CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction C	uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
The C/OH Instruction G			8
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR Heather	MI F	OFFICE USE ONLY Date Received
NAME	NICKNAME LAST Buggler	SUFFIX	DECEIVED
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS		CITY: STATE: ZIP CODE Fate TX 75087	JAN 1 6 2024 By Vickey Ladre a
Change of Address	AREA CODE PHONE NUMBER	EXTENSION	Date Hand delivered as Date Postmarked
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NOMBER		Date Hand-delivered or Date Postmarked Receipt # Amount \$
6 CAMPAIGN	MS / MRS / MR FIRST	MI	
TREASURER NAME	Loren	اگ	Date Processed
NA MAIL	NICKNAME LAST	SUFFIX	Date Imaged
71	Rick Brantley		-
7 CAMPAIGN	1	SUITE #; CITY;	STATE; ZIP CODE
TREASURER ADDRESS	3200 Cedar Ridge Dr	Richadoun	TV 75082
(Residence or Business)		Alexandria Proportional	
8 CAMPAIGN TREASURER	AREA CODE PHONE NUMBER	EXTENSION	
PHONE	(972) 213-7127		
9 REPORT TYPE	January 15 30th day before	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15 Sth day before e	Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD	Month Day Year	Month	Day Year
COVERED		THROUGH /2	31/2020
11 ELECTION	ELECTION DATE	ELECTION TYPE	
II EEEO IION	Month Day Year Primary	Runoff Other	
	1115 1115 1115 1115 1115 1115 1115 111	Description	
	11 / 3 / 2020 General		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if know	n)
	3	City Counc	.1
14 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTION THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITUR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQ		
COMMITTEE(S)	COMMITTEE TYPE COMMITTEE NAME		
Additional Pages	GENERAL COMMITTEE ADDRESS		
	SPECIFIC COMMITTEE CAMPAIGN TO	REASURER NAME	
	COMMITTEE CAMPAIGN T	REASURER ADDRESS	
	GO TO	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

45 0/01/ 1/4/			C File ID (File Commission Files)			
15 C/OH NAME	her Buegeler	1	6 Filer ID (Ethics Commission Filers)			
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS MADE ELECTRO	ES OF LOANS, OR	\$			
	2. TOTAL POLITICAL CONTRIBUT (OTHER THAN PLEDGES, LOANS,		\$ 7000			
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EX	PENDITURE.	\$			
	4. TOTAL POLITICAL EXPENDITU	RES	\$ 464.87			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTION OF REPORTING PERIOD	S MAINTAINED AS OF THE LAST	DAY \$			
OUTSTANDING LOAN TOTALS	 TOTAL PRINCIPAL AMOUNT OF ALL LAST DAY OF THE REPORTING PE 		THE \$			
Process Control of the Control of th	rear, or affirm, under penalty of perjury, that t		and correct and includes all information			
re	ired to be reported by me under Title 15, Electi	on Code.	\mathcal{O}_{1}			
		1/h	Illa			
	-	Signature of Care	didate or Officeholder			
		/				
	Please complete	e either option below:				
VICTORIA RADUECHEL						
(1) Affidavit Notary Public, State of Texas Comm. Expires 09-17-2026						
	Notary II	129960951				
NOTARY STAMP/SEA						
Sworn to and subscribed	pefore me by Heather Bulg	this the	16 day of January			
20, to certify which, witness my hand and seal of office.						
Octoba ka	ng gath Printed name of officers	advectel	Title of officer administering oath			
Signature of officer administering oath Printed name of officer administering oath OR						
(2) Unsworn Declaration						
(2) Onsworn Deciarati						
My name is		, and my date of birth is _	<u>.</u>			
My address is		,	(zin anda) (zawata)			
Evacuted in	(street), County, State of,	, ,,	ate) (zip code) (country)			
Executed III	, County, State of,	on the day of(month)	(year)			
		Signature of Candida	ate/Officeholder (Declarant)			

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME	nmission Filers)					
Heather Buggler SUBTOTAL						
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT					
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 70."				
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$				
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$				
4. SCHEDULE E: LOANS		\$				
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	\$ 70.00					
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	5	\$				
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	\$					
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$					
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUI	NDS	\$ 394.87				
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$				
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$				
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTO FILER	TIONS RETURNED	\$				

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	1 Total pages Schedule A1:			
2 F	ILER NAME	eather Bueyeler				3 Filer ID (Ethics Commission Filers)
4 [5 Full name of contributor	out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
		Heather Buenele	_			
10	6/2020	Heather Buegele 6 Contributor address;	City;		Zip Code	7000
	020	6 Communicion address,				70.
			Fate	1 X	75087	
8 F	rincipal occu	pation / Job title (See Instructions)		The state of the s	oyer (See Instruc	tions)
	Ohne	/		SI	15	
С	Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
		Contributor address;			Zip Code	
	ringinal assur	pation / Job title (See Instructions)		Empl	oyer (See Instruc	tions)
P	rincipal occup	ation / Job title (See Instructions)			oyo. (ooo	
	Date	Full name of contributor	out-of-state PAG	C (ID#:		Amount of contribution (\$)
		Contributor address;			Zip Code	
		15.2000VC3C3C				e e
F	Principal occup	pation / Job title (See Instructions)		Emp	loyer (See Instruc	ctions)
,	Date	Full name of contributor	out-of-state PA	C (ID#:	,	Amount of contribution (\$)
	Jale	Full hairie of contributor	Out-of-state PA	C (ID#		(5)
		Contributor address;	City;	State;	Zip Code	
	Principal occur	pation / Job title (See Instructions)		Emp	loyer (See Instruc	l ctions)
,	Tillcipal occu	parion, oop mie (ooe men armen)		6.0356.45	STATE OF THE STATE	
				0571110	COUEDINE AC	NEEDED
		ATTACH ADDIT	TIONAL COPIES C, please see Inst	ruction gu	ide 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 Accounting/Banking Consulting Expense
Contributions/Donations Made By andidate/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)

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.
1 Total pages Schedule F1:	2 FILER NAME Heather Bregeler	3 Filer ID (Ethics Commission Filers)
4 Date 10/6/2020	5 Payee name Facebook	
6 Amount (\$)	7 Payee address;	City; State; Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF EXPENDITURE	Advertising	Faceboule Ads
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name 1 Jeethe Bregels	Office sought Office held
Date 10 5 Toro	Payee name	
Amount (\$)	Page address;	City; State; Zip Code
1,13		N. Carlotte and the second sec
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	Adusticin	Facebook Ads
	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 Heather Bregue	Office sought Office held Office held
Date	Payee name	9
10/13/2000	Facebook	City: State: Zip Code
Amount (\$)	Payee address;	City; State; Zip Code
1000		
A DESCRIPTION	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	Advetising	Facebook Ads
V _a	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H Healta- Buell	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	S 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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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

Candidate/Officeholder/Political Credit Card Payment	Committee Legal Services Salaries/W The Instruction Guide explains how to c	ages/Contract Labor	Other (enter a categor	y not listed above)
		J	3 Filer ID (Ethics	Commission Filers)
1 Total pages Schedule F1:	Heethe Bugeli		O 1 Hot 15 (2s	
4 Date 10/14/2020	5 Payee name			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
46,00				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Adenting	Facbook	Ads	
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name 1 - Buzell Buzell	Office sought	men	Office held
Date	Payee name			
10/19/2020	Facebook			
Amount (\$)	Payee address;	City;	State;	Zip Code
1/12.00				
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Aduting	Fauboul	Ad	
ş:	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	121	Office held
expenditure to benefit C/OH	Heethe Bugele	City Cour	nen	
Date	Payee name			
12/31/2000	Guaranty Bank			
Amount (\$)	Payee address;	City;	State;	Zip Code
941.00	Roya City, TX 75189	Royaldy	-14	1310 1
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Bente Fees	Bank Fe	es	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held
expenditure to benefit C/Oh	Heeth Dugele	City Con		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED	

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 Accounting/Banking Fees Office Overhead/Rental Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment Loan Repayment/Reimbursement Cfees Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.			Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)				
		THE INSTRUCTION GUIDE EXPIAN			•	- /	Name (State)
1 Total pages Schedule G:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)						
4 Date 9/10/2020	5 Payee name Imprint. Com						
6 Amount (\$)	7 Payee ad	ldress;		City;		State;	Zip Code
Reimbursement from political contributions intended	4830 1	wright tel Ste 100		Stefford		+*	77477
8	(a) Category	(See Categories listed at the top of this s	chedule)	(b) Description			
PURPOSE OF EXPENDITURE	Advert	ristry		yerd sisn			
	(c)	Check if travel outside of Texas. Complete Sc	chedule T.	Check if Austin	, TX, officeho	older living ex	pense
9	Candi	date / Officeholder name		Office sought			Office held
Complete ONLY if direct expenditure to benefit C/OH Heath Bugh City Council							
Date	Payee na	ame					
10/6/2020	New	+ Doy Flyers					
Amount (\$)	City: State: Zip Code				Zip Code		
Reimbursement from	Post	el - Uprinting					
political contributions intended		2-935-7737 CA		T 2000			
DUDDOOF	Categor	y (See Categories listed at the top of this	schedule)	Description			
PURPOSE OF	Dau	erting		Postcerds			
EXPENDITURE		Check if travel outside of Texas. Complete S	Schedule T.	Check if Austi	n, TX, officeh	nolder living e	xpense
	Candi	idate / Officeholder name		Office sought			Office held
Complete ONLY if direct expenditure to benefit C/	1.1	cothe Bregele		$C \rightarrow C$	nal		
Date	Payee na	ame					
Amount (\$)	Payee a	ddress;		City;		State;	Zip Code
Reimbursement from political contributions intended							
Category (See Categories listed at the top of this schedule) PURPOSE OF							
EXPENDITURE		Check if travel outside of Texas. Complete S	Schedule T.	Check if Aust	in, TX, officel	holder living e	xpense
		lidate / Officeholder name	Juliudalo II	Office sought	-15 (S)		Office held
Complete ONLY if direct expenditure to benefit C/OH		ndate / Officeriolder flame					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

	The Instruction Guide explains how to complete this form.							
	•• Complete only if "Report Type" on page 1 is marked "Final Report" ••							
1	C/OH NAME 2 Filer ID (Ethics Commission Filers)							
3	SIGNA	TURE						
	designa	expect any further political contributions or political expenditures in connection with ming a report as a final report terminates my campaign treasurer appointment. I also un contributions or make any campaign expenditures without a campaign treasurer appointment. Signature	inderstand that I may not accept any					
4		WHO IS NOTAN OFFICEHOLDER blete A & B below only if you are not an officeholder. ••						
	A.	CAMPAIGN FUNDS						
	Checl	only one:						
		I do not have unexpended contributions or unexpended interest or income earned fr	rom political contributions.					
		I have unexpended contributions or unexpended interest or income earned from political new political contributions or unexpended interest or incompersonal use. I also understand that I must file an annual report of unexpended unexpended contributions or unexpended interest or income earned on political confiling this final report. Further, I understand that I must dispose of unexpended political contributions or income earned on political contributions in accordance with the requirement.	contributions and that I may not retain tributions longer than six years after ical contributions and unexpended					
	B.	ASSETS						
	Chec	conly one:						
		I do not retain assets purchased with political contributions or interest or other incor	ne from political contributions.					
		I do retain assets purchased with political contributions or interest or other income for that I may not convert assets purchased with political contributions or interest or other personal use. I also understand that I must dispose of assets purchased with politic requirements of Election Code, § 254.204.	ner income from political contributions to					
5	OFFIC Com	EHOLDER plete this section <i>only</i> if you are an officeholder ••						
		I am aware that I remain subject to filing requirements applicable to an officeholder who file. I am also aware that I will be required to file reports of unexpended contributions an officeholder, I retain political contributions, interest or other income from political contributions or interest or other income from political contributions.	if, after filing the last required report as					
			Signature of Officeholder					