# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

F.U. BOX 12U/U

## 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/MB Andrew NICKNAME LAST  Bucknall	SUFFIX	OFFICE USE ORLY  Date Received  Date Received  Date Received  Date Received  Date Received  Date Received  Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS /PO BOX: APT / SUITE #, CITY; $P.U.Bo \times 14891 \text{ Aus}$	n Tx. 7876/	ည်း Date Hand-delivered or Postmarked
change of address			Receipt # Amount
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (512) 299-0187	extension	Date Processed
6 CAMPAIGN TREASURER NAME	MS/MR)/MR Leeanner NICKNAME Ockletree-Burn	e / (	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO POBOXPLEASE); APT/SUITE#,	CITY; STATE;	ZIP CODE X. 7872 (
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER ( 512) 299-0187	EXTENSION	
9 REPORT TYPE	January 15 30th day before election  July 15 8th day before election	Runoff  Exceeded \$500 limit	15th day after campaign treasurer appointment (officeholder only)  Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year THROUGH	Month Day 6. /3 0 /	7014
11 ELECTION	Month Day Year ELECTION TYPE Primary	Runoff V	General Special
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
	NIA		ouncil District I
	GO TO PAG	3E 2	

#### **CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS**

P.U. BOX 12070

### FORM C/OH COVER SHEET PG 2

	·			
14 C/OH NAME	drew 3	S. Bucknall 15 AC	CCOUNT # (Ethics Commission Filers)	
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE! OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.			
	COMMITTEE TYPE	COMMITTEE NAME		
	SPECIFIC	COMMITTEE ADDRESS		
_		COMMITTEE CAMPAIGN TREASURER NAME		
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  \$ 3.009			
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$			
	4. TOTAL POLITICAL EXPENDITURES \$ 607 42			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY  \$ 2,40   58   100			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ \( \Q \)	
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.				
ANN MARGRETT FRANKLIN MY COMMISSION EXPIRES October 17, 2014  Signature of Candidate or Officeholder				
AFFIX NOTARY STAMP / SEAL ABOVE				
Sworn to and subscribed before me, by the said Andrew Bucknall, this the				
一			Af .	
Signature of officer ad M	inistering oath	Printed name of officer administering oath	Title of office) administering oath	

TEXAS ETHES CO	mmission P.O. Box 12070 Austin, Texas 78711-207	0 (512) 463-5800	(TDD 1-800-735-2989
POLIT	ICAL CONTRIBUTIONS R THAN PLEDGES OR LOANS		SCHEDULE A
Th	e Instruction Guide explains how to complete this form.	1 Total pages Sched	dule A:
2 FILER NAMI	Andrew J. Buckeyll	3 ACCOUNT # (Eth	ics Commission Filers)
5   8   1 4	5 Full name of contributor   out-of-state PAC (ID# Malcolm + (and Isn Buck nall) 6 Contributor address: City: State: Zip Code 4205 Shoul (reck Blud. Austin Tx. 78	contribution (S)	8 In-kind contribution description (if applicable)
9 Principal occu	Ipation / Job title (See instructions)  10 Employer	(If travel outside of (See Instructions)	Texas, complete Schedule T)
5/10/14	Full name of contributor   coll-of-state PAC(ID#:  George Lem leg  Contributor address: City; State: Zip Code  1510 Tweadmere, Austin Tx, 78		In-kind contribution description (if applicable)
Principal occu	pation / Job title (See Instructions) Employer (	See Instructions)	exas, complete Schedule T)
5/15/14	Full name of contributor out-of-state PAC (ID#:  JOB Hutchingen  Contributor address: City: State: Zip Code  1205 Green word Aue, Aughin Tx. 787		In-kind contribution description (if applicable)
Principal occup	pation / Jab title (See Instructions) Employer (\$	(If travel outside of To See Instructions)	exas, complete Schedule T)
5/15/14	Full name of contributor   out-of-slate PAC (ID#: Ura/ Manning Contributor eddress; City: State; Zip Code 1206 Greenwood Ave Aush, MTV, 787;	1 15000	In-kind contribution description (if applicable)
	ation / Job title (See Instructions) Employer (S	See Instructions)	exas, complete Schedule T)
5/17/14	Full name of contributor out-of-state PAC (ID# Charles Free man Contributor address: City; State; Zip Code  6805 Daquesne Dr. Austin 1x78	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occup		ee Instructions)  Munit (Dilete.	xas, complete Schedule T)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

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

Texas Ethics Cor	nmission P.O. Box 12070 Austin,	Texas 78711-2070	(512) 463-5800	(TDD 1-800-735-2989
	CAL CONTRIBUTIONS  THAN PLEDGES OR LO	ANS		SCHEDULE A
The	Instruction Guide explains how to complete	this form.	1 Total pages Sche	edule A:
2 FILER NAME	Andrew J. Bui	Winal !	3 ACCOUNT # (Et	hics Commission Filers)
4 Date	5 Full name of contributor Out-of-state PAC(ID)	株	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
5/24	6 Contributor address; City; State; Zip Co 8994 (here!   Dr. Au		j l	
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See		Texas, complete Schedule T)
		10 Zimpioyer (Gee )	msaucaons)	
6   18	Full name of contributor out-of-state PAC (ID Pinaki Ghosh Contributor address; City; State; Zip Co.	de	Amount of contribution (\$)	In-kind contribution description (if applicable)
	113 West 55thSt. Austin	Tx. 78751	250 j	Tours I a District
Principal occur	pation / Job title (See Instructions)	Employer (See I	nstructions)	Texas, complete Schedule T)
Date	Full name of contributor			
6/18	Full name of contributor Dout-of-state PAC(ID)  Keith Jackson  Contributor address: City; State; Zip Coo  7405 Blessins Aue	de	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occur	pation / Job title (See Instructions)	Employer (See In	(If travel outside of	Texas, complete Schedule T)
Ma	naser	H&B	istructions)	
Date	Full name of contributor out-of-state PAC (10):  Study Gould  Contributor address; City; State; Zip Cod		Amount of contribution (\$)	In-kind contribution description (if applicable)
6/30	PO Box 2323 Austin Tx. 7	ļ	50	<u> </u>
Principal occup	ation / Job title (See Instructions)	Employer (See In	(If travel outside of structions)	Texas, complete Schedule T)
6/30	Full name of contributor out-of-slate PAC(ID#  Gerald Lewis  Contributor address; City; State; Zip Cod	e	Amount of contribution (\$)	In-kind contribution description (if applicable)
0,00	3017 Raspberry Ln. Austla T	x. 78748	(If travel outside of a	Found on the Columbia
Principal occup	ation / Job title (See Instructions)	Employer (See In		Texas, complete Schedule T)
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE 6	AS NEEDED	

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

Texas Ethics Cor	nmission P.O. Box 12070 Austin, T	exas 78711-2070	(512) 463-5800	(TDD 1-800-735-2989
	CAL CONTRIBUTIONS THAN PLEDGES OR LOA	NS		SCHEDULE A
The	Instruction Guide explains how to complete the	his form.	1 Total pages Sch	redule A:
2 FILER NAME	Andrew J. Bu.	1.e	3 ACCOUNT # (E	thics Commission Filers)
4 Date	1			<del></del>
21-	Sam Najjer		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
6/30	6 Contributor address: City; State: Zip Coo 5216 Keene Cow. Ausma		100	 
9 Principal occur	pation / Job title (See Instructions)	40 5		of Texas, complete Schedule T)
		10 Employer (See	Instructions)	
Date / / 7 o	Full name of contributor Out-of-state PAC (10#)  Steve Is dule		Amount of contribution (\$)	In-kind contribution description (if applicable)
6130	Contributor address; City; State; Zip Cod 2401 E.8 <sup>k4</sup> St. ALSWn T)		200	
Principal occur	pation / Job title (See Instructions)	T	(If travel outside o	f Texas, complete Schedule T)
Buil	din :	Employer (See )  3 schole (onshi		
6/30	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
0/30	1612 Deloney St. Austin Tx. 78	וב7	103	
Principal occur	ation / Job title (See Instructions)	Employee (See 1		of Texas, complete Schedule T)
,		Employer (See I	ristructions)	
Date	Full name of contributor Out-of-state PAC (ID#)  Susan Avant		Amount of contribution (\$)	In-kind contribution description (if applicable)
6/30	Contributor address: City; State: Zip Code 302 Laure wood Rd. Ausni	ا میسید	25	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See I	nstructions)	
6/3 <i>0</i>	Full name of contributor out-of-state PAC (ID# LP O UG 50 Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
0170	1207 Greenwood Ave, Austin	i	350	Texas complete School T
	ation / Job title (See Instructions)	Employer (See In	nstructions)	Texas, complete Schedule T)
N	ur SL	Ve Herons A	dministrat;	en
le ac	ATTACH ADDITIONAL COPIES (		AS NEEDED	,

5	CAL CONTRIBUTIONS THAN PLEDGES OR LOAI	vs		SCHEDULE A
The	Instruction Guide explains how to complete this	form.	1 Total pages Sci	nedule A:
2 FILER NAME	Andrew J Bucknay		3 ACCOUNT# (I	Ethics Commission Filers)
4 Date 6/30	5 Full name of contributor out-of-state PAC (IDH:  Bertha Means 6 Contributor address: City; State; Zip Code 7400 Ualburn Dr. Austin Tx.		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See		of Texas, complete Schedule T)
Date 6/30	Full name of contributor out-of-state PAC (1D#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
	7405 Blessing Ave. Aus Min	Tx. 78752	30	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See 1	nstructions)	
Date	Ben & Kayla Tores		Amount of contribution (\$)	In-kind contribution description (if applicable)
6130	Contributor address; City, State; Zip Code		250	
Principal occup	515 E Palm Ug/les, Round pation / Job title (See Instructions)	Employer (See In	(If travel outside out	of Texas, complete Schedule T)
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occup	pation / Job title (See Instructions)	Employer (See In		of Texas, complete Schedule T)
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 foradditional reporting requirements.				

## POLITICAL EXPENDITURES

P.O. Box 12070

#### SCHEDULE F

1	EXPENDITURE CATEGORIES			
Advertising Expense	EXPENDITURE CATEGORIES FOR BOX 8(a)  Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor (can December 1)			
Accounting/Banking	Legal Services Salisiants and Loan Repayment/Reimbursement			
Consulting Expense	Food/Reverage Expense Transportation Equipment & Related Expense			
Event Expense	Polling Syppess  Contributions/Donations Made By			
Fees	Printing Expense			
	Office Overhead/Rental Expense OTHER (enter a category not ficted above)			
1 Total pages Schedule F:	2 FILES NAME.			
1 Total pages concuere i .	2 FILER NAME . 3 ACCOUNT # (Ethics Commission Filers)			
	TTOTEW O. Suc Way !!			
4 Date	5 Payee name			
<u>5-8-2014</u>	U5P5			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
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#P μ/ <sub>λ</sub> , 🔛	DA Danielan A le manie			
" <i>[W/</i>	P.D. Box 14891 Austin TX 18761-4891			
8 PURPOSE	(a) Category (See categories listed at the top of this schedule) (b) Description (If travel pulside of Taxes asserted 2)			
OF	( in texas, comprete schedule ( )			
EXPENDITURE	Otc. Overhead P.O. Box Rental			
9 Complete ONLY if direct	Candidate / Officeholder name			
expenditure to benefit C/O	Office held			
	ANDREW BUCKNALL City COUNTED District #1			
Date /// 1//	Payee name C   C   C			
0-14-14	El Kancho Store #24"			
Amount (\$)				
in the state of th	Payee address; City; State; Zip Code			
掛21 Nル )	I MAN TO I IN MINISTER			
TOIVT	6800 BERKMAN DR. FLUSTIN TX 78723			
PURPOSE	Category (See categories listed at the top of this schedule)  Description (If travel outside of Texas, complete Schedule T)			
OF EXPENDITURE	Front / Report Garage			
<u>-</u>	TOUG DEVEKULE CAPENSE			
Complete ONLY if direct	Candidate / Office holder name Office sough			
expenditure to benefit C/OH KNOPELO BUCKNOLL (HU DUNGS D) 14/1				
Date	Payee name			
15-11 14	IIC R			
W-17-17				
Amount (\$)	Payee address; City; State; Zip Code			
KAMI				
485,11 180142651 St Auch T. Maria				
	1801 East 515 St. Austin, Tx. 78723			
PURPOSE				
OF	(1)			
EXPENDITURE	FOOG BEVERAGE EXSENSE			
Complete ONLY if direct	Candidate Officeholder name			
expenditure to benefit C/OF				
	HNdesed Bucknall Cofy Council Dist.#1			
Date	Payee name			
511/114	Stables			
Amount (S)				
Allocate (a)	Payee address; City, State; Zip Code			
~/ N7				
76.01	120 Barbara Jordan Blud. Austh Tr. 78721			
PURPOSE	Category (See categories listed at the top of this schedule)  Description (If travel outside of Texas, complete Schedule T)			
OF EXPENDITURE	1 1 1 //			
	other lottice supply paper			
Complete ONLY if direct	Candidate / Officeholder name Office sought Office held			
expenditure to benefit C/OF	1			
<u> </u>	ATTACH ADDITIONAL CODIES OF THIS SCHEDULE AD METERS			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

### POLITICAL EXPENDITURES

SCHEDULE F

1	EXPENDITURE CATEGORIES	OR BOX 8(a)
Advertising Expense	Gitt/Awards/Memorials Expense Salaries/Wages/Cor	ntract Labor Loan Repayment/Reimbursement
Accounting/Banking	Legal Services Solicitation/Fundrais	sing Expense Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense Travel Out Of Distr	ict Candidate/Officeholder/Political Committee
Fees	Printing Expense Office Overhead/Re	ental Expense OTHER (enter a category not listed above)
M T	The instruction Guide explains how to c	
1 Total pages Schedule F:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
4 Date	Findnew J Buck.	<u>nal (</u>
1 Jane / Ja	5 Payee name	
0/1	) daples	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
2,15	1201 Barbara Judan	Bluel, Austin Tx. 78721
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule)	(b) Description (If Iravel outside of Texas, complete Schedule T)
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9 Complete ONLY if direct	Candidate / Officeholder name	Office sought
expenditure to benefit C/0	ОН	Office sought Office held
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Amount (\$)	Bready	
:Amount (\$)	Payee address; City; State; Zip Code	
۸ و. ـ	5945 Cabox Pkwy Alphan	- NAME
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PURPOSE	Category (See categories listed at the top of this schedule)	Donat-tion III
OF	∧ )	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct	Candidate / Officeholder name	me Do) re
expenditure to benefit C/C	OH Officeriolider name	Office sought Office held
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Amount (\$)	Payee address; City: State: Zin Code	
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580 33	8222 N. Lamar Aug	5 hm 14, 1815 5
200		
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
EXPENDITURE	Adviction Diagram	- 6
	Advertising Expense	Pombed Makerial
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/O	µH	
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6/29/19	Rr. Pal	
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randunt (a)	Payee address; Lity; State; Zip Code	1
<b>-</b>	2211 N. 182 St. San Jose	1.95121
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70.12		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (Itemstantide of Ton
OF	A	Description (If travel outside of Texas, complete Schedule T)
EXPENDITURE	Accounting / Bankin	Proceed Loa
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