State: _____ Zip Code	
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

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: <i>5</i>
2 FILER NAME <i>Anthony J Pateri</i>			3 Filer ID (Ethics Commission Filers)
4 Date <i>9-19-25</i>	5 Full name of contributor <i>James Harrington</i>	<input type="checkbox"/> out-of-state PAC (ID# _____)	7 Amount of contribution (\$) <i>\$25.00</i>
	6 Contributor address; <i>311 Water St</i>	City: <i>Frederonia</i> State: <i>NY</i> Zip Code <i>14063</i>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date <i>9-19-25</i>	Full name of contributor <i>Mary Shouse</i>	<input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$) <i>\$100.00</i>
	Contributor address; <i>110 Hickory Ridge Dr</i>	City: <i>Houston</i> State: <i>TX</i> Zip Code <i>77024</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>9-18-25</i>	Full name of contributor <i>Trace Nichols</i>	<input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$) <i>\$100.00</i>
	Contributor address; <i>53 Windmill Dr</i>	City: <i>Hempstead</i> State: <i>TX</i> Zip Code <i>77445</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>12-15-25</i>	Full name of contributor <i>Timothy Morris</i>	<input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$) <i>\$500.00</i>
	Contributor address; <i>7415 Forest Drawn Way</i>	City: <i>Houston</i> State: <i>TX</i> Zip Code <i>77095</i>	
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

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The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: <i>5</i>
2 FILER NAME <i>Anthony J. Pate</i>			3 Filer ID (Ethics Commission Filers)
4 Date <i>12-17-25</i>	5 Full name of contributor <i>Luis Morales</i>	<input type="checkbox"/> out-of-state PAC (ID# _____)	7 Amount of contribution (\$ <i>\$1000.00</i>)
	6 Contributor address; <i>109 Pin Oak Hempstead TX 77445</i>	City; State; Zip Code	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date <i>12-20-25</i>	Full name of contributor <i>Patrick Coleman</i>	<input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$ <i>\$100.00</i>)
	Contributor address; <i>92 Windmill Dr Hempstead TX 77445</i>	City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>12-22-25</i>	Full name of contributor <i>Val Kiecke</i>	<input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$ <i>\$100.00</i>)
	Contributor address; <i>311 Kuhn Ln Brenham TX 77833</i>	City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>12-24-25</i>	Full name of contributor <i>Brian Foyt</i>	<input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$ <i>\$100.00</i>)
	Contributor address; <i>1407 Stonecrest Houston TX 77018</i>	City; State; Zip Code	
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

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The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: <i>5</i>
2 FILER NAME <i>Anthony J Pali</i>			3 Filer ID (Ethics Commission Filers)
4 Date <i>10-10-25</i>	5 Full name of contributor <i>Diana Hubbard</i>	<input type="checkbox"/> out-of-state PAC (ID# _____)	7 Amount of contribution (\$) <i>\$ 50.00</i>
6 Contributor address: <i>8651 Fredonia Street Rd Fredonia NY 14063</i>	City: _____	State: _____	Zip Code: _____
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date <i>10-30-25</i>	Full name of contributor <i>Daniel Reininga</i>	<input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$) <i>\$ 25.00</i>
Contributor address: <i>10445 Bayshore Dr Dunkirk NY 14048</i>	City: _____	State: _____	Zip Code: _____
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>11-06-25</i>	Full name of contributor <i>Jody Murphy</i>	<input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$) <i>\$ 25.00</i>
Contributor address: <i>29 Spring St Fredonia NY 14063</i>	City: _____	State: _____	Zip Code: _____
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>11-10-25</i>	Full name of contributor <i>Staci Ready</i>	<input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$) <i>\$ 200</i>
Contributor address: <i>21019 Silver Paws Ln Richmond TX 77407</i>	City: _____	State: _____	Zip Code: _____
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

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.				1 Total pages Schedule A1: <i>5</i>
2 FILER NAME <i>Anthony J Pulci</i>				3 Filer ID (Ethics Commission Filers)
4 Date <i>11-11-25</i>	5 Full name of contributor <i>Jacob Longoria</i>	<input type="checkbox"/> out-of-state PAC (ID# _____)		7 Amount of contribution (\$) <i>\$150.00</i>
6 Contributor address, <i>29118 Crystal Rose, 1A Freshwater Tx 77441</i>	City; <i></i>	State; <i></i>	Zip Code <i></i>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)		
Date <i>11-30-25</i>	Full name of contributor <i>Justin Pulci</i>	<input type="checkbox"/> out-of-state PAC (ID# _____)		Amount of contribution (\$) <i>\$100.00</i>
Contributor address; <i>1300 Hickory Creek Dr Henrico, Va 23294</i>	City; <i></i>	State; <i></i>	Zip Code <i></i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		
Date <i>12-8-25</i>	Full name of contributor <i>Brad Fugels</i>	<input type="checkbox"/> out-of-state PAC (ID# _____)		Amount of contribution (\$) <i>\$250.00</i>
Contributor address; <i>1990 Post Oak Ste 1900 Houston Tx 77056</i>	City; <i></i>	State; <i></i>	Zip Code <i></i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		
Date <i>12-15-25</i>	Full name of contributor <i>Trace Nichols</i>	<input type="checkbox"/> out-of-state PAC (ID# _____)		Amount of contribution (\$) <i>\$250.00</i>
Contributor address; <i>53 Windmill Hemostead Tx 77445</i>	City; <i></i>	State; <i></i>	Zip Code <i></i>	
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

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.			1 Total pages Schedule E: <u>2</u>
2 FILER NAME <i>Anthony J. Pulci</i>			3 Filer ID (Ethics Commission Fliers)
4 TOTAL OF UNITEMIZED LOANS			\$ —
5 Date of loan <i>8-01-25</i>	7 Name of lender <i>Anthony Pulci</i>	□ out-of-state PAC (ID#) _____	9 Loan Amount (\$) <i>\$ 4000.00</i>
6 Is lender a financial institution? <input checked="" type="checkbox"/> <input type="radio"/> N	8 Lender address: <i>61 Windmill Hempstead Tx 77445</i>	City: _____ State: _____ Zip Code: _____	10 Interest rate <i>0</i>
12 Principal occupation / Job title (See Instructions)			13 Employer (See Instructions)
14 Description of Collateral <input checked="" type="checkbox"/> none			15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable		17 Name of guarantor	19 Amount Guaranteed (\$)
		18 Guarantor address; City: _____ State: _____ Zip Code: _____	
20 Principal Occupation (See Instructions)			21 Employer (See Instructions)
Date of loan <i>10-27-25</i>	Name of lender <i>Anthony Pulci</i>	□ out-of-state PAC (ID#) _____	Loan Amount (\$) <i>\$ 1000.00</i>
Is lender a financial institution? <input checked="" type="checkbox"/> <input type="radio"/> N	Lender address: <i>61 Windmill Hempstead, Tx 77445</i>	City: _____ State: _____ Zip Code: _____	Interest rate <i>0</i>
Principal occupation / Job title (See Instructions)			Employer (See Instructions)
Description of Collateral <input checked="" type="checkbox"/> none			<input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable		Name of guarantor	Amount Guaranteed (\$) —
		Guarantor address; City: _____ State: _____ Zip Code: _____	
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.			

LOANS

SCHEDULE E

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.			1 Total pages Schedule E: <u>2</u>
2 FILER NAME <u>Anthony J Pulu</u>			3 Filer ID (Ethics Commission File#)
4 TOTAL OF UNITEMIZED LOANS			\$
5 Date of loan <u>12/12/25</u>	7 Name of lender <u>Anthony Pulu</u>	<input type="checkbox"/> out-of-state PAC (ID# _____)	9 Loan Amount (\$) <u>\$350.00</u>
6 Is lender a financial institution? <input checked="" type="checkbox"/> <u>N</u>	8 Lender address: <u>61 Windmill Hempstead TX 77445</u>	City: State: Zip Code	10 Interest rate <u>0</u>
			11 Maturity date <u>—</u>
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)	
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)	
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor 18 Guarantor address; City; State; Zip Code		19 Amount Guaranteed (\$) <u>—</u>
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)	
Date of loan	Name of lender	<input type="checkbox"/> out-of-state PAC (ID# _____)	Loan Amount (\$)
Is lender a financial institution? <input checked="" type="checkbox"/> <u>N</u>	Lender address:	City: State: Zip Code	Interest rate Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)	
GUARANTOR INFORMATION <input type="checkbox"/> 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

If the requested information is not applicable, DO NOT include this page in the report.

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 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 F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
3	Anthony J Pulci		
4 Date	5 Payee name		
9-16-25	GO Daddy		
6 Amount (\$)	7 Payee address, City: State, Zip Code		
4243.97	100 S. Mill Ave Ste 1600 Tempe AZ 85281		
<input type="checkbox"/> Check if individual's residence address.			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	Advertising	Website	
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
8-28-25	BANK of America		
Amount (\$)	Payee address, City: State, Zip Code		
1968.82	PO Box 15284 Wilmington DE 19850		
<input type="checkbox"/> Check if individual's residence address			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Advertising	Web Site	
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, 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		
9-16-25	C+C Sports + apparel		
Amount (\$)	Payee address, City: State, Zip Code		
\$1034.87	54171 Hwy 290 E Hempstead TX 77445		
<input type="checkbox"/> Check if individual's residence address			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Advertising	HAT + SIGNS	
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
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

If the requested information is not applicable, DO NOT include this page in the report.

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 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 F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filer)	
83	Anthony J Pulci		
4 Date	5 Payee name		
10-9-25	Go Daddy		
6 Amount (\$)	7 Payee address;	City; State; Zip Code	
\$133.24	100 S Mill Av Ste 1600	Tempe AZ 85281	
<input type="checkbox"/> Check if individual's residence address.			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	Advertising	Recurring chg - Website care	
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> 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		
10-27-25	Bank of America		
Amount (\$)	Payee address;	City; State; Zip Code	
\$515.00	Po Box 15284	Wilmington DE 19850	
<input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Advertising	Ad space at Winter Co fair	
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> 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		
11-08-25	Go Daddy		
Amount (\$)	Payee address;	City; State; Zip Code	
\$133.24	100 S Mill Av Ste 1600	Tempe AZ 85281	
<input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Advertising	Recurring chg - Website care	
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> 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 POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Refund	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
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 F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
8 3	Anthony J Pucci		
4 Date	5 Payee name		
12-9-25	Go Daddy		
6 Amount (\$)	7 Payee address:	City: State: Zip Code	
\$ 133.24	100 S Mill Ar Ste 1600	Tempe AZ 85281	
<input type="checkbox"/> Check if individual's residence address.			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	Advertising	recurring chg Website CARE	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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		
12-20-25	Pens. Com		
Amount (\$)	Payee address:	City: State: Zip Code	
\$ 331.27	PO Box 847203	DALLAS TX 75284	
<input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Advertising	Campaign Ad Pens	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 (\$)	Payee address:	City: State: Zip Code	
<input type="checkbox"/> Check if individual's residence address.			
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		
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

If the requested information is not applicable, DO NOT include this page in the report.

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	Printing Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services		Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4:	2 FILER NAME Anthony J. Pucci			3 FILER ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD			\$ --	
5 CREDIT CARD ISSUER	Name of financial institution Bank of America			
6 PAYMENT	(a) Amount Charged \$ 1968.82	(b) Date Expenditure Charged 7-23-25	(c) Date(s) Credit Card Issuer Paid 8-28-25	
7 PAYEE	(a) Payee name GoDaddy	(b) Payee address; 100 S Mill Av Ste 1600 Tempe AZ 85281 <small>Check if individual's residence address.</small>	City, State, Zip Code	
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Website		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/DH	Candidate / Officeholder name		Office Sought	Office Held
PAYMENT	(a) Amount Charged \$ 515.00	(b) Date Expenditure Charged 9-25-25	(c) Date(s) Credit Card Issuer Paid 10-27-25	
PAYEE	(a) Payee name Walter G. Fair Assoc.	(b) Payee address; 21988 FM 359 Hempstead TX 77445 <small>Check if individual's residence address.</small>	City, State, Zip Code	
PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Sign space during fair		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/DH	Candidate / Officeholder name		Office Sought	Office Held
PAYMENT	(a) Amount Charged \$	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid	
PAYEE	(a) Payee name	(b) Payee address;	City, State, Zip Code	
	<small>Check if individual's residence address.</small>			
PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/DH	Candidate / Officeholder name		Office Sought	Office Held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED