

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 Filer)	2 Total pages filed 14
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <i>Mr</i> FIRST <i>Anthony</i> MI <i>J</i> NICKNAME <i>"AJ"</i> LAST <i>Pulci</i> SUFFIX <i>-</i>		OFFICE USE ONLY Date Received <div style="border: 1px solid black; padding: 10px; text-align: center; margin: 10px;"> Waller Co. Elections JAN 06 2026 RECEIVED </div> Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX APT / SUITE # CITY STATE ZIP CODE <i>61 Windmill Dr</i> <i>Hempstead Tx 77445</i>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(716) 673 5906</i>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <i>Mr</i> FIRST <i>Robert</i> MI <i>J</i> NICKNAME LAST <i>Jozwiak</i> SUFFIX		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE) APT / SUITE # CITY STATE ZIP CODE <i>22043 FM 1887</i> <i>Hempstead Tx 77445</i>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(713) 724-6187</i>		
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 Day Year THROUGH Month Day Year <i>7/01/25</i> <i>12/31/25</i>		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <i>03/03/26</i> <input type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any) <i>-</i>	13 OFFICE SOUGHT (if known) <i>Waller Co Pet 1 Justice of the Peace</i>	
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 <u>Anthony J Pulci</u>		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 <i>Anthony J Pulia</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>3277.75</i>
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	\$ <i>5350.00</i>
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>4986.25</i>
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	\$ <i>2483.82</i>
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: 5

2 FILER NAME

Anthony J Pulci

3 Filer ID (Ethics Commission Filers)

4 Date

10-20-25

5 Full name of contributor

Aaron Ricotta

☐ out-of-state PAC (ID# _____)

7 Amount of contribution (\$)

\$ 95.00

6 Contributor address:

City:

State:

Zip Code

25 Lowell Pl Fredonia NY 14063

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10-21-25

Full name of contributor

Kathy Leone

☐ out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$25.00

Contributor address:

City:

State:

Zip Code

15 Cedar Meadows Rd Charlestown RI 02813

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10-22-25

Full name of contributor

Ronald Cinelli

☐ out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$ 25.00

Contributor address:

City:

State:

Zip Code

1171 Hurlburt Rd Forestville, NY 14062

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10-27-25

Full name of contributor

Charles Pulci

☐ out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$ 100.00

Contributor address:

City:

State:

Zip Code

286 Bedford Ave Staten Is., NY 10306

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: 5
2 FILER NAME Anthony J Pulci		3 Filer ID (Ethics Commission Filers)
4 Date 9-19-25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) James Harrington	7 Amount of contribution (\$) \$25⁰⁰
6 Contributor address; City: State: Zip Code 311 Water St Fredonia NY 14063		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 9-19-25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mary Shouse	Amount of contribution (\$) \$100⁰⁰
Contributor address; City: State: Zip Code 110 Hickory Ridge Dr Houston TX 77024		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9-18-25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Trace Nichols	Amount of contribution (\$) \$100⁰⁰
Contributor address; City: State: Zip Code 53 Windmill Dr Hempstead TX 77445		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12-15-25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Timothy Morris	Amount of contribution (\$) \$500⁰⁰
Contributor address; City: State: Zip Code 7415 Forest Dawn Way Houston TX 77095		
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: 5
2 FILER NAME Anthony J Pali		3 Filer ID (Ethics Commission Filers)
4 Date 12-17-25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Luis Morales 6 Contributor address; City; State; Zip Code 109 Pin Oak Hempstead TX 77445	7 Amount of contribution (\$) \$1000⁰⁰
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12-20-25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Patrick Coleman Contributor address; City; State; Zip Code 92 Windmill Dr Hempstead TX 77445	Amount of contribution (\$) \$100⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12-22-25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Val Kuecke Contributor address; City; State; Zip Code 311 Kuhn Ln Brenham TX 77833	Amount of contribution (\$) \$100⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12-24-25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Brian Foyt Contributor address; City; State; Zip Code 1407 Stonecrest Houston TX 77018	Amount of contribution (\$) \$100⁰⁰
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: <u>5</u>
2 FILER NAME <u>Anthony J Pulci</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>10-10-25</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Diana Hubbard</u>	7 Amount of contribution (\$) <u>\$50.00</u>
6 Contributor address: City: State: Zip Code <u>8651 Fredonia Station Rd Fredonia NY 14003</u>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>10-30-25</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Daniel Reininga</u>	Amount of contribution (\$) <u>\$25.00</u>
Contributor address: City: State: Zip Code <u>10445 Bayshore Dr Dunkirk NY 14048</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>11-06-25</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Jody Murphy</u>	Amount of contribution (\$) <u>\$25.00</u>
Contributor address: City: State: Zip Code <u>29 Spring St Fredonia NY 14063</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>11-10-25</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Stacy Ready</u>	Amount of contribution (\$) <u>\$200</u>
Contributor address: City: State: Zip Code <u>21019 Silver Run Ln Richmond TX 77407</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

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: 5
2 FILER NAME Anthony J Pulci		3 Filer ID (Ethics Commission Filers)
4 Date 11-11-25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jacob Longoria	7 Amount of contribution (\$) \$150.00
6 Contributor address, City, State, Zip Code 29118 Crystal Rose Ln Frederic TX 77441		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11-30-25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Justin Pulci	Amount of contribution (\$) \$100.00
Contributor address, City, State, Zip Code 2300 Hickory Creek Dr Henrico, VA 23294		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12-8-25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Brad Feels	Amount of contribution (\$) \$250.00
Contributor address, City, State, Zip Code 1990 Post Oak St 1900 Houston TX 77056		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12-15-25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Trace Nichols	Amount of contribution (\$) \$250.00
Contributor address, City, State, Zip Code 53 Windmill Hempstead Tx 77445		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

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: 2
2 FILER NAME Anthony J. Pulci		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ -
5 Date of loan 8-01-25	7 Name of lender Anthony Pulci <input type="checkbox"/> out-of-state PAC (ID# _____)	9 Loan Amount (\$) \$4000 ⁰⁰
6 Is lender a financial institution? Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code 61 Windmill Hempstead TX 77445	10 Interest rate 0
		11 Maturity date -
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 (\$) _____
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan 10-27-25	Name of lender Anthony Pulci <input type="checkbox"/> out-of-state PAC (ID# _____)	Loan Amount (\$) \$1000 ⁰⁰
Is lender a financial institution? Y <input checked="" type="radio"/> N	Lender address; City; State; Zip Code 61 Windmill Hempstead, Tx 77445	Interest rate 0
		Maturity date -
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 _____ 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.

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: <div style="text-align: right;">2</div>	
2 FILER NAME <div style="font-family: cursive;">Anthony J. Puler</div>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED LOANS		\$	
5 Date of loan <div style="font-family: cursive;">12/12/25</div>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) <div style="font-family: cursive;">Anthony Puler</div>	9 Loan Amount (\$) <div style="font-family: cursive;">\$350⁰⁰</div>	
6 Is lender a financial institution? <div style="font-family: cursive;">Y <input checked="" type="checkbox"/> N</div>	8 Lender address; City; State; Zip Code <div style="font-family: cursive;">601 Windmill Hempstead TX 77445</div>	10 Interest rate <div style="text-align: center;">0</div>	
		11 Maturity date <div style="text-align: center;">—</div>	
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 (\$) <div style="text-align: center;">—</div>
	18 Guarantor address; City; State; Zip Code		
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? <div style="font-family: cursive;">Y N</div>	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		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.

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	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: 3		2 FILER NAME Anthony J Pulci		3 Filer ID (Ethics Commission Filers)	
4 Date 9-16-25		5 Payee name GO DADDY			
6 Amount (\$) \$243.97		7 Payee address, 100 S. Mill Ave Ste 1600		City: Tempe	State: AZ
				Zip Code 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) Advertising		(b) Description Web Site		
	(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/OH					
Date 8-28-25		Payee name Bank of America			
Amount (\$) 1968.82		Payee address, PO Box 15284		City: Wilmington	State: DE
				Zip Code 19850	
		<input type="checkbox"/> Check if individual's residence address			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising		Description 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					
Date 9-16-25		Payee name C+C Sports + Apparel			
Amount (\$) \$1034.87		Payee address, 54171 Hwy 290 E		City: Hempstead	State: TX
				Zip Code 77445	
		<input type="checkbox"/> Check if individual's residence address			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising		Description 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					
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 <u>ONLY</u> if direct expenditure to benefit C/OH					

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
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: 3		2 FILER NAME Anthony J Pulci		3 Filer ID (Ethics Commission Filers)	
4 Date 10-9-25		5 Payee name Go Daddy			
6 Amount (\$) \$133.24		7 Payee address; 100 S Mill Av Ste 1600 <input type="checkbox"/> Check if individual's residence address.		City; Tempe	State; AZ
				Zip Code 85281	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising		(b) Description Recurring chg. Website care		
	(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/OH		Candidate / Officeholder name		Office sought	Office held
Date 10-27-25		Payee name Bank of America			
Amount (\$) \$515.00		Payee address; Po Box 15284 <input type="checkbox"/> Check if individual's residence address.		City; Wilmington	State; DE
				Zip Code 19850	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising		Description Ad space at Waller 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 <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 11-08-25		Payee name Go Daddy			
Amount (\$) 133.24		Payee address; 100 S Mill Av Ste 1600 <input type="checkbox"/> Check if individual's residence address.		City; Tempe	State; AZ
				Zip Code 85281	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising		Description 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 <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
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: 8 3		2 FILER NAME Anthony J Pulci		3 Filer ID (Ethics Commission Filers)	
4 Date 12-9-25		5 Payee name Go Daddy			
6 Amount (\$) \$ 133.24		7 Payee address; 100 S Mill Ave Ste 1600		City: Tempe	State: AZ
		<input type="checkbox"/> Check if individual's residence address.		Zip Code 85281	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising		(b) Description Recurring chg Website care		
	(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/OH					
Date 12-20-25		Payee name Pens. Com			
Amount (\$) \$331.27		Payee address; PO Box 847203		City: DALLAS	State: TX
		<input type="checkbox"/> Check if individual's residence address.		Zip Code 75284	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising		Description 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 <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;					
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 <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

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

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.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4:	2 FILER NAME <i>Anthony J Pulci</i>	3 FILER ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ <i>---</i>
5 CREDIT CARD ISSUER	Name of financial institution <i>Bank of America</i>	
6 PAYMENT	(a) Amount Charged <i>\$ 1968.82</i>	(b) Date Expenditure Charged <i>7-23-25</i>
	(c) Date(s) Credit Card Issuer Paid <i>8-28-25</i>	
7 PAYEE	(a) Payee name <i>GoDaddy</i>	(b) Payee address; City, State, Zip Code <i>100 S Mill Av Ste 1600 Tempe AZ 85281</i> <input type="checkbox"/> Check if individual's residence address.
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) <i>Advertising</i>	(b) Description <i>Website</i>
	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office Sought Office Held
PAYMENT	(a) Amount Charged <i>\$ 515.00</i>	(b) Date Expenditure Charged <i>9-25-25</i>
	(c) Date(s) Credit Card Issuer Paid <i>10-27-25</i>	
PAYEE	(a) Payee name <i>Waller Co Fair Assoc.</i>	(b) Payee address; City, State, Zip Code <i>21988 FM 359 Hempstead TX 77445</i> <input type="checkbox"/> Check if individual's residence address.
PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) <i>Advertising</i>	(b) Description <i>Sign space during fair</i>
	(c) <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
PAYMENT	(a) Amount Charged <i>\$</i>	(b) Date Expenditure Charged
	(c) Date(s) Credit Card Issuer Paid	
PAYEE	(a) Payee name	(b) Payee address; City, State, Zip Code <input type="checkbox"/> Check if individual's residence address.
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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office Sought Office Held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED