## 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 /	MS/MRS/MR FIRST MI	OFFICE ON S				
OFFICEHOLDER NAME	Andrew 3	Date Received M Z				
	NICKNAME LAST SUFFIX					
	D I II	_ YEI				
1	Bucknall	CITY CL CEIVED				
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	Ι ω Ͳ ∣				
MAILING ADDRESS	P.O. Box 14891 Austin Tx. 78761	Date Hand-delivered directions				
change of address		Receipt # Amount				
5 CANDIDATE/	AREA CODE PHONE NUMBER EXTENSION					
OFFICEHOLDER PHONE	(512) 299-0187	Date Processed				
6 CAMPAIGN	MS/MRS/MR FIRST Mt	Date imaged				
TREASURER NAME	Leeanner					
	NICKNAME LAST SUFFIX					
<u>.</u>	Ockletree Burnell					
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE#; CITY; STATE;	ZIP CODE				
TREASURER ADDRESS	J 7	78771				
(residence or business)	1207 Greenwood Ave. Austin 7	×. 10121				
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 299-0187					
9 REPORT TYPE	January 15 30th day before election Runoff	15th day after campaign treasurer appointment (officeholder only)				
	July 15 8th day before election Exceeded \$500	Final report (Attach C/OH - FR)				
	limit	,				
10 PERIOD	Month Day Year Month Day	Year				
COVERED	7/01/2014 THROUGH 9/25/	714				
	1/01/2019	DI I				
44 ELECTION	ELECTION TYPE					
11 ELECTION	Month Day Year	General Special				
	11 /04/2014 Runoff M	General Special				
	[11 × 0 1× 2014]					
12 OFFICE	OFFICE HELD (if any) 13 OFFICE SOUGHT (if known)					
	City Coun	cil District l				
COTORAGE						
GO TO PAGE 2						

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

P.U. BOX 120/U

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME	Andre		OUNT # (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				
	GENERAL					
		COMMITTEE ADDRESS				
	SPECIFIC					
		COMMITTEE CAMPAIGN TREASURER NAME				
additional pages						
		COMMITTEE CAMPAIGN TREASURER ADDRESS				
17 CONTRIBUTION TOTALS	4	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 🛇			
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1728			
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$					
	4. TOTAL POLITICAL EXPENDITURES \$ 4009.84					
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY ORTING PERIOD	\$ 1269.84			
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$ 1,150			
18 AFFIDAVIT						
ANN MARGRETT FRANKLIN MY COMMISSION EXPIRES October 17, 2014						
Signature of Candidate or Officeholder						
AFFIX NOTARY STAN	MP / SEAL ABOVE	1				
Sworn to and subscribed before me, by the said <u>Andrew Bucknall</u> , this the						
3rd day of October, 20 14 , to certify which, witness my hand and seal of office.						
Signature of officer adm	ett Hall inistering oath	Printed name of officer administering oath Ti	NOTARY tle of officer administering oath			

#### Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (TDD 1-800-735-2989) **POLITICAL CONTRIBUTIONS** SCHEDULE A OTHER THAN PLEDGES OR LOANS Total pages Schedule A The Instruction Guide explains how to complete this form. 3 ACCOUNT # (Ethics Commission Filers) 2 FILER NAME 4 Date Full name of contributor aut-of-state PAC (iD Amount of 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 Amount of In-kind contribution contribution (\$) description (if applicable) (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Actuary Full name of contributor Amount of In-kind contribution contribution (\$) description (if applicable) a MISON (If travel outside of Texas, complete Schedule T) Employer (See Instructions) Principal occupation / Job title (See Instructions) Visitors <u>Bureau</u> Manager Amount of In-kind contribution contribution (\$) description (if applicable) Contributor address, City, State Zip Code (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of In-kind contribution contribution (\$) description (if applicable) Charles treeman Contributor address; City; State; Zip Code (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) nployer (See Instructions) instructur

#### ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

Texas Ethics Com	nmission	P.O. Box 12070	Austin, Tex	as 78711-2070	(512) 463-5800	(TDD 1-800-735-2989)	
POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS SCHEDULE A							
The	Instruction	Guide explains how to	o complete this	s form.	1 Total pages Sch	edule A:	
2 FILER NAME	And	lrew Bu	knal	l	3 ACCOUNT # (E	thics Commission Filers)	
4 Date 8/	Vic	toire Var		45	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
129/2014	1	utoraddress; city; s 6 Gran + 9	State: Zip Code  St. Aug	5 x/n Tx. 3721	250°		
9 Principal occu		title (See Instructions)		10 Employer (See )		of Texas, complete Schedule T)	
Date		rry Nec	out-of-state PAC (IDH:_		Amount of contribution (\$)	In-kind contribution description (if applicable)	
19/20/4	Contrib		State; Zip Code	Tx. 78721	15000		
		title (See Instructions)	11. Hustin	Employer (See I	nstructions)	of Texas, complete Schedule T)	
14110				Paine, Tarwa	ters picture	<u>ζ(β,</u>	
Date 9/7/	R	A Wheele	Γ		Amount of contribution (\$)	In-kind contribution description (if applicable)	
9/1/2014	Contrib	utor address, City; S	A A	Auslintr. 78723	1800	! 	
		title (See Instructions)	0001 AVE	Employer (See )		of Texas, complete Schedule T)	
				<u> </u>	······································		
9/ <sub>9</sub> /	B	ob Listo	out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)	
9/8/2014	770	SNLama	State; Zin Code Aus Blud t	+1~ TX78752 1247	20	{	
Principal occu Real E	pation / Job Shate R	title (See Instructions)		Employer (See )	nstructions)	or reads, complete scriedule 17	
Date 9/18/	EI	liot Kr	out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)	
1092014	Contrib RAA	outor address; City; S	State; Zip Code	ustin IX.	10000	1 \\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
			-ours	787 <u>35</u>		I of Texas, complete Schedule T)	
Principal occu	ination / Job	title (See Instructions)	<del></del>	Kra j Cos	instructions)		
				9			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

## POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

#### SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	1 Total pages Schedule A:	
2 FILER NAME	Andrew Bucknall		3 ACCOUNT# (E	thics Commission Filers)	
4 Date	5 Full name of contributor Out-of-state PAC(ID#_		7 Amount of contribution (\$)	In-kind contribution description (if applicable)	
118/2014	6 Contributor address; City: State; Zip Code 1700 As For Pl. Aus	11.78.721 ×1.78.721	2500	   	
•			(If travel outside o	of Texas, complete Schedule T)	
9 Principal occup	ation / Job title (See Instructions)	10 Employer (See I	nstructions)		
Date 91	Full name of contributor out-of-state PAC (ID#_ Borst	)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
124/2014	Contributo Paddress; City; State; Zip Code 1604 Delong St. Aus	16 To 78721	1500		
, ,	i i i i i i i i i i i i i i i i i i i	377(1(1,70)-1		of Texas, complete Schedule T)	
Principal occup	ation / Job title (See Instructions)	Employer (See I		i lexas, complete schedule 1)	
	and (out mondations)	Employer (occ ii	noa dollono,	ľ	
				I	
9/ 124/	Full name of contributor out-of-state PAC (ID#_ Leeanner Burne/	<i>[</i> ]	Amount of contribution (\$)	In-kind contribution description (if applicable)	
12014	Contributor address; City: State; Zip Code 1612 Delong St. Austin	T 70771	3000		
014	1012 Delongot, Austia	12,10/21	Af traval auteida	of Texas, complete Schedule T)	
Principal occup	eation / Job title (See Instructions)	Employer (See I		- Toxag, campion concado ()	
9/ 24/	Full name of contributor   out-of-state PAC (ID#_ Marvin & Sewel Mass	le	Amount of contribution (\$)	In-kind contribution description (if applicable)	
12014	Contributor address: City: State: Zip Code 1606 Astor Pl. Austin Tx.	78721	10000	1   	
Principal occup	pation / Job title (See Instructions)	Employer (See I	•	of Texas, complete Schedule T)	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of	In-kind contribution	
9/24,	Socar Chalmon Tho Contributor address: City: State: Zip Code	mas	contribution (\$)	description (if applicable)	
72014	106 E 6th St. # 900 Aus)	1nTx.78701		of Toyon complete Sabadula T	
Principal occur	eation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)	
Timolpai occup	and the the test managements)	Limpioyer (Gee I			
<del></del>					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

#### **Texas Ethics Commission** P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (TDD 1-800-735-2989) POLITICAL CONTRIBUTIONS SCHEDULE A OTHER THAN PLEDGES OR LOANS Total pages Schedule A: The instruction Guide explains how to complete this form. ACCOUNT # (Ethics Commission Filers) 2 FILER NAME 4 Date 7 Amount of In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) 10 Employer (See Instructions) 9 Principal occupation / Job title (See Instructions) Lab Instructor Amount of In-kind contribution contribution (\$) description (if applicable) (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of In-kind contribution contribution (\$) description (if applicable) (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employen(See Instructions) In-kind contribution Date Amount of contribution (\$) description (if applicable) City; State; Zip Code Greensburo N.C.

#### ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Employer (See Instruction

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

Director

Principal occupation / Job title (See Instructions)

Texas Ettilos Commis	0.0.1 1.0. DOX 12070 Adstill,	Texas 707 11-2070 (512)	403-3000	(1001-800-735-2989
LOANS				SCHEDULE E
The	Instruction Guide explains how to compl	ete this form.	1 Total pa	ges Schedule E:
2 FILER NAME	ndrew Buckna	11	3 ACCOU	NT # (Ethics Commission Filers)
4 TOTA	L OF UNITEMIZED LOANS: =	\$ \$ \$ \$ \$	⇔	\$
6 Date of loan  7/3 0 2014 6 Is lender a financial	Andrew Buckna	out-of-state PAC (ID#	)	9 Loan Amount (\$)  O O  10 Interest rate
Institution?	Austin Tx. 787	161-14891		11 Maturity date 11/04/2014
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)		
14 Description of Coll	ateral	15 Check if personal funds were	e deposited	into political account
none				
16 GUARANTOR INFORMATION	17 Name of guarantor			19 Amount Guaranteed (\$)
<b>✓</b> not applicable	<b>18</b> Guarantor address; City; S	State; Zip Code		
20 Principal Occupati	on (See Instructions)	21 Employer (See Instructions)		
Date of loan 8/29/2014	Andrew Bucks	out-of-state PAC (ID#		Loan Amount (\$) $50^{00}$
Is lender a financial Institution?	Lender address; City; State; POBox 1489	761-1489 (		Interest rate
<b>∀</b> 🚱	Austin Tx.78	101-1989		Maturity date
Principal occupati	on / Job title (See Instructions)	Employer (See Instructions)	_	•
Description of Colla	ateral	Check if personal funds were	deposited	into political account
☑ none				
GUARANTOR INFORMATION	Name of guarantor			Amount Guaranteed (\$)
not applicable	Guarantor address; City; S	State; Zip Code		
Principal Occupati	ion (See Instructions)	Employer (See Instructions)		
				<del></del>

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
The	Instruction Guide explains how to comp	lete this form.	1 Total pages Schedule E:
2 FILER NAME A	ndrew Bucknall		3 ACCOUNT # (Ethics Commission Filers)
	L OF UNITEMIZED LOANS:	* * * * * * *	\$
9/15/2014	Andrew Buckn	out-of-state PAC (ID#	9 Loan Amount (\$)
6 Is lender a financial Institution?	PO Box 1489	Zip Code	10 Interest rate  11 Maturity date
Y (N)	Austin Tx. 787	161-14891	11/04/2014
12 Principal occupati	on / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Coll	atera)	15 Check if personal funds were	deposited into political account
16 GUARANTOR INFORMATION	17 Name of guerantor		19 Amount Guaranteed (\$)
not applicable	18 Guarantor address; City;	State: Zip Code	
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	· · · · · · · · · · · · · · · · · · ·
Date of loan	Name of lender	out-of-state PAC (ID#:	Loan Amount (\$)
Is lender a financial Institution?	Lender address; City; State;		Interestrate
Y N			Maturity date
Principal occupati	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Coll	ateral	Sheck if personal funds were o	deposited into political account
поле			
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
Ποt applicable	Guarantor address; City;	State; Zip Code	
Principal Occupat	ion (See Instructions)	Employer (See Instructions)	
If len	ATTACH ADDITIONAL COPI der is out-of-state PAC, please see inst	ES OF THIS SCHEDULE AS NEEI ruction guide for additional repo	<del></del>

