

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <input checked="" type="radio"/> FIRST Andrew MI J		<div style="writing-mode: vertical-rl; transform: rotate(180deg);"> AUSTIN CITY CLERK RECEIVED 2014 JUL 9 AM 11 33 </div>
	NICKNAME LAST SUFFIX Bucknall		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE P.O. Box 14891 Austin Tx. 78761		Date Received
			Date Hand-delivered or Postmarked
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 299-0187		Receipt # Amount
			Date Processed
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <input checked="" type="radio"/> FIRST Leeaner MI		Date Imaged
	NICKNAME LAST SUFFIX Ockletree-Burnell		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #, CITY, STATE, ZIP CODE 1207 Greenwood Ave. Austin Tx. 78721		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 299-0187		
9 REPORT TYPE	<input 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 checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 03 / 24 / 2014 6 / 30 / 2014		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special 11 / 04 / 2014		
12 OFFICE	OFFICE HELD (if any) N/A	13 OFFICE SOUGHT (if known) Austin City Council District I	

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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME Andrew J. Bucknall 15 ACCOUNT # (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.

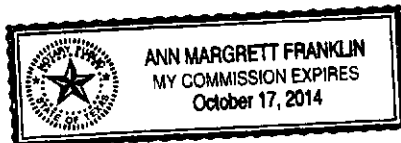
<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3009 ⁰⁰
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 607 ⁴² / ₁₀₀
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2,401 ⁵⁸ / ₁₀₀
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

18 AFFIDAVIT

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.



Andrew Bucknall

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Andrew Bucknall, this the 9th day of July, 20 14, to certify which, witness my hand and seal of office.

Ann Margrett Franklin

Signature of officer administering oath

Ann Margrett Franklin

Printed name of officer administering oath

Notary

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

Andrew J. Bucknall

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5/8/14

5 Full name of contributor

☐ out-of-state PAC (ID#)

Malcolm & Carolyn Bucknall

6 Contributor address; City; State; Zip Code

4205 Shoal Creek Blvd. Austin Tx. 78756

7 Amount of contribution (\$)

700.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Retired

10 Employer (See Instructions)

Date

5/10/14

Full name of contributor

☐ out-of-state PAC (ID#)

George Lemley

Contributor address; City; State; Zip Code

1510 Tweedmore, Austin Tx. 78750

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/15/14

Full name of contributor

☐ out-of-state PAC (ID#)

Joe Hutchinson

Contributor address; City; State; Zip Code

1205 Greenwood Ave. Austin Tx. 78721

Amount of contribution (\$)

150.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Retired USMC

Employer (See Instructions)

Date

5/15/14

Full name of contributor

☐ out-of-state PAC (ID#)

Ural Manning

Contributor address; City; State; Zip Code

1206 Greenwood Ave Austin Tx. 78721

Amount of contribution (\$)

150.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Cab Driver

Employer (See Instructions)

Austin Cab

Date

5/17/14

Full name of contributor

☐ out-of-state PAC (ID#)

Charles Freeman

Contributor address; City; State; Zip Code

6805 Duquesne Dr. Austin Tx 78723

Amount of contribution (\$)

60.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Lab Tech.

Employer (See Instructions)

Austin Community College

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

Andrew J. Buchnall

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5/24

5 Full name of contributor

☐ out-of-state PAC (ID#)

Jim & Sylvia Krzmarzick

6 Contributor address; City; State; Zip Code

8994 Cheryl Dr. Austin Tx. 78745

7 Amount of contribution (\$)

200

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

6/18

Full name of contributor

☐ out-of-state PAC (ID#)

Pinaki Ghosh

Contributor address; City; State; Zip Code

113 West 55th St. Austin Tx. 78751

Amount of contribution (\$)

250

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/18

Full name of contributor

☐ out-of-state PAC (ID#)

Keith Jackson

Contributor address; City; State; Zip Code

7405 Blessing Ave Austin Tx. 78732

Amount of contribution (\$)

140

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/30

Full name of contributor

☐ out-of-state PAC (ID#)

Stuart Gould

Contributor address; City; State; Zip Code

PO Box 2323 Austin Tx. 78768

Amount of contribution (\$)

50

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/30

Full name of contributor

☐ out-of-state PAC (ID#)

Gerald Lewis

Contributor address; City; State; Zip Code

3017 Raspberry Ln. Austin Tx. 78748

Amount of contribution (\$)

50

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

Andrew J. Bucknall

3 ACCOUNT # (Ethics Commission Filers)

4 Date

6/30

5 Full name of contributor

Sam Najjar

☐ out-of-state PAC (ID#)

6 Contributor address; City; State; Zip Code

5216 Keene Cove, Austin Tx. 78730

7 Amount of contribution (\$)

100

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

6/30

Full name of contributor

Steve Isdale

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

2401 E. 8th St. Austin Tx. 78702

Amount of contribution (\$)

200

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Building

Employer (See Instructions)

Isdale construction

Date

6/30

Full name of contributor

Leeanner

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

1612 Deloney St. Austin Tx. 78721

Amount of contribution (\$)

103

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/30

Full name of contributor

Susan Avant

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

302 Laurelwood Rd. Austin Tx. 78746

Amount of contribution (\$)

25

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/30

Full name of contributor

Elena Lazouaga

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

1207 Greenwood Ave. Austin Tx. 78721

Amount of contribution (\$)

350

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Nurse

Employer (See Instructions)

Veterans Administration

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

Andrew J Buchnall

3 ACCOUNT # (Ethics Commission Filers)

4 Date

6/30

5 Full name of contributor

Bertha Means

☐ out-of-state PAC (ID#)

6 Contributor address; City; State; Zip Code

7400 Valburn Dr. Austin Tx. 78731

7 Amount of contribution (\$)

100

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Retired

10 Employer (See Instructions)

Date

6/30

Full name of contributor

Keith Jackson

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

7405 Blessing Ave. Austin Tx. 78752

Amount of contribution (\$)

30

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Manager

Employer (See Instructions)

H&B

Date

6/30

Full name of contributor

Ben & Kayla Torres

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

515 E Palm Valley, Round Rock 78664

Amount of contribution (\$)

250

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Social Work

Employer (See Instructions)

Bluebonnet Trails MHP

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

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 (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:		2 FILER NAME Andrew J. Bucknall		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 5-8-2014		5 Payee name USPS			
6 Amount (\$) \$46.00		7 Payee address; City; State; Zip Code P.O. Box 14891 Austin TX 78761-4891			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Off. Overhead		(b) Description (If travel outside of Texas, complete Schedule T) P.O. Box Rental	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Andrew Bucknall		Office sought City Council District #1	
Date 5-14-14		Payee name EL Rancho STORE #24			
Amount (\$) \$31.04		Payee address; City; State; Zip Code 6800 Berkman Dr. Austin TX 78723			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Food/Beverage Expense		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Andrew Bucknall		Office sought City Council Dist #1	
Date 05-14-14		Payee name H.E.B.			
Amount (\$) \$85.71		Payee address; City; State; Zip Code 1801 East 51st St. Austin, TX 78723			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Food/Beverage Expense		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Andrew Bucknall		Office sought City Council Dist. #1	
Date 5/16/14		Payee name Staples			
Amount (\$) 26.07		Payee address; City; State; Zip Code 120 Barbara Jordan Blvd. Austin TX 78721			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) other office supply		Description (If travel outside of Texas, complete Schedule T) paper	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The instruction Guide explains how to complete this form.

1 Total pages Schedule F:		2 FILER NAME <i>Andrew J Bucknall</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>6/2</i>		5 Payee name <i>Staples</i>			
6 Amount (\$) <i>2.15</i>		7 Payee address; City; State; Zip Code <i>1201 Barbara Jordan Blvd, Austin Tx. 78721</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <i>other</i>		(b) Description (If travel outside of Texas, complete Schedule T) <i>office supply</i>	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>6/19/14</i>		Payee name <i>Go Daddy</i>			
Amount (\$) <i>10.00</i>		Payee address; City; State; Zip Code <i>5945 Cabot Pkwy Alpharetta Ga, 30005</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Advertising Expense</i>		Description (If travel outside of Texas, complete Schedule T) <i>website</i>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>6/19/14</i>		Payee name <i>Allied Printing</i>			
Amount (\$) <i>380.03</i>		Payee address; City; State; Zip Code <i>8222 N. Lamar Austin Tx. 78753</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Advertising Expense</i>		Description (If travel outside of Texas, complete Schedule T) <i>Printed Material</i>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>6/29/14</i>		Payee name <i>Pag Pal</i>			
Amount (\$) <i>26.42</i>		Payee address; City; State; Zip Code <i>2211 N. 1st St. San Jose Ca. 95131</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Accounting / Banking</i>		Description (If travel outside of Texas, complete Schedule T) <i>Processing fee</i>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED