

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: 2014 3
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Andrew J NICKNAME LAST SUFFIX Bucknall		OFFICE USE ONLY Date Received 3 PM 3 16 Date Hand-delivered or 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 P.O. Box 14891 Austin Tx. 78761		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 299-0187		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Leeanner 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 checked="" 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 \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 7 / 01 / 2014 9 / 25 / 2014		
11 ELECTION	ELECTION DATE Month Day Year ELECTION TYPE 11 / 04 / 2014 <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) City Council District 1	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

Andrew 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.

COMMITTEE TYPE

☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages17 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)

\$ 1728

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 4009.84

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 1269.84

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 1,150

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 3rd day of October, 20 14, to certify which, witness my hand and seal of office.

Ann Margaret Franklin

Signature of officer administering oath

Ann Margaret 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: 4	
2 FILER NAME Andrew J. Bucknall		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 07/28/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Karen Dufour	7 Amount of contribution (\$) 20⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 5316 Agatha Cir. Austin Tx. 78731		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Retired		10 Employer (See Instructions)	
Date 07/28/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Chris & Lynn Bucknall	Amount of contribution (\$) 100⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3101 Highland Ter. Austin Tx. 78731		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Actuary		Employer (See Instructions)	
Date 07/28/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Harrison Eppright	Amount of contribution (\$) 50⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5200 N. Lamar, Austin Tx. 78751		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Visitors Bureau	
Date 07/28/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Clara Walker	Amount of contribution (\$) 100⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4203 Leslie, Austin Tx. 7821		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)	
Date 07/28/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Charles Freeman	Amount of contribution (\$) 50⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6805 Duquesne Austin Tx. 78723		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Lab instructor		Employer (See Instructions) A.C.C.	

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: 4	
2 FILER NAME Andrew Bucknall		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 8/29/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Victoire Van Der Pas	7 Amount of contribution (\$) 250⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 3606 Grant St. Austin Tx. 78721		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Engineer		10 Employer (See Instructions) Self	
Date 8/18/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jerry Negrete	Amount of contribution (\$) 150⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1610 Astor Pl. Austin Tx. 78721		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Pare, Tawater & Bichers LLP	
Date 9/7/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: RA Wheeler	Amount of contribution (\$) 18⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2203 Greenwood Ave Austin Tx. 78723		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)	
Date 9/8/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Bob Liston	Amount of contribution (\$) 30⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7703 N. Lamar Blvd. #247 Austin Tx 78752		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Real Estate Broker		Employer (See Instructions) Austin Metro Realtors	
Date 9/18/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Elliot Kralj	Amount of contribution (\$) 100⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3809 Gaines Court Austin Tx. 78735		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Business Consultant		Employer (See Instructions) Kralj Consulting	

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:

4

2 FILER NAME

Andrew Bucknall

3 ACCOUNT # (Ethics Commission Filers)

4 Date

9/18/2014

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

Johnnie Meador

6 Contributor address; City; State; Zip Code

1700 Astor Pl. Austin Tx. 78721

7 Amount of contribution (\$)

25⁰⁰

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

9/24/2014

Full name of contributor

☐ out-of-state PAC (ID# _____)

Gayle Borst

Contributor address; City; State; Zip Code

1604 Delong St. Austin Tx. 78721

Amount of contribution (\$)

15⁰⁰

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/24/2014

Full name of contributor

☐ out-of-state PAC (ID# _____)

Leeanner Burnell

Contributor address; City; State; Zip Code

1612 Delong St. Austin Tx. 78721

Amount of contribution (\$)

30⁰⁰

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/24/2014

Full name of contributor

☐ out-of-state PAC (ID# _____)

Marvin & Jewel Massie

Contributor address; City; State; Zip Code

1606 Astor Pl. Austin Tx. 78721

Amount of contribution (\$)

100⁰⁰

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/24/2014

Full name of contributor

☐ out-of-state PAC (ID# _____)

Socar Chatman Thomas

Contributor address; City; State; Zip Code

106 E 6th St. # 900 Austin Tx. 78701

Amount of contribution (\$)

150⁰⁰

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The instruction guide explains how to complete this form.		1 Total pages Schedule A: 4	
2 FILER NAME Andrew Bucknall		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 7/28/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Geoffrey Potter	7 Amount of contribution (\$) 20⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 4005 Brookview Dr. Austin Tx. 78722		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Lab Instructor		10 Employer (See Instructions) A.C.C.	
Date 7/28/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Aaron Bucknall	Amount of contribution (\$) 50⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1207 Greenwood Ave Austin Tx. 78721		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Student		Employer (See Instructions)	
Date 7/28/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Anthony Chapple	Amount of contribution (\$) 20⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 11511 Oakwood Dr. Austin Tx. 78753		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)	
Date 7/28/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Ashley Holmes	Amount of contribution (\$) 350⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5902 Thames Dr. Austin Tx. 78723		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Self	
Date 8/29/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Tim Bucknall	Amount of contribution (\$) 100⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1204 Westminster Dr. Greensboro N.C. 27410		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) University of North Carolina	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

2

2 FILER NAME

Andrew Bucknall

3 ACCOUNT # (Ethics Commission Filers)

4

TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨

\$

6 Date of loan

7/30/2014

7 Name of lender

Andrew Bucknall

☐ out-of-state PAC (ID# _____)

9 Loan Amount (\$)

100⁰⁰6 Is lender
a financial
institution?

Y (N)

8 Lender address; City; State; Zip Code

PO Box 14891

Austin Tx. 78761-14891

10 Interest rate

11 Maturity date

11/04/2014

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral

☒ none

15 Check if personal funds were deposited into political account

☒16 GUARANTOR
INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

☒ not applicable

18 Guarantor address; City; State; Zip Code

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

8/29/2014

Name of lender

Andrew Bucknall

☐ out-of-state PAC (ID# _____)

Loan Amount (\$)

50⁰⁰Is lender
a financial
institution?

Y (N)

Lender address; City; State; Zip Code

PO Box 14891

Austin Tx. 78761-14891

Interest rate

Maturity date

11/04/2014

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

☒ none

Check if personal funds were deposited into political account

☒GUARANTOR
INFORMATION

Name of guarantor

Amount Guaranteed (\$)

☒ not applicable

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.

LOANS**SCHEDULE E**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:**2** FILER NAME

Andrew Bucknall

3 ACCOUNT # (Ethics Commission Filers)**4** TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

5 Date of loan

9/15/2014

7 Name of lender

Andrew Bucknall

☐ out-of-state PAC (ID# _____)**9** Loan Amount (\$)

1,000

6 Is lender
a financial
institution?Y ☒ N**8** Lender address; City; State; Zip Code

PO Box 14891

Austin Tx. 78761-14891

10 Interest rate**11** Maturity date

11/04/2014

12 Principal occupation / Job title (See Instructions)**13** Employer (See Instructions)**14** Description of Collateral☒ none**15** Check if personal funds were deposited into political account☒**16** GUARANTOR
INFORMATION☒ not applicable**17** Name of guarantor**19** Amount Guaranteed (\$)**18** Guarantor address; City; State; Zip Code**20** Principal Occupation (See Instructions)**21** Employer (See Instructions)

Date of loan

Name of lender

☐ out-of-state PAC (ID# _____)

Loan Amount (\$)

Is lender
a financial
institution?

Y N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

☐ none

Check if personal funds were deposited into political account

☐GUARANTOR
INFORMATION

Name of guarantor

Amount Guaranteed (\$)

☐ not applicable

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

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <u>5</u>		2 FILER NAME <u>Andrew Bucknall</u>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <u>7/03/14</u>		5 Payee name <u>GoDaddy.com</u>			
6 Amount (\$) <u>10.00</u>		7 Payee address; City; State; Zip Code <u>5945 Labor Pkwy Alpharetta Ga 30005</u>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <u>Advertising</u>		(b) Description (If travel outside of Texas, complete Schedule T) <u>web hosting</u> <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 <u>07/07/14</u>		Payee name <u>One Dollar Signs</u>			
Amount (\$) <u>409.00</u>		Payee address; City; State; Zip Code <u>7825 Highway 6, Houston Tx. 77083</u>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <u>Advertising</u>		Description (If travel outside of Texas, complete Schedule T) <u>campaign signs</u> <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	

Date <u>07/17/14</u>		Payee name <u>Cherion</u>			
Amount (\$) <u>68.03</u>		Payee address; City; State; Zip Code <u>601 N. I-435 Austin Tx. 78702</u>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <u>Travel in District</u> <u>Transportation Equipment</u>		Description (If travel outside of Texas, complete Schedule T) <u>Gas for travel/sign delivery</u> <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	

Date <u>7/25/14</u>		Payee name <u>Texas Cheap Sign</u>			
Amount (\$) <u>188.13</u>		Payee address; City; State; Zip Code <u>700 S. Bell Suite 6001, Cedar Park Texas 78613</u>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <u>Printing</u>		Description (If travel outside of Texas, complete Schedule T) <u>campaign sign</u> <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

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

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <u>5</u>		2 FILER NAME <u>Andrew Bucknall</u>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <u>7/28/14</u>		6 Payee name <u>Bluff Springs Food Mart</u>			
6 Amount (\$) <u>600.00</u>		7 Payee address; City; State; Zip Code <u>10810 N Lamar Blvd. Austin Tx. 78753</u>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <u>Office Overhead</u>		(b) Description (If travel outside of Texas, complete Schedule T) <u>Rent</u> <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 <u>7/29/14</u>		Payee name <u>SH Donuts</u>			
Amount (\$) <u>200.00</u>		Payee address; City; State; Zip Code <u>5313 Manor Rd. A Austin Tx. 78723</u>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <u>Office Overhead</u>		Description (If travel outside of Texas, complete Schedule T) <u>water bill (3 mos)</u> <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 <u>7/29/14</u>		Payee name <u>SH Donuts</u>			
Amount (\$) <u>100.00</u>		Payee address; City; State; Zip Code <u>5313 Manor Rd. A Austin Tx. 78723</u>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <u>Event Expense</u>		Description (If travel outside of Texas, complete Schedule T) <u>campaign kickoff</u> <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 <u>7/30/14</u>		Payee name <u>Travis County Tax Office</u>			
Amount (\$) <u>34.50</u>		Payee address; City; State; Zip Code <u>5501 Airport Blvd. Austin Tx 78751-1410</u>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <u>Polling Expense</u>		Description (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**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <u>5</u>		2 FILER NAME <u>Andrew Bucknall</u>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <u>7/30/14</u>		5 Payee name <u>Staples</u>			
6 Amount (\$) <u>19.89</u>		7 Payee address; City: State: Zip Code <u>1201 Barbara Jordan Way, Austin Tx, 78721</u>			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <u>Office Overhead</u>		(b) Description (If travel outside of Texas, complete Schedule T) <u>supplies</u> <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 <u>7/31/14</u>		Payee name <u>One Dollar Signs</u>			
Amount (\$) <u>475.00</u>		Payee address; City: State: Zip Code <u>7825 Hwy 6, Houston Tx, 77083</u>			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <u>Printing</u>		Description (If travel outside of Texas, complete Schedule T) <u>signs</u> <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 _____				
Date <u>8/04/14</u>		Payee name <u>Go Daddy.com</u>			
Amount (\$) <u>10.00</u>		Payee address; City: State: Zip Code <u>5945 Cabot Pkwy Alpharetta Ga. 30005</u>			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <u>Advertising</u>		Description (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 _____				
Date <u>8/11/14</u>		Payee name <u>Office Depot</u>			
Amount (\$) <u>51.64</u>		Payee address; City: State: Zip Code <u>816 Tirado St. Austin Tx. 78752</u>			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <u>Office Overhead</u>		Description (If travel outside of Texas, complete Schedule T) <u>office supplies</u> <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					

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

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <u>5</u>		2 FILER NAME <u>Andrew Bucknall</u>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <u>8/18/14</u>		5 Payee name <u>Bluff Springs Food Mart</u>			
6 Amount (\$) <u>500.00</u>		7 Payee address; City: State; Zip Code <u>10810 N. Lamar, Austin Tx. 78753</u>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <u>Office Overhead</u>		(b) Description (If travel outside of Texas, complete Schedule T) <u>Rent</u> <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 <u>8/18/14</u>		Payee name <u>Staples</u>			
Amount (\$) <u>14.92</u>		Payee address; City: State; Zip Code <u>1201 Barbara Jordan Blvd. Austin Tx. 78721</u>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <u>Office Overhead</u>		Description (If travel outside of Texas, complete Schedule T) <u>office supplies</u> <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 <u>8/27/14</u>		Payee name <u>One Dollar Signs</u>			
Amount (\$) <u>475</u>		Payee address; City: State; Zip Code <u>7825 Hwy 6, Houston Tx. 77083</u>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <u>Printing</u>		Description (If travel outside of Texas, complete Schedule T) <u>campaign signs</u> <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 <u>9/03/14</u>		Payee name <u>Go Daddys.com</u>			
Amount (\$) <u>19.95</u>		Payee address; City: State; Zip Code <u>5945 Cabot Pkwy. Alpharetta Ga. 30005</u>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <u>Advertising</u>		Description (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	

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

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 5	2 FILER NAME Andrew Bucknall	3 ACCOUNT # (Ethics Commission Filers)
4 Date 9/24/14	5 Payee name AFL-CIO	
6 Amount (\$) 145.00	7 Payee address; City; State; Zip Code PO Box 301074	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising	(b) Description (If travel outside of Texas, complete Schedule T) print ad in publication <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 9/19/14	Payee name Bluff Springs Food Mart	
Amount (\$) 600.00	Payee address; City; State; Zip Code 10810 N. Lamar, Austin Tx. 78753	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Overhead	Description (If travel outside of Texas, complete Schedule T) Rent <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 9/24/14	Payee name Austin Energy	
Amount (\$) 72.38	Payee address; City; State; Zip Code P.O. Box 2267 Austin Tx. 78783-2267	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Overhead	Description (If travel outside of Texas, complete Schedule T) electric bill <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	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (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 _____	

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