	EXPENDITURE	CATEGORIES FOR	BOX 8(a)	
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract	Labor Loan Repaymen	nt/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising E	xpense Transportation E	quipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District		onations Made By
Event Expense	Polling Expense	Travel Out Of District		fficeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental	•	category not listed above)
		explains how to comp	lete this form.	
Total pages Schedule F:	2 FILER NAME A	R 1 1	3 ACCOU	NT # (Ethics Commission Filers)
<u> </u>	Andrew	Duckhall		
Date	5 Payee name	. (		
7/03/14	1 GO Dad	dh (om		
Amount (\$)	7 Payee address; City; Sta	ate; Zip Code		
1000	FORE CO.	. 111	1 / 3000	
10.00	5945 Cabot Pl	(wy.Alpharet	ta Ga 3000	5
PURPOSE	(a) Category (See categories listed at the top	<del></del>	Description (If travel outside of 7	
OF			web hosting	•
EXPENDITURE	Advertising	1 1	Check if Austin, TX, officehol	der living expense
N Commission (CNI) V 35 - 32- 31-	Candidate / Officebolder name	1 1		
<ul> <li>Complete <u>ONLY</u> if direct expenditure to benefit C/O</li> </ul>			Office sought	Office held
	···			
Date	Payee name			
07/07/14	One l	ollar Sig	lns	
Amount (\$)	Payee address; City; St	ate: Zip Code	)	
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DUDDOS T	· · · · · · · · · · · · · · · · · · ·	J		Towns assessed Cake July Th
PURPOSE OF	Category (See categories listed at the top	or inis schedule)	Description (If travel outside of I	
EXPENDITURE	A Amarka A		Campaish 5)5 h	
	Havertisina		<u> </u>	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officebolder name	C	Office sought	Office held
Date	Payee name		_	···
07/17/14	Chevian			
Amount (\$)		ate; Zip Code		<del></del>
(4)	, 1900 addi 000, 010, 00	A A A A A A A A A A A A A A A A A A A		
68.03	101 M 2-113	5 Austin	T. 7070	)
00.03	001 14, 1-113	· · · · · · · · · · · · · · · · · · ·	17,1010	2
PURPOSE	Category (See categories listed at the top		Description (If travel outside of )	
OF	Travel in Dista	ict . un	_Gas for travel/	515h dolinen
EXPENDITURE	1-ransportation E	a wip ment	Check if Austin, TX, officeho	Ider living expense /
Complete <b>QNLY</b> if direct	Candidate / Officeholder name	G ,	Office sought	Office held
expenditure to benefit C/C	DH .			
Date	Payee name			
	Payee name	1		
7/25/14	1exas C	heap Signate; Zip Code		
Amount (\$)	Payee address; City; St	ate; Zip Code 🔰		
10012		£	1 0 1 7	70/17
188.13	700 S, Bell	Suite GDDI.	Cedar Park T	etas 18615
•	Category (See categories listed at the to	1 /	Description (If travel outside of	
PURPOSE OF		-	campaisa sis	
EXPENDITURE	Printing		Check if Austin, TX, officeho	
Complete ONLY if dis	Candidate / Officeholder name		Office sought	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/0	<u>-</u>			Cinco Hora
· · · · · · · · · · · · · · · · · · ·				-
	ATTACH ADDITIONAL C	OPIES OF THIS SCHE	EDULE AS NEEDED	

Advertising Expense Accounting/Banking	Legal Services	CATEGORIES F Salaries/Wages/Cor Solicitation/Fundrais	ntract Labor	Loan Repayment/Reimbursement Transportation Equipment & Related Expense
Consulting Expense Event Expense	Food/Beverage Expense Travel In District Polling Expense Travel Out Of District		ict ·	Contributions/Donations Made By Candidate/Officeholder/Political Committee
Fees	_	Office Overhead/Re	•	OTHER (enter a category not listed above)
4 m	The Instruction Guide	explains how to c	omplete this fo	
1 Total pages Schedule F:	2 FILER NAME Andrew	Buckn	a 11	3 ACCOUNT # (Ethics Commission Filers)
7/28/14	Bluff Springs	food 1	Mart	
6 Amount (\$)	7 Payee address; City; Stat			
600,00				Tx. 78753
8 PURPOSE OF	(a) Category (See categories listed at the top of	of this schedule)	^	(If travel outside of Texas, complete Schedule T)
EXPENDITURE	Office Overhead		Check if A	Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	, <u> </u>	Office sough	nt Office held
Date	Payee name			
7/29/14	SH Done	415		
Amount (\$)	Payee address; City; Stat	te; Zip Code	A 1	
200.00	5313 Man	ior Rd.	A Austl	, Tx. 78723
PURPOSE OF	Category (See categories listed at the top of	of this schedule)		(If travel outside of Texas, complete Schedule T)
EXPENDITURE	Office Overhead	1	·—	Austin, TX, officeholder living expense
Complete <u>QNLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H		Office sough	nt Office held
7/29/14	Payee name SH Donu	nts		
Amount (\$)	Payee address; City; Stat	e; Zip Code		
100.00	5313 Manu	Rd.A	Austi	'x Tx. 78723
PURPOSE	Category (See categories listed at the top of	of this schedule)		(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Event Expense	e	Car Mal	グラム とうに ドロイ Rustin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name		Office sough	nt Office held
Date 7/30)/4	Payee name Travis Co	unts Ta	x of	C) ( 0
Amount (\$)	Payee address; City; Stat	e: Zip Code		
34.50	5501 Airpo	rt Blu	d. Aus	HA TX 78751-1410
PURPOSE	Category (See categories listed at the top			(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Polling Expen	5e	Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate /Officeholde name		Office sough	
	ATTACH ADDITIONAL CO	PIES OF THIS S	CHEDULE AS	NEEDED

P.O. Box 12070

### SCHEDULE F

(512) 463-5800

Advertising Expense	Gift/Awards/Memorials Expense Salarie	GORIES FOR BOX 8(a) ps/Wages/Contract Labor Loan Repayment/Reimbursement	
Accounting/Banking Consulting Expense	<del>-</del>	ation/Fundraising Expense Transportation Equipment & Related Expense In District Contributions/Donations Made By	
Event Expense	· -·····• -···	Out Of District Candidate/Officeholder/Political Committee	
Fees	•	Overhead/Rental Expense OTHER (enter a category not listed above) ns how to complete this form.	
1 Total pages Schedule F:	2 FILER NAME A	2 ACCOLINE # (Ethios Commission Filers)	
5	Andrew	Bucknall	
4 Date 7/30/14	5 taples		
6 Amount (\$)	7 Payee address; City; State; Zi	p Code	
19,89	1201 Barbara	Jorden Way, Austin Tx, 78721	
8 PURPOSE OF	(a) Category (See categories listed at the top of this so		
EXPENDITURE	Office Overhead	S いりりいとう  Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name PH	Office sought Office held	
Date	Payee name		
7/31/14	One Dolla	r Signs	
Amount (\$)	Payee address; City; State; Z	p Code U	
475,00	7825 Hwy 6.	Houston Tx, 77083	
PURPOSE OF	Category (See categories listed at the top of this so		
EXPENDITURE	Polation	S /5 n S Check if Austin, TX, officeholder living expense	
Complete ONLY if direct	Candidate / Office holder name	Office sought Office held	
Complete QNLY if direct expenditure to benefit C/C	•	Cine sagn	
Date	Payee name	1	
8/04/14	Go Dad	du, com	
Amount (\$)	Payee address; City; State; Zi	p Çogle	
10.00	5945 Cabot P	kwa Alpharetta Ga. 30005	
PURPOSE	Category (See categories listed at the top of this so	N 1 P	
OF EXPENDITURE	Advertising	Check if Austin, TX, officeholder living expense	
Complete QNLY if direct	Candidate / Officeholder name	Office sought Office held	
expenditure to benefit C/C	)H		
Date \$   11   14	Payee name OFCina	\	
Amount (\$)	Payee address; City; State; Z	p Code	
51.64	816 Tirado S	5+. Austin Tx. 78752	
DUBDOSE	Category (See categories listed at the top of this s		
PURPOSE OF EXPENDITURE	Office Overhead	Office Supplies Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name	Office sought Office held	
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NEEDED	
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		ATEGORIES FOR BOX 8(a	•
Advertising Expense Accounting/Banking		alaries/Wages/Contract Labor olicitation/Fundraising Expense	Loan Repayment/Reimbursement Transportation Equipment & Related Expense
Consulting Expense	•	ravel in District	Contributions/Donations Made By
Event Expense	5 .	ravel Out Of District	Candidate/Officeholder/Political Committee
Fees	•	ffice Overhead/Rental Expense plains how to complete this t	OTHER (enter a category not listed above)  form.
1 Total pages Schedule F:	2 FILER NAME A		3 ACCOUNT # (Ethics Commission Filers)
5	,, ,, ,,	Bucknall	
4 Date 9/19/14	6 Payee name DI. ↑ 1 <	F. O	M - 1
5 Amount (\$)	Bluff State 7 Payee address; City: State	Drings tood	Mart
Amount (\$)	rayee address, City, State	_	フヘフにつ
500,00	10810 N. Lam	ar, Austin T	x. 18153
8 PURPOSE OF	(a) Category (See categories listed at the top of	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	n (If travel outside of Texas, complete Schedule T)
EXPENDITURE	Office Overh	Rei D Checki	へ十 f Austin, TX, officeholder living expense
9 Complete QNLY if direct	Candidate / Officeholder name	Office sou	
expenditure to benefit C/O	PH		
Date 1. C. 1.11	Payee name		<del>-</del>
8/18/19	Sta pl	<u>25</u>	
Amount (\$)	Payee address; City; State	; Zip Code	1 1
14,92	1201 Barbara	Jordan Bl	ud. Austin Ix. 1872
PURPOSE	Category (See categories listed at the top of	this schedule) Description	n (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Office Overhead	(	FLICE SUPPLIES  if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sou	ght Office held
Date	Payee name 🕜 🕟		
8/27/14	() no	Allac Sian	<i>c</i>
Amount (\$)	Payee address; City; State	Zip Code	<u> </u>
475	7825 H	uy 6 Houst	on Tx. 77083
DURDOSE	Category (See categories listed at the top of	this schedule) Description	n (If travel outside of Texas, complete Schedule T)
PURPOSE OF	D + u		palsn signs
EXPENDITURE	Trinting	Check	if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officebelder name OH	Office sou	ght Office held
Date	Payee name /	1 0	
4/03/14	Go Dac	ldy, com	
Amount (\$)	Payee address; City; State	; Zip Code	
19.95	5945 Cabot	Pkwy. Alph	areta 64,30005
PURPOSE	Category (See categories listed at the top of	this schedule) Description	On (If trave) outside of Texas, complete Schedule T)
OF EXPENDITURE	Advertising		*Austin TV officeholder byten owners
	<u></u>	<del></del>	if Austin, TX, officeholder living expense
Complete QNLY if direct expenditure to benefit C/	Candidate / Officeholder na/he OH	Office sou	ght Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

				<del></del>
Advertising Expense Accounting/Banking Consulting Expense		Vages/Contract Labor n/Fundraising Expense	Loan Repayment/Reim Transportation Equipme Contributions/Donations	ent & Related Expense
Event Expense	• •	t Of District		der/Political Committee
Fees	Printing Expense Office Ove	erhead/Rental Expense	OTHER (enter a catego	ory not listed above)
	The Instruction Guide explains i	how to complete this fo	rm.	Í
1 Total pages Schedule F:	2 FILER NAME Andrew Bu	cknall	3 ACCOUNT # (E	ithics Commission Filers)
4 Date 9/24/14	A FL-CIO		· · · · · · · · · · · · · · · · · · ·	
6 Amount (\$)	7 Payee address; City; State; Zip C	ode		
145.00	PO Box 301074			_
8 PURPOSE	(a) Category (See categories listed at the top of this schedul	ıle) (b) Description	(If travel outside of Texas, co	mplete Schedule T)
OF EXPENDITURE	Advertising	· ' —	in publication  Austin, TX, officeholder livin	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office soug	ht	Office held
Date	Payee name		<u> </u>	
9/19/14	Bluff Spri	ngs Food	Mart	
Amount (\$)	Payee address; City; State; V Zip C	V.	_	_
600.00	10810 N. Lama	er, Austin	$T_{x}$ . 787	53
PURPOSE	Category (See categories listed at the top of this schedu	· '   • • '	(If travel outside of Texas, co	mplete Schedule T)
OF EXPENDITURE	Office Overher	ad Red	lpha + Austin, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office soug	ht	Office held
Date 9/24/14	Payee name  Austin Ene Payee address; City: State: Zip C	194		
Amount (\$)	Payee address; City; State; Zip C	ode		
72.38	P.O. Box 2267	Austin Tx	. 78783	-2267
PURPOSE OF	Category (See categories listed at the top of this schedu		(If travel outside of Texas, co	mplete Schedule T)
EXPENDITURE	Office Overhea	Checkif.	Austin, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office soug	ht	Office held
Date	Payee name			
Amount (\$)	Payee address; City; State; Zip C	Gode		
		· •		
PURPOSE	Category (See categories listed at the top of this sched	lule) Description	n (If travel outside of Texas, co	omplete Schedule T)
OF EXPENDITURE		Check if	Austin, TX, officeholder livin	ng expense
Complete <u>ONLY</u> if direct expenditure to benefit C/0	Candidate / Officeholder name OH	Office soug	ht	Office held
-	ATTACH ADDITIONAL COPIES OF	F THIS SCHEDULE AS	NEEDED